

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa  
(Icosapent Ethyl) Capsules****Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

Annual review by staff

Updated Table 2

Updated references



## Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa (Icosapent Ethyl) Capsules

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
LOVAZA 1 GM CAPSULES	23929
VASCEPA 1 GM CAPSULE	33238



## Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa (Icosapent Ethyl) Capsules

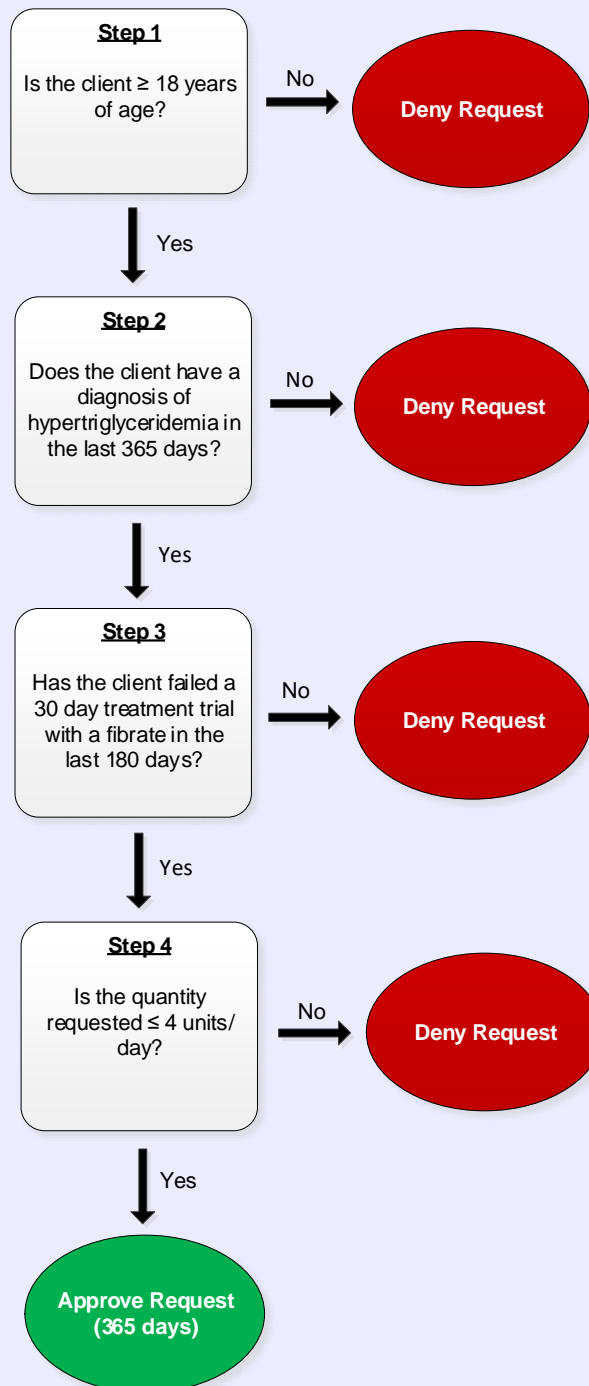
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **hypertriglyceridemia** in the last 365 days?  
 Yes (Go to #3)  
 No (Deny)
3. Has the patient failed a 30-day treatment trial with a **fibrate** in the last 180 days?  
 Yes (Go to #4)  
 No (Deny)
4. Is the quantity requested less than or equal to ( $\leq$ ) 4 units per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa (Icosapent Ethyl) Capsules

## Clinical Criteria Logic Diagram





## Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa (Icosapent Ethyl) Capsules

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of hypertriglyceridemia)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
E781	PURE HYPERGLYCERIDEMIA

<b>Step 3 (claim for a fibrate)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 180 days</b>	
<b>Label Name</b>	<b>GCN</b>
FENOFIBRATE 145 MG TABLET	97003
FENOFIBRATE 48 MG TABLET	97002
FENOFIBRATE 67 MG CAPSULE	93446
FENOFIBRATE 134 MG CAPSULE	92504
FENOFIBRATE 200 MG CAPSULE	93437
FENOFIBRIC ACID DR 45 MG CAP	16104
FENOFIBRIC ACID DR 135 MG CAP	16105
FENOFIBRATE 54 MG TABLET	13266
FENOFIBRATE 160 MG TABLET	12595
FENOFIBRATE 43 MG CAPSULE	23922
FENOFIBRATE 130 MG CAPSULE	23923
FENOFIBRATE 50 MG CAPSULE	98784
FENOFIBRATE 150 MG CAPSULE	98785
FENOFIBRATE 40 MG TABLET	99411
FENOFIBRATE 120 MG TABLET	99412
FENOGLIDE 40 MG TABLET	99411
FENOGLIDE 120 MG TABLET	99412
GEMFIBROZIL 600 MG TABLET	25540
LIPOFEN 50 MG CAPSULE	98784
LIPOFEN 150 MG CAPSULE	98785
LOPID 600 MG TABLET	25540
TRICOR 48 MG TABLET	97002
TRICOR 145 MG TABLET	97003

<b>Step 3 (claim for a fibrate)</b> <b>Required claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>Label Name</b>	<b>GCN</b>
TRIGLIDE 160 MG TABLET	28532
TRILIPIX DR 135 MG CAPSULE	16105
TRILIPIX DR 45MG CAPSULE	16104



## Lovaza (Omega-3-Acid Ethyl Esters) and Vascepa (Icosapent Ethyl) Capsules

### Clinical Criteria References

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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
06/05/2012	Initial publication and posting to website
08/10/2012	Removed "severe" from step 3 of clinical edit criteria logic
04/03/2015	Updated to include ICD-10s
05/20/2016	Updated Drugs Requiring PA to include Vascepa, page 2 Updated Clinical Edit Logic to include a trial of a fibrate, page 3 Updated Clinical Edit Logic Diagram to include a trial of a fibrate, page 4 Added Table 2, page 5 Updated References, page 7
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
02/18/2021	Annual review by staff Updated Table 2 Updated references