



## Missouri Pharmacy Program – Preferred Drug List



### Multiple Sclerosis Agents

*Effective 02/01/2006*

Revised 01/08/2009

#### Preferred Agents

- Avonex® Kit/Administration Pack
- Copaxone®
- Betaseron®
- Rebif®

#### Non-Preferred Agents

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