



## Missouri Pharmacy Program – Preferred Drug List



### Bile Salt Agents

Effective 04/13/2005

Revised 10/04/2018

#### Preferred Agents

- Urosodiol Tablets

#### Non-Preferred Agents

- Actigall<sup>®</sup>
- Chenodal<sup>®</sup>
- Cholbam<sup>®</sup>
- Ocaliva<sup>®</sup>
- Urso-250<sup>®</sup>
- Urso Forte<sup>®</sup>
- Ursodiol Capsules

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030