

Omega-3 Fatty Acids

Goal(s):

- Promote safe and effective therapies for lipid lowering agent.

Length of Authorization: 1 year

Requires PA : Omega-3-Acid Ethyl Esters (Lovaza®)
Icosapent Ethyl (Vascepa®)

Covered Alternatives: Listed at; http://www.oregon.gov/DHS/healthplan/tools_prov/pdl.shtml

| Approval Criteria | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. What is the diagnosis? | Record ICD-9 code |
| 2. Is the diagnosis an OHP covered diagnosis? | Yes: Go to #3. No: Pass to RPh, Deny for OHP Coverage. |
| 3. Will the prescriber consider a change to a preferred product? Message: <ul style="list-style-type: none"> Preferred products do not require PA. Preferred products have received evidence-based reviews for comparative effectiveness and safety by the Pharmacy & Therapeutics Committee | Yes: Inform provider of covered alternatives in class http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html No: Go to #4 |
| 4. Does the patient have clinically diagnosed hypertriglyceridemia with triglyceride levels \geq 500 mg/dl? | Yes: Go to #5 No: Pass to RPh; Deny for Medical Appropriateness |
| 5. Has the patient failed or have a contraindication to an adequate trial (at least 8 weeks) of a fibric acid derivative (fenofibrate or gemfibrozil) at maximum tolerable dose (as seen in dosing table below). AND niacin 1-2 mg/day OR Is patient taking a statin and is unable to take a fibric acid derivative or niacin due to an increased risk of myopathy. | Yes: Approve up to 1 year. No: Deny for Medical Appropriateness. Recommend untried agent(s). |

Table 1: Dosing of fenofibrate and derivatives for hypertriglyceridemia

| Drug | Recommended dose | Maximum dose |
|----------------------|----------------------|--------------------|
| Antara (micronized) | 43-130 mg once daily | 130 mg once daily |
| Fenoglide | 40-120 once daily | 120 mg once daily |
| Fibricor | 25-105 mg once daily | 105 mg once daily |
| Lipofen | 50-150 mg once daily | 150 mg once daily |
| Lofibra (micronized) | 67-200 mg once daily | 200 mg once daily |
| Lofibra (tablets_ | 54-160 mg once daily | 160 mg once daily |
| TriCor | 48-145 mg once daily | 145 mg once daily |
| Triglide | 50-160 mg once daily | 160 mg once daily |
| Trilipix | 45-135 mg once daily | 135 mg once daily |
| Gemfibrozil | 600 mg twice daily | 600 mg twice daily |

P&T Action: 3-27-2014 (MH/KK)

Revision(s):

Initiated: