



Missouri Pharmacy Program – Preferred Drug List



Ribavirins

Effective 08/01/2005

Revised 10/06/2016

Preferred Agents

- Ribavirin Capsules
- Ribavirin Tablets

Non-Preferred Agents

- Copegus®
- Moderiba® Tablets
- Rebetol® Capsules/Solution
- Ribapak®
- Ribavirin Capsules
- Ribavirin Dose Pack
- Ribasphere® Capsules
- Ribasphere® Tablets

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	Pregnancy
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030