



## 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