

SENTARA HEALTH PLANS

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.**

Drug Requested: icosapent ethyl (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: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

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.

DIAGNOSIS - Hypertriglyceridemia (severe). ALL of the following criteria must be met:

- Member's current triglyceride level is ≥ 500 mg/dL (**submit labs documenting current level**)

AND

- Member is on an appropriate lipid-lowering diet and exercise regimen

AND

- Member has a history of failure or intolerance (at least 90 days) to **TWO** of the following medications (**Check all that apply; submit documentation of intolerance and/or contraindication; pharmacy claims will be reviewed**)
- Fibrate (e.g., fenofibrate, gemfibrozil)
 - Statin (e.g., atorvastatin, rosuvastatin)
 - Omega-3-acid ethyl esters (generic Lovaza)

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DIAGNOSIS - Cardiovascular Event Risk Reduction. 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.

- Member's current triglycerides are between 150 and 499 mg/dL (**submit labs documenting current level**)

AND

- Use is adjunctive to maximally-tolerated statin therapy unless contraindicated per FDA label or intolerance (**submit documentation of intolerance or contraindication; pharmacy claims will be reviewed**)

AND (Select **ONE** of the following):

- Member is ≥ 45 years old with established cardiovascular disease defined by **ONE** the following: (**submit chart notes and/or lab documentation**)
- Documented coronary artery disease (multi-vessel CAD, prior MI, or hospitalization for high risk non-ST segment elevation acute coronary syndrome (NSTE-ACS))
 - Documented carotid artery disease (prior ischemic stroke, arterial stenosis, history of carotid revascularization)
 - Documented peripheral artery disease (Ankle-brachial index (ABI) < 0.9 with symptoms of intermittent claudication, history of aorto-iliac or peripheral arterial intervention)

OR

- Member is > 50 years old with diabetes mellitus (Type I or Type II) with **TWO** of the following additional risk factors for CVD. Check all that apply; select at least **TWO** additional risk factors below: (**submit chart notes and/or lab documentation**)
- Men > 55 or women > 65 years of age
 - Cigarette smoker (or recently quit)
 - Hypertension or on antihypertensive medication
 - Low HDL-C (e.g., HDL-C < 40 mg/dL or < 50 mg/d L for women)
 - Renal dysfunction: (CrCL > 30 and < 60 mL/min)
 - Retinopathy
 - Presence of albuminuria
 - Elevated biomarkers associated with ASCVD (e.g., hs-CRP > 3.00 mg/L, ABI < 0.9 without symptoms)

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

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.