

# US Family Health Plan Prior Authorization Request Form for omega-3-acid ethyl esters (**Lovaza**) and icosapent ethyl (**Vascepa**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed to 855-273-5735**

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

[usfamilyhealth.org/rx-pa](http://usfamilyhealth.org/rx-pa)

**Step 1** Please complete patient and physician information (please print):

Patient Name: _____ Address: _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ Phone #: _____ Secure Fax #: _____
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**Step 2** Please complete the clinical assessment:

<b>1. Does the patient have a diagnosis of hypertriglyceridemia?</b>  Note: Coverage is not approved for use in non-FDA approved conditions, including the following: Attention Deficit Hyperactivity Disorder, Alzheimer's disease, bipolar disease, Crohn's disease, cystic fibrosis, dementia, depression, inflammatory bowel disease, intermittent claudication, metabolic syndrome, osteoporosis, post-traumatic stress disorder, renal disease (immunoglobulin A nephropathy), rheumatoid arthritis, schizophrenia, Type 2 diabetes mellitus, and ulcerative colitis.	<input type="checkbox"/> Yes Proceed to question <b>2</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>2. What is the requested medication?</b>	<input type="checkbox"/> Lovaza – Proceed to Question <b>3</b> <input type="checkbox"/> Vascepa – Proceed to Question <b>8</b>	
<b>3. Does the patient have a current triglyceride (TG) level less than 500 mg/dl?</b>	<input type="checkbox"/> Yes Proceed to Question <b>4</b>	<input type="checkbox"/> No Proceed to Question <b>7</b>
<b>4. Is the patient currently taking a statin?</b>	<input type="checkbox"/> Yes Proceed to Question <b>5</b>	<input type="checkbox"/> No Proceed to Question <b>6</b>
<b>5. Has the patient had an inadequate TG-lowering response to a therapeutic trial of niacin (1-2 g/day) OR fibrates, or is unable to tolerate niacin or fibrates, or is not a candidate for niacin or fibrate therapy?</b>	<input type="checkbox"/> Yes Proceed to Question <b>7</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>6. Has the patient had an inadequate TG-lowering response to a therapeutic trial of niacin (1-2 g/day) AND fibrates, is unable to tolerate BOTH niacin AND fibrates, or is not a candidate for BOTH niacin AND fibrate therapy?</b>	<input type="checkbox"/> Yes Proceed to Question <b>7</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>7. Will the patient be using Lovaza in combination with Vascepa?</b>	<input type="checkbox"/> Yes <b>STOP</b> Coverage not approved	<input type="checkbox"/> No Sign and date below
<b>8. Does the patient have a triglyceride (TG) level greater than or equal to 500 mg/dL?</b>	<input type="checkbox"/> Yes Proceed to Question <b>9</b>	<input type="checkbox"/> No Proceed to Question <b>10</b>

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<p>9. Has the patient tried and failed generic Lovaza?</p>	<p><input type="checkbox"/> Yes Proceed to Question 19</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>10. Does the patient require Vascepa for cardiovascular (CV) outcome reduction (i.e. reduce the risk of myocardial infarction, stroke, coronary revascularization, and unstable angina requiring hospitalization)?</p>	<p><input type="checkbox"/> Yes Proceed to Question 11</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>11. Does the patient have a history of acute or chronic pancreatitis?</p>	<p><input type="checkbox"/> Yes <b>STOP</b> Coverage not approved</p>	<p><input type="checkbox"/> No Proceed to Question 12</p>
<p>12. Is the triglyceride (TG) level between 200 mg/dL and 499 mg/dL?</p>	<p><input type="checkbox"/> Yes Proceed to Question 13</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>13. Is the patient currently receiving a statin with low-density lipoprotein (LDL) less than 100 mg/dL?</p>	<p><input type="checkbox"/> Yes Proceed to Question 14</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>14. Is Vascepa being used for secondary prevention?</p>	<p><input type="checkbox"/> Yes Proceed to Question 16</p>	<p><input type="checkbox"/> No Proceed to Question 15</p>
<p>15. Is Vascepa being used for primary prevention?</p>	<p><input type="checkbox"/> Yes Proceed to Question 17</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>16. Does the patient have established cardiovascular (CV) disease?</p>	<p><input type="checkbox"/> Yes Proceed to Question 19</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>17. Does the patient have diabetes mellitus (DM)?</p>	<p><input type="checkbox"/> Yes Proceed to Question 18</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>18. Does the patient have at least one additional risk factor for cardiovascular (CV) disease (hypertension, hyperlipidemia, age greater than 50 years)?</p>	<p><input type="checkbox"/> Yes Proceed to Question 19</p>	<p><input type="checkbox"/> No <b>STOP</b> Coverage not approved</p>
<p>19. Will the patient be using Vascepa in combination with Lovaza?</p>	<p><input type="checkbox"/> Yes <b>STOP</b> Coverage not approved</p>	<p><input type="checkbox"/> No Sign and date below</p>

**Step  
3**

I certify the above is true to the best of my knowledge. Please sign and date:

\_\_\_\_\_ Prescriber Signature

\_\_\_\_\_ Date

[ 08 July 2020 ]