



**GEORGIA MEDICAID FEE-FOR-SERVICE
FIBRIC ACID DERIVATIVES PA SUMMARY**

Preferred	Non-Preferred
Gemfibrozil generic Fenofibrate capsules (generic Antara 43 mg and 130 mg, Lofibra, Lipofen) Fenofibrate tablets (generic Lofibra, Tricor) Triglide (fenofibrate)	Antara 30 mg and 90 mg (fenofibrate) Fenofibric acid (generic Fibracor) Fenofibric acid DR (generic Trilipix) Fenofibrate (generic Fenoglide) Fenoglide (fenofibrate) Fibracor (fenofibric acid) Lipofen (fenofibrate)

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If brand Fibracor is approved, the PA will be issued for generic fenofibric acid tablets (35 mg or 105 mg). If fenofibrate (generic Fenoglide) is approved, the PA will be issued for brand Fenoglide.

PA CRITERIA:

Non-Preferred Products

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic gemfibrozil, generic fenofibrate capsules/tablets AND Triglide, are not appropriate for the member.

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**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

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.