

Fax completed form to: 1-866-868-0858  
Questions, please call: 1-866-316-6049



## Important Information About Prescription Drug Coverage

---

To: \_\_\_\_\_ From: \_\_\_\_\_

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Re: Lovaza® (Omega-3 Acid Ethyl Esters): Prior Authorization Request Form: Please respond.

---

- Please complete the attached Lovaza® (Omega-3 Acid Ethyl Esters) Prior Authorization Request Form
- To expedite the review process please complete all requested fields.
- Completed forms should be faxed to: 1-866-868-0858. It is not necessary to fax this cover page.

**Please note:** By signing the attached form you are certifying that the treatment requested is medically necessary. No contraindications are present and precautions have been considered. You will be supervising the patient's treatment. Supporting documentation is available in the patient's record. Signature on this form attests to the fact that the corresponding ICD-9 code has been documented in the patients chart and submitted on a CMS- 1500 form.

### Information about this drug

---

Lovaza® (Omega-3 Acid Ethyl Esters)

Lovaza® reduces triglycerides (TG) by 20% to 50%; however, it may also INCREASE LDL levels by as much as 45%. Please compare the efficacy of Lovaza® to simvastatin (TG reduction 12% to 34% and LDL reduction 26% to 47%), gemfibrozil and fenofibrate (TG reduction 25% to 50% and LDL +/- 5% to 25%).

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review, and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

**Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.**

MemberHealth, LLC, PO Box 391197, Solon OH 44139-3911

Last Updated: 04/28/2008

# Prior Authorization Request Form



Fax completed form to 1-866-868-0858 Need help? Call 1-866-316-6049

## Patient Information

Name \_\_\_\_\_  
Member ID \_\_\_\_\_  
Medicare ID \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex: M / F  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Nursing home resident? YES / NO  
Home care patient? YES / NO

## Prescriber and Pharmacy Information

Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
DEA \_\_\_\_\_  
NPI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Pharmacy name \_\_\_\_\_  
NCPDP \_\_\_\_\_  
NPI \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

## All items below this line are for Physician Use Only

### Information for Requested Drug

Strength: \_\_\_\_\_ Dosage form: \_\_\_\_\_ Qty per 30 days: \_\_\_\_\_ Drug is (circle one): Newly prescribed/Refill  
Directions: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Standard Reviews will be completed in under 72 hours. An expedited review is available if you certify that a standard review timeframe will seriously jeopardize the health of your patient. To request an expedited review, simply indicate this at the top of this page.

### Lovaza® (Omega-3 Acid Ethyl Esters) Criteria

- 1 Please indicate the patient's diagnosis. Select or specify the correct ICD-9 code. This question must be completed  
 Hypertriglyceridemia (ICD-9: 272.1)  
 Other (diagnosis and ICD-9): \_\_\_\_\_
- 2 Is the patient's baseline triglyceride level greater than or equal to 500mg/dL?  
 Yes  No
- 3 Is the patient's LDL greater than or equal to 130mg/dL?  
 Yes  No
- 4 Has patient failed to receive a clinically appropriate therapeutic response OR demonstrated intolerance (e.g., allergy, adverse effect(s), development of a contraindication) from two (2) or more triglyceride-lowering agents in at least two different classes (e.g., statins, fibrates, niacin) over a period of 30 or more days for each drug?  
 Yes  No

Medical Justification: (Attach additional page if necessary): \_\_\_\_\_  
\_\_\_\_\_

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_