

## PRIOR AUTHORIZATION POLICY

- POLICY:** Hyperlipidemia – Omega-3 Fatty Acid Products
- Lovaza® (omega-3-acid ethyl esters capsules – GlaxoSmithKline, generic)
  - Vascepa® (icosapent ethyl capsules – Amarin, generic)

**REVIEW DATE:** 01/24/2024

---

### OVERVIEW

Lovaza, a combination of ethyl esters of omega-3 fatty acids (mainly eicosapentaenoic acid [EPA] and docosahexaenoic acid [DHA]) and Vascepa, an ethyl ester of EPA, are indicated for **hypertriglyceridemia** (severe, triglyceride [TG] levels  $\geq 500$  mg/dL), to reduce TG levels as an adjunct to diet in adults.<sup>1,2</sup>

Vascepa is also indicated to **reduce the risk of myocardial infarction, stroke, coronary revascularization, and unstable angina** requiring hospitalization in adults with elevated TG levels ( $\geq 150$  mg/dL) and either established cardiovascular (CV) disease or diabetes mellitus with two or more additional risk factors for CV disease, as an adjunct to maximally tolerated statin therapy.<sup>2,3</sup>

Lovaza and Vascepa have been studied in patients with TG levels  $\geq 200$  mg/dL and  $< 500$  mg/dL and who have persistently high TGs despite treatment with statin therapy and proper dietary modifications.<sup>4,5</sup> In short-term trials lasting 6 to 12 weeks in duration, the addition of omega-3 fatty acid therapy led to further reductions in TG levels.

### Guidelines/Scientific Statements

Several guidelines are available that discuss the management of elevated TG levels and have incorporated omega-3 fatty acid products.<sup>6-11</sup> Highlights from a few guidelines are below.

- The American College of Cardiology Expert Consensus Decision Pathway on the Management of Atherosclerotic Cardiovascular Disease (ASCVD) Risk Reduction in Patients with Persistent Hypertriglyceridemia (2021) recommends Vascepa in a variety of clinical scenarios in patients with persistent fasting hypertriglyceridemia (150 to 499 mg/dL).<sup>6</sup> Also, Lovaza and Vascepa are recommended in several circumstances in which patients have very elevated TG levels ( $\geq 500$  mg/dL).
- The American Diabetes Association Standards of Care (2024) state that Vascepa should be considered to reduce CV risk for patients with ASCVD or other CV risk factors who are on a statin with controlled low-density lipoprotein cholesterol levels but with elevated TG levels (135 to 499 mg/dL).<sup>10</sup>
- The National Lipid Association (NLA) published a scientific statement regarding Vascepa (2019).<sup>11</sup> Based on the REDUCE-IT trial, the NLA position is that for patients  $\geq 45$  years of age with clinical ASCVD, or  $\geq 50$  years of age with diabetes mellitus requiring medication plus at least one additional risk factor, with fasting TG levels of 135 to 499 mg/dL on high-intensity or maximally tolerated statin therapy (with or without ezetimibe), treatment with Vascepa is recommended for ASCVD risk reduction (Class I evidence rating).

## POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of omega-3 fatty acid products (Lovaza and Vascepa [both brand and generic]). All approvals are provided for the duration noted below.

**Automation:** None.

## RECOMMENDED AUTHORIZATION CRITERIA

**I.** Coverage of **Vascepa** (brand and generic) is recommended in those who meet the following criteria:

### FDA-Approved Indication

**1. Cardiovascular Risk Reduction in a Patient with Elevated Triglycerides.** Approve **Vascepa** (brand or generic) for 1 year if the patient meets all of the following (A, B, and C):

**A)** Patient meets one of the following (i or ii):

**i.** Patient has established cardiovascular disease; OR

**Note:** Examples of cardiovascular disease include a previous myocardial infarction; a history of an acute coronary syndrome event; angina (stable or unstable); past history of stroke or transient ischemic attack; peripheral arterial disease; or the patient has undergone a coronary or other arterial revascularization procedure in the past (e.g., coronary artery bypass graft, percutaneous coronary intervention, angioplasty, coronary stent procedure); OR

**ii.** Patient meets both of the following (a and b):

**a)** Patient has diabetes; AND

**b)** According to the prescriber, patient has at least two additional risk factors for cardiovascular disease.

**Note:** Examples of risk factors for cardiovascular disease include hypertension; low high-density lipoprotein cholesterol levels (e.g.,  $\leq 40$  mg/dL); renal dysfunction (creatinine clearance  $< 60$  mL/min); family of premature coronary disease; presence of albuminuria; current cigarette smoking; familial hypercholesterolemia; and increased weight (body mass index greater than  $25 \text{ kg/m}^2$ ); AND

**B)** Prior to initiation of therapy, the patient had a fasting baseline triglyceride level  $\geq 150$  mg/dL; AND

**C)** Patient meets one of the following (i or ii):

**i.** Patient is receiving statin therapy; OR

**ii.** According to the prescriber the patient cannot tolerate statin therapy.

**II.** Coverage of **Lovaza** and **Vascepa** (both brand and generic) is recommended in those who meet one of the following criteria:

### FDA-Approved Indication

**1. Hypertriglyceridemia with Triglyceride Levels  $\geq 500$  mg/dL.** Approve **Lovaza** or **Vascepa** (both brand or generic) for 1 year if the patient meets the following (A and B):

**A)** Prior to initiation of therapy, the patient had a fasting baseline triglyceride level  $\geq 500$  mg/dL; AND

**B)** Patient has tried, or is currently receiving, one of the following products: niacin (immediate-release or extended-release), a fibrate, or a statin.

**Note:** Examples of fibrates include gemfibrozil, fenofibrate, and fenofibric acid. Examples of statins include atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, and Livalo (pitavastatin tablets). Also, a patient who requests Vascepa may potentially be reviewed under the criteria for Cardiovascular Risk Reduction in a Patient with Elevated Triglycerides.

### Other Uses with Supportive Evidence

**2. Hypertriglyceridemia with Triglyceride Levels of 150 mg/dL to < 500 mg/dL.** Approve Lovaza or Vascepa (both brand or generic) for 1 year if the patient meets the following (A and B):

- A) Prior to initiation of therapy, the patient had a fasting baseline triglyceride level of 150 mg/dL to < 500 mg/dL; AND
- B) Patient has tried, or is currently receiving, one of the following products: niacin (immediate-release or extended-release), a fibrate, or a statin.

Note: Examples of fibrates include gemfibrozil, fenofibrate, and fenofibric acid. Examples of statins include atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, and Livalo (pitavastatin tablets). Also, a patient who requests Vascepa may potentially be reviewed under the criteria for Cardiovascular Risk Reduction in Patients with Elevated Triglycerides.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Lovaza and Vascepa (both brand and generic) is not recommended in the following situations:

- 1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**

- 1. Lovaza® capsules [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; September 2020.
- 2. Vascepa® capsules [prescribing information]. Bridgewater, NJ: Amarin; September 2021.
- 3. Bhatt DL, Steg G, Miller M, et al, for the REDUCE-IT Investigators. Cardiovascular risk reduction with isosapent ethyl for hypertriglyceridemia. *N Engl J Med.* 2019;380(1):11-22.
- 4. Ballantyne CM, Bays HE, Kastelein JJ, et al. Efficacy and safety of eicosapentaenoic acid ethyl ester (AMR 101) therapy in statin-treated patients with persistent high triglycerides (from the ANCHOR) study. *Am J Cardiol.* 2012;110(7):984-992.
- 5. Davidson MH, Stein EA, Bays HE, et al, for the COMBination of prescription Omega-3 with Simvastatin (COMBOS) investigators. Efficacy and tolerability of adding prescription omega-3 fatty acids 4 g/d to simvastatin 40 mg/d in hypertriglyceridemic patients: an 8-week, randomized, double-blind, placebo-controlled study. *Clin Ther.* 2007;29(7):1354-1367.
- 6. Virani SS, Morris PB, Kris-Etherton PM. 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD risk reduction in patients with persistent hypertriglyceridemia. *J Am Coll Cardiol.* 2021;78(9):960-993. Accessed on January 24, 2023.
- 7. Handelsman Y, Jellinger PS, Guerin CK, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the management of dyslipidemia and prevention of cardiovascular disease algorithm – 2020 executive summary. *Endocrine Pract.* 2020;26(10):1196-1224.
- 8. Newman CB, Blaha NJ, Boord JB, et al. Lipid management in patients with endocrine disorders: an Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2020;105(12):3613-3682.
- 9. Grundy SM, Stone NJ, Bailey AL, et al. ACC/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol. A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;139(25):e1082-e1143.
- 10. American Diabetes Association. Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes – 2024. *Diabetes Care.* 2024;47(Suppl 1):S179-S218.
- 11. Orringer CE, Jacobson TA, Maki KC. National Lipid Association Scientific Statement on the use of icosapent ethyl in statin-treated patients with elevated triglycerides and high or very-high ASCVD risk. *J Clin Lipidol.* 2019;13(6):860-872.

