

**Pharmacy Policy**

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**Omega Fatty Acids**

**Policy Number:** 9.607

**Version Number:** 2

**Version Effective Date:** 3/1/2022

<b>Product Applicability</b> <input type="checkbox"/> <b>All Plan+ Products</b>	
<p><b>Well Sense Health Plan</b></p> <input type="checkbox"/> New Hampshire Medicaid	<p><b>Boston Medical Center HealthNet Plan</b></p> <input checked="" type="checkbox"/> MassHealth - MCO <input checked="" type="checkbox"/> MassHealth - ACO <input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

**Prior Authorization Policy**

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**Products Affected:**

- **omega-3-Acid Ethyl Esters (Lovaza)**

The Plan may authorize coverage of the above products for members meeting the following criteria:

<b>Covered Use</b>	All FDA approved indications not otherwise excluded
<b>Exclusion Criteria</b>	None
<b>Required Medical Information</b>	1. Triglyceride level $\geq$ 500 mg/dL; AND 2. Inadequate response, intolerance or contraindication to treatment with a fibric acid derivative.
<b>Age Restriction</b>	None
<b>Prescriber Restriction</b>	None

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<b>Coverage Duration</b>	24 months
<b>Other criteria</b>	None

## Clinical Background Information and References

1. Rosenson R. Approach to the patient with hypertriglyceridemia. UptoDate. Accessed April 2014. Available from <http://www.uptodate.com>.
2. Lovaza® [package insert]. Research Triangle Park (NC): GlaxoSmithKline. May 2014.
3. Vascepa™ [package insert]. Bedminster (NJ): Amarin Pharma Inc.; June 2015.  
Rosenson RS, Kastelein JJ. Hypertriglyceridemia. Last updated: Feb 28, 2017. Accessed April 2016. Available from <http://www.uptodate.com>.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.115 Omega-3 Fatty Acids Policy retired, new policy created	1/1/2021	P&T Committee
11/11/2021	Annual review, no changes.	3/1/2022	P&T Committee

## Next Review Date

11/2022

## Other Applicable Policies

## Reference to Applicable Laws and Regulations, If Any

### Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered

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experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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