

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	<p><u>Omega 3's</u> Lovaza® (omega-3-acid ethyl esters) Vascepa® (Icosapent Ethyl)</p>
POLICY #	<p>13122</p>
INDICATIONS	<p>Lovaza and Vascepa are indicated as an adjunct to diet to reduce severe (>500 mg/dL) triglyceride levels in adult patients.</p>
CRITERIA	<p>ConnectiCare considers Lovaza and Vascepa to be medically necessary for patients who meet one of the following criteria:</p> <ul style="list-style-type: none"> • Patient has triglyceride level \geq 500 mg/dl • Patient has a documented trial of a fibric acid product (e.g. gemfibrozil, fenofibrate) or a prescription niacin product (e.g. Niaspan). • Patient is post-transplant with hypertriglyceridemia
LIMITATIONS	<p>Lovaza and Vascepa are not FDA-approved for LDL lowering, whether or not the patient has failed a statin.</p>
REFERENCES	<ol style="list-style-type: none"> 1. Lovaza full prescribing information. Liberty Corner, NJ. Reliant Pharmaceuticals Inc 2. Vascepa full prescribing information, Bedminster, NJ, Amarin Pharma
P&T REVIEW HISTORY	<p>3/06, 3/07, 3/08, 9/09, 9/10, 12/11, 10/12, 2/13, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18</p>
REVISION RECORD	<p>10/14, 8/16</p>