



**GEORGIA MEDICAID FEE-FOR-SERVICE
OMEGA-3-ACID ETHYL ESTERS PA SUMMARY**

Preferred	Non-Preferred
n/a	Epanova (omega-3-carboxylic acids) Lovaza (omega-3-acid ethyl esters) Omega-3-acid ethyl esters generic Vascepa (icosapent ethyl)

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 year

NOTE:

- ❖ If generic omega-3-acid ethyl esters is approved, the PA will be issued for brand Lovaza.

PA CRITERIA:

All Non-Preferred Agents

- ❖ Approvable for members with a diagnosis of hypertriglyceridemia (triglyceride level \geq 500 mg/dL within last 3 months) who have received a kidney transplant.
- ❖ Approvable for members with a diagnosis of hypertriglyceridemia (triglyceride level \geq 500 mg/dL within last 3 months) who have not received a kidney transplant but who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with niacin (Niacor, Niaspan) and a fibric acid derivative [gemfibrozil (Lopid), fenofibrate (Antara, Fenoglide, Lipofen, Lofibra, Tricor, Triglide), fenofibric acid (Fibricor, Trilipix)].

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.