

## 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](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

| Approval Criteria  |   |   |
|--|---|---|
| 1. What diagnosis is being treated?  | Record ICD10 code   |   |
| 2. Is the diagnosis an OHP funded diagnosis?   | <b>Yes:</b> Go to #3  | <b>No:</b> Pass to RPh. Deny; not funded by the OHP                                       |
| 3. Will the prescriber consider a change to a preferred product?<br><br>Message: <ul style="list-style-type: none"> <li>• Preferred products do not require PA.</li> <li>• Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics Committee.</li> </ul>                                | <b>Yes:</b> Inform prescriber of covered alternatives in class. | <b>No:</b> Go to #4   |
| 4. Does the patient have clinically diagnosed hypertriglyceridemia with triglyceride levels $\geq$ 500 mg/dL?  | <b>Yes:</b> Go to #5  | <b>No:</b> Go to #6   |
| 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 a maximum tolerable dose (as seen in dosing table below); <b>OR</b><br>Is the patient taking a statin and unable to take a fibric acid derivative due to an increased risk of myopathy? | <b>Yes:</b> Approve up to 1 year.                               | <b>No:</b> Pass to RPh. Deny; medical appropriateness. Recommend trial of other agent(s). |

## Approval Criteria

|   |                                   |  |
|---|-----------------------------------|--|
| 6. Is the prescription for icosapent ethyl?   | <b>Yes:</b> Go to #7              | <b>No:</b> Pass to RPh. Deny; medical appropriateness. |
| 7. 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 $\geq 2$ CV risk factors? | <b>Yes:</b> Go to #8              | <b>No:</b> Pass to RPh. Deny; medical appropriateness. |
| 8. Does the patient have triglycerides greater than or equal to 150 mg/dl while on maximally tolerated statin treatment?  | <b>Yes:</b> Approve up to 1 year. | <b>No:</b> 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  |
| Fibracor (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