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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Gemfibrozil generic</td>
<td>Antara 30 mg and 90 mg (fenofibrate)</td>
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<tr>
<td>Fenofibrate tablets (generic Lofbra, Tricor)</td>
<td>Fenofibric acid (generic Fibricor)</td>
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<td>Fenofibric acid delayed-release (generic Trilipix)</td>
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<td>Fenofibrate capsules (generic Antara 43 mg, 130 mg, Lofbra, Lipofen)</td>
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<td>Fenofibrate tablets (generic Fenoglide)</td>
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<td>Fenoglide (fenofibrate)</td>
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<td>Triglide (fenofibrate)</td>
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</tbody>
</table>

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 the preferred products, generic gemfibrozil and generic fenofibrate tablets (generic Lofbra, Tricor), 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 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, highlight Provider Information and click on Revised 7/1/2018
Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.