



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 1, 2016 June 21, 2021

LOVAZA® (omega-3-ethyl esters)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be ≥ 18 years old.
- Consistent abnormal triglyceride levels $\geq 500\text{mg/dL}$ as identified by review of labs over the last 365 days.
- Patient has had a trial of two or more consecutive months of a fibrate or nicotinic acid in their recent history (180 days or less); or are intolerant to, or is not a candidate for fibrates or nicotinic acids.

CONTINUATION OF THERAPY:

- Initial criteria met.
- Decrease in triglycerides of more than 20% from baseline.

DOSING & ADMINISTRATION:

- 4 grams orally as a single 4-gram dose or two 2-gram doses. Recommended maximum daily dose is 4 grams.
- Dosage Form: 1 gram