



## Missouri Pharmacy Program – Preferred Drug List



### Hepatitis C Therapy

**Effective 08/01/2005**

Revised 10/06/2011

#### 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
	Drug Prior Authorization Hotline: (800) 392-8030