



Missouri Pharmacy Program – Preferred Drug List



Hepatitis C Therapy
Effective 08/01/2005
Revised 07/03/2008

Preferred Agents

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

Non-Preferred Agents

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