



## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed below:*

- The criterion for automatic coverage of fenofibric acid (Trilipix) is as follows:
  - Must have a documented pharmacy claim history of prior therapy with a generic fenofibrate product (other than generic Trilipix)
- For members without a prior claim history of a generic fenofibrate product, a medical necessity review is completed, and the following criterion must be met:
  - Must have documentation indicating that the member has failed or had intolerance to a generic fenofibrate product (other than generic Trilipix) unless contraindicated.

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Antara [package insert]. Waltham, MA: Oscient Pharm; March 2008.
2. Fenoglide [package insert]. Atlanta, GA: Sciele Pharm; April 2008.
3. Lipofen [package insert]. Montgomery, AL: Kowa Pharm; June 2008.
4. Lofibra [package insert]. Sellersville, PA: Gate Pharm; July 2003.
5. Tricor [package insert]. North Chicago, IL: Abbott Laboratories; June 2008.
6. Triglide [package insert]. Atlanta, GA: Sciele Pharm; April 2008.
7. Trilipix [package insert]. North Chicago, IL: Abbott Laboratories; March 2013.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY



*Trilipix (fenofibric acid)*  
POLICY NUMBER: RX.PA.111.E  
REVISION DATE: 05/13  
PAGE NUMBER: 3 of 3

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

