

Fenofibrate Agents

Applies To:

fenofibrate micronized capsule 43 mg, 130 mg
fenofibrate tablet (FENOGLIDE) 40 mg, 120 mg
fenofibrate capsule (LIPOFEN) 50 mg, 150 mg
fenofibrate micronized (ANTARA) 30 mg, 90 mg

Diagnoses Considered for Coverage:

- Hypertriglyceridemia
- Hypercholesterolemia

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect to one preferred fenofibrate agent (generic Lofibra or generic Tricor), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 09/27/2023