

Policy Name:	Fish Oil - Lovaza (omega-3 acid ethyl esters) and Vascepa (icosapent ethyl)	Policy #:	2029P
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Purpose of the Policy

The purpose of this policy is to define prior authorization criteria for coverage for new starts to therapy with Lovaza or Vascepa.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Lovaza and Vascepa for new starts if the following criteria are met.

Criteria

1. Coverage Criteria for Hypertriglyceridemia

- 1.1 Hypertriglyceridemia with a baseline triglyceride (TG) level greater than 500mg/dl
- 1.2 Previous failure, intolerance, or contraindication to at least one fibric acid derivative such as: fenofibrate micronized (generic Antara), fenofibrate (generic Lofibra); fenofibrate nanocrystallized (generic Triglide), gemfibrozil (generic Lopid); OR Member is already taking a statin medication and is unable to take a fibric acid derivative due to an increased risk of myopathy (muscle disease)

2. Coverage Criteria for Heart Disease Risk Reduction with Mild High Triglycerides (Vascepa Only)

- 2.1 Documented mild high triglycerides with a triglyceride level of at least 150mg/dL
- 2.2 Documented concurrent use of maximally-tolerated statin therapy
- 2.3 Documented heart disease OR type 2 diabetes mellitus with 2 or more risk factors for heart disease
 - Some risk factors are;
 - High blood pressure
 - Cigarette smoking
 - Family history of early heart disease
 - Chronic kidney disease
 - Obesity

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Lovaza (omega-3-acid ethyl esters) [prescribing information]. Wixom, MI: Woodward Pharma Services LLC; February 2021.
2. Vascepa (icosapent ethyl) [prescribing information]. Bridgewater, NJ: Amarin Pharma Inc; September 2021
3. Oh R, Trivette E, Westerfield K. Management of Hypertriglyceridemia: Common Questions and Answers. *Am Fam Physician*. 2020 Sep 15;102(6):347-354.
4. Virani SS, Morris PB, Agarwala A, et al. 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD Risk Reduction in Patients With Persistent Hypertriglyceridemia. *J Am Coll Cardiol*. 2021 Aug 31;78(9):960-993.
5. 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: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2018.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.