



Fee-for Service Criteria for Non-Preferred Drugs

Drug Class **Fenofibrate**
Therapeutic area Cardiovascular

| Preferred | Non preferred - PA required (all are fenofibrate) |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Tricor 48 mg, 145 mg Trilipix 45 mg, 135 mg | Antara Fenofibrate (tablets and capsules) Fenoglide Fibricor (35mg, 105mg) Lofibra Lipofen Triglide |

Criteria

Patient does not receive adequate triglyceride lowering from the preferred fenofibrates or has allergy or intolerance to a preferred fenofibrate.

DHS Notes

- DHS is not proposing that patients be switched from a branded fenofibrate to gemfibrozil.
- There is no evidence to support superior efficacy of any one brand in this class.
- Each of these brands has the same FDA indication:
Indicated as adjunctive therapy to diet for the reduction of LDL-C, Total C, triglycerides, and Apo B in adult patients with primary hypercholesterolemia or mixed dyslipidemia (Fredrickson Types IIa and IIb).
- Each of these brands is dosed once daily.

Exceptions

See Grandfathering Criteria – which indicate patient specific criteria that would exclude a patient from switching to a preferred drug.