Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Lovaza™ (omega-3 acid ethyl esters)

**Review Criteria**

Member must meet all the following criteria:

- Patient must have a triglyceride level ≥500 mg/dl
- Patient has a documented trial of a preferred fibric acid product (e.g., gemfibrozil, fenofibrate) or preferred niacin product (e.g., Niaspan)

**LIMITATIONS:**

- Maximum dose limit is 4 grams daily