



**GEORGIA MEDICAID FEE-FOR-SERVICE  
FIBRIC ACID DERIVATIVES PA SUMMARY**

Preferred	Non-Preferred
Gemfibrozil generic Fenofibrate capsules (generic Lofibra) Fenofibrate tablets (generic Lofibra, Tricor) Fenofibric acid delayed-release (generic Trilipix)	Fenofibric acid (generic Fibracor) Fenofibrate capsules (generic Antara, Lipofen) Fenofibrate tablets (generic Fenoglide) Fenoglide (fenofibrate)

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:**

- ❖ If fenofibrate (generic Fenoglide) is approved, the PA will be issued for brand Fenoglide.

**PA CRITERIA:**

Non-Preferred Products

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons all of the preferred products (see table above) are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.