



NIACIN PRODUCTS PA SUMMARY

Preferred	Non-Preferred
Niacin extended-release tablets generic	Niacor (niacin)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Simcor (niacin extended-release/simvastatin) is also preferred, while Advicor (niacin extended-release/lovastatin) is non-preferred with prior authorization. Criteria for Advicor is in the Statins PA Summary.

PA CRITERIA:

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, generic niacin extended-release, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.