

# 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 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
5. Must also try omega-3-acid ethyl esters (generic Lovaza)

**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?

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  
 omega-3-acid ethyl esters       none of the above