



## Missouri Pharmacy Program – Preferred Drug List



### Lipotropics-Niacin Preparations

Effective 12/14/2006

Revised 01/06/2011

#### Preferred Agents

Available with Clinical Edits

- Niaspan®
- Niacor®
- Simcor®

#### Non-Preferred Agents

- Advicor®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Simcor® available after Patient compliant on extended-release niacin therapy <b>and</b> Patient compliant on simvastatin therapy	Lack of adequate trial on required preferred agents Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	
Documented trial period for preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030.