

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

Omega-3 Fatty Acid Agents

Drug Requested (select one below):

Preferred Drug	Non-Preferred Drugs (Requires Prior Authorization and the preferred drug MUST be tried and failed first)
<input type="checkbox"/> Omega-3 OTC	<input type="checkbox"/> Lovaza [®] (Omega-3-acid ethyl esters) (ST)
<input type="checkbox"/> omega-3 acid ethyl esters (ST)	
<input type="checkbox"/> icosapent ethyl (generic Vascepa [®])	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

(Continued on next page)

- ❑ If requesting **omega-3 acid ethyl esters**, member must have **ONE** of the following:

- ❑ Documentation of high triglycerides of $\geq 500\text{mg/dL}$

OR

- ❑ Trial and failure of any other lipotropic

- ❑ If requesting **Lovaza®**, member must have **ONE** of the following:

- ❑ Documentation of high triglycerides of $\geq 500\text{mg/dL}$

OR

- ❑ Trial and failure of any other lipotropic

AND

- ❑ Trial and failure of omega-3 acid ethyl esters

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****