### Pharmacy Pre-Authorization Criteria

**Drug(s)**

<table>
<thead>
<tr>
<th>Omega 3’s</th>
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<tbody>
<tr>
<td>Lovaza® (omega-3-acid ethyl esters)</td>
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<tr>
<td>Vascepa® (Icosapent Ethyl)</td>
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</tbody>
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**Policy #**

13122

**Indications**

Lovaza and Vascepa are indicated as an adjunct to diet to reduce severe (>500 mg/dL) triglyceride levels in adult patients.

**Criteria**

ConnectiCare considers Lovaza and Vascepa to be medically necessary for patients who meet one of the following criteria:

- Patient has triglyceride level ≥ 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**

Lovaza and Vascepa are not FDA-approved for LDL lowering, whether or not the patient has failed a statin.

**References**

1. Lovaza full prescribing information. Liberty Corner, NJ. Reliant Pharmaceuticals Inc
2. Vascepa full prescribing information, Bedminster, NJ, Amarin Pharma

**P&T Review History**

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

**Revision Record**

10/14, 8/16