

Omega-3 Fatty Acids

Goal(s):

- Restrict use of non-preferred omega-3 fatty acids to patients at increased risk for pancreatitis.
- Promote use of agents that have demonstrated a substantial benefit on cardiovascular outcomes that is consistent with medical evidence

Length of Authorization:

- Up to 12 months

Requires PA:

- Icosapent Ethyl (Vascepa®)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis an OHP funded diagnosis?	Yes: Go to #4	No: For current age \geq 21 years: Pass to RPh. Deny; not funded by the OHP. For current age < 21 years: Go to #3.
3. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness.
4. 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 are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics Committee. 	Yes: Inform prescriber of covered alternatives in class.	No: Go to #5
5. Does the patient have clinically diagnosed hypertriglyceridemia with triglyceride levels \geq 500 mg/dL?	Yes: Go to #6	No: Go to #7

Approval Criteria

6. 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 a maximum tolerable dose (as seen in dosing table below); OR Is the patient taking a statin and unable to take a fibric acid derivative due to an increased risk of myopathy?	Yes: Approve up to 1 year.	No: Pass to RPh. Deny; medical appropriateness. Recommend trial of other agent(s).
7. Is the prescription for icosapent ethyl?	Yes: Go to #8	No: Pass to RPh. Deny; medical appropriateness.
8. Does the patient have established clinical atherosclerotic cardiovascular disease (ASCVD), (defined as documented history of acute coronary syndrome, ischemic stroke, peripheral artery disease, coronary artery disease) or type 2 diabetes mellitus and ≥ 2 CV risk factors?	Yes: Go to #9	No: Pass to RPh. Deny; medical appropriateness.
9. Does the patient have triglycerides greater than or equal to 150 mg/dl while on maximally tolerated statin treatment?	Yes: Approve up to 1 year.	No: Pass to RPh. Deny; medical appropriateness.

Table 1: Dosing of Fenofibrate and Derivatives for Hypertriglyceridemia.

Trade Name (generic)	Recommended dose	Maximum dose
Antara (fenofibrate capsules)	43-130 mg once daily	130 mg once daily
Fenoglide (fenofibrate tablet)	40-120 once daily	120 mg once daily
Fibricor (fenofibrate tablet)	25-105 mg once daily	105 mg once daily
Lipofen (fenofibrate capsule)	50-150 mg once daily	150 mg once daily
Lofibra (fenofibrate capsule)	67-200 mg once daily	200 mg once daily
Lofibra (fenofibrate tablet)	54-160 mg once daily	160 mg once daily
Lopid (gemfibrozil tablet)	600 mg twice daily	600 mg twice daily
Tricor (fenofibrate tablet)	48-145 mg once daily	145 mg once daily
Triglide (fenofibrate tablet)	50-160 mg once daily	160 mg once daily
Trilipix (fenofibrate DR capsule)	45-135 mg once daily	135 mg once daily

P&T/DUR Review: 8/21 (MH); 8/20; 5/19; 11/16; 3/14
Implementation: 1/1/17; 5/1/14