



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Vascepa™ (Icosapent ethyl)

Review Criteria

Member must meet all the following criteria for requested diagnosis:

Hypertriglyceridemia

- Subject to Preferred Drug List requirements
- Member must have a triglyceride level >500 mg/dl
- Member has a documented trial of a preferred fibric acid product (e.g., gemfibrozil, fenofibrate) or preferred niacin product (e.g., Niaspan)
- **LIMITATIONS:** Maximum 4 grams daily

Cardiovascular risk reduction with mild hypertriglyceridemia

- *Trial of preferred agent in this Preferred Drug List class not required*
- Coverage of brand or generic subject to Preferred Drug List placement
- Member must have triglyceride levels ≥ 150 mg/dL AND
- Medication is used adjunctively to maximally tolerated statin therapy AND
- Member must have established cardiovascular disease OR diabetes + 2 additional risk factors for cardiovascular disease (i.e. HTN, smoking, obesity, family Hx CHD, age men ≥ 45 , age women ≥ 55 , low HDL, high LDL, etc.)
- **LIMITATIONS:** Maximum 4 grams daily