Missouri Pharmacy Program – Preferred Drug List

Niacin Derivatives

Effective 01/08/2009
Revised 01/09/2020

Preferred Agents
- Niacor®
- Niacin ER

Non-Preferred Agents
- Niacin IR
- Niaspan®

Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents

Denial Criteria
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030