

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

Non Preferred Fenofibrate Agents

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |

| Medications | Quantity Limit |
|---|-----------------------------------|
| Antara (all strengths) Fenofibrate 40 mg and 120 mg tablet Fenofibrate 50 mg and 150 mg capsule Fenofibrate 160 mg nanocrystallized tablet Fenoglide (all strengths) Fibricor (brand, all strengths) Lipofen (all strengths) Lofibra (brand, all strengths, all dose forms) Lopid (brand) Tricor (brand, all strengths) Triglide (all strengths) Trilipix (brand, all strengths) | May be subject to quantity limits |

APPROVAL CRITERIA

Requests for non-preferred brand fenofibrate agents may be approved if the following criteria are met:

- I. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one of the following:
 - A. Generic fenofibrate; **OR**
 - B. Generic micronized fenofibrate; **OR**
 - C. Generic fenofibric acid; **OR**
 - D. Generic gemfibrozil*.

Preferred generic agents: Fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, and 200 mg micronized capsules; fenofibrate 54 mg and 160 mg tablet; fenofibrate 48 mg and 145 mg nanocrystallized tablet, fenofibric acid (all strengths, all dose forms); gemfibrozil.

Non-preferred agents: Antara (all strengths); Fenofibrate 40 mg and 120 mg tablet; Fenofibrate 160mg nanocrystallized tablet, Fenofibrate 50 mg and 150 mg capsule;

PAGE 1 of 2 12/17/2018

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.

CRX-ALL-0312-18

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

Fenoglide (all strengths); Fibracor (brand, all strengths); Lipofen (all strengths); Lofibra (brand, all strengths, all dose forms); Lopid (brand); Tricor (brand, all strengths); Triglide (all strengths); Trilipix (brand, all strengths).

***Note:** According to the ACC/AHA 2013 cholesterol treatment guidelines, gemfibrozil should not be initiated in individuals on statin therapy because of an increased risk for muscle spasms and rhabdomyolysis (Level B, Class III).

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

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; 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.