

## Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)**  
☐ **Medicaid**

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.

## Vascepa<sup>®</sup> (icosapent ethyl)

### 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

☐ New request ☐ Continuation request

Drug product: ☐ Vascepa 1 gram capsule **Start date** (or date of next dose): \_\_\_\_\_  
**Dosing frequency:** \_\_\_\_\_

### Precertification Requirements

**Before this drug is covered, the patient must meet the following criteria in either (1) or (2) below (supporting documentation required):**

1. For severe hypertriglyceridemia:
  - Laboratory confirmation of triglyceride level at or above 500 mg/dL
  - For continuation of therapy, baseline triglyceride levels or evidence of triglyceride levels at or above 500 mg/dL laboratory confirmed results must be submitted
  - Must first try one of the following: fenofibrate, fenofibric acid, or gemfibrozil
  - Must also try omega-3-acid ethyl esters (generic Lovaza)
2. For reducing the risk of myocardial infarction (MI), stroke, coronary revascularization, and unstable angina requiring hospitalization:
  - Have one of the following diagnoses (provide documentation):
    - Established cardiovascular disease (CVD) defined as a documented history of coronary artery disease, cerebrovascular or carotid disease, or peripheral artery disease
    - Diabetes mellitus with 2 or more additional risk factors for CVD (e.g., current or recent cigarette smoker, hypertension, elevated CRP, etc.)
  - Must be used with maximally tolerated statin therapy
  - Must have elevated triglyceride levels (150 mg/dL or greater)

**Note:** Authorization for indications, dosing, or a route of administration 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. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

**Priority Health Precertification Documentation**

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

- ☐ Severe Hypertriglyceridemia  
☐ Reducing the risk of myocardial infarction (MI), stroke, coronary revascularization, and unstable angina requiring hospitalization  
☐ *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  
☐ omega-3-acid ethyl esters      ☐ none of the above

**D. For use other than severe hypertriglyceridemia, provide the statin medication and dose the patient will take with Vascepa:**

**Statin Drug:** \_\_\_\_\_ **Dose (mg):** \_\_\_\_\_