



## Missouri Pharmacy Program – Preferred Drug List



### Ribavirins

**Effective 08/01/2005**

Revised 10/06/2011

#### Preferred Agents

- Ribavirin® Tablets
- Ribapak

#### Non-Preferred Agents

- Copegus®
- Ribasphere
- Rebetol® Capsules
- Rebetol® Solution
- Ribavirin Capsules

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