Title: Progressive Medication Program for Fibric Acid Derivatives

Origination: 02/23/11  Revised: 12/13/13  Annual Review: 11/20/13

Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Background Information:

Reference Statement

• Guidelines will be compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

Medication Summary

• Fenofibrate is an oral antilipemic agent that is a prodrug that hydrolyzes to fenofibric acid. Its FDA-approved indications include hyperlipoproteinemia and hypertriglyceridemia. Fenofibrate is most effective in treating lipid disorders associated with very high elevations of serum triglycerides and very low density lipids (VLDL). Depending upon the formulation, fenofibrate may need to be taken with or without food. Fenofibrate induces lipoprotein lipase and decreases hepatic production of apolipoprotein CIII via PPAR activity. Fatty acid oxidation is enhanced by fenofibrate activation of acyl CoA synthetase and other enzymes. Inhibition of acetyl-CoA carboxylase and fatty acid synthetase activity by fenofibrate further decreases synthesis of triglyceride and results in a marked reduction in plasma triglyceride and VLDL levels.

• Brand name formulations include Antara, Fenoglide, Lofibra, Lipofen, Tricor, Triglide, and Trilipix.

Coverage Guidelines

• Commercial Member must be eligible and have applicable benefit coverage.
• Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

Exclusion Criterion

• Not available to Members with Medicare Advantage product line.
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Procedure:

1.0 Request for initial therapy with Lipofen, Tricor, Triglide or Trilipix requires documentation from the Member’s medical records maintained by the requesting independent practitioner’s office verifying that the [Commercial] Member had inadequate response to a one (1) month trial of fenofibrate:

   1.1 If criterion is met, request may be approved for a quantity of 30 per 30 days for (1) year.

References:


Disclaimer Information:

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans’ benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member’s benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed’s Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.