

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Commercial  Commercial Individual (PPACA)

This request is:  Urgent (life threatening)  Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Omega-3-acid ethyl esters (generic Lovaza<sup>®</sup>)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

Drug product:  Omega-3-acid ethyl esters 1 gram softgel Start date (or date of next dose): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following criteria:

1. Diagnosis of hypertriglyceridemia
2. Laboratory confirmation of triglyceride level at or above 500 mg/dL
3. For continuation of therapy, baseline triglyceride levels or evidence of triglyceride levels at or above 500 mg/dL laboratory confirmed results must be submitted
4. Must first try one of the following: fenofibrate, fenofibric acid, or gemfibrozil

**Note:** Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage.

### Priority Health Precertification Documentation

#### A. What condition is this drug being requested for?

- Hypertriglyceridemia
- Other – the patient's condition is: \_\_\_\_\_
- Rationale for use: \_\_\_\_\_

#### B. What is the patient's laboratory confirmed triglyceride level?

Baseline triglyceride level (mg/dL): \_\_\_\_\_ Date: \_\_\_\_\_

Current triglyceride level (mg/dL): \_\_\_\_\_ Date: \_\_\_\_\_

#### C. Which of the following drugs has the patient tried?

- fenofibrate  fenofibric acid  gemfibrozil
- none of the above