FIBRIC ACID DERIVATIVES PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Gemfibrozil, Tricor, Trilipix</th>
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</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Antara, Fenofibrate, Fenofibric Acid, Fenoglide, Fibricor, Lipofen, Lofibra, Triglide</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:
- Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to gemfibrozil, Tricor, and Trilipix.

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling SXC Health Solutions at 1-866-525-5827.

PA and Appeal Process:
- For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:
- For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.