

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Non Preferred Fibrate Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Antara Brand fenofibrate Fenofibrate 40 mg, 120 mg, 130 mg, 145 mg Fenofibric acid 35 mg, 105 mg, 135 mg Fenoglide Fibricor Lipofen (brand and generic) Lopid Tricor Triglide Trilipix	May be subject to quantity limits

APPROVAL CRITERIA

Requests for a non-preferred fibrate agent may be approved if the following criterion are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred fibrate agent:

Preferred agents: Fenofibrate 43 mg, 48 mg, 54 mg, 67 mg, 134 mg, 160 mg, 200 mg; fenofibric acid 45 mg; gemfibrozil.

Non-preferred agents: Antara, brand fenofibrate; fenofibrate 40 mg, 120 mg, 130 mg, 145 mg; fenofibric acid 35 mg, 105 mg, 135 mg; Fenoglide; Fibricor; Lipofen (brand and generic); Lopid; Tricor; Triglide; Trilipix.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 10, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Grundy SM, Stone NJ, Bailey AL, et. al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. J Am Coll Cardiol. 2018. <https://doi.org/10.1016/j.jacc.2018.11.003>.
4. Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. Endocr Pract. 2017;23(Suppl 2):1-87.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.