



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