



Missouri Pharmacy Program – Preferred Drug List



Hepatitis C Therapy
Effective 08/01/2005
Revised 10/07/2010

Preferred Agents

- Pegasys®
- Pegasys® Convenience Pack
- Peg-Intron®
- Peg-Intron® RediPen

Non-Preferred Agents

Approval Criteria	Denial Criteria
N/A	• N/A
All products equally available	
	Drug Prior Authorization Hotline: (800) 392-8030.