



The CareFirst BlueCross BlueShield family of health care plans



Prior Authorization Form

CAREFIRST

Omega-3 Fatty Acids

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at 1-888-836-0730. Please contact CVS/Caremark at 1-800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Omega-3 Fatty Acids .

Drug Name (select from list of drugs shown)

Epanova (omega-3-carboxylic acids) Lovaza (omega-3-acid ethyl esters) Omtryg (omega-3-acid ethyl esters A) Vascepa (icosapent ethyl)

Quantity Frequency Strength
Route of Administration Expected Length of Therapy

Patient Information

Patient Name:
Patient ID:
Patient Group No.:
Patient DOB:
Patient Phone:

Prescribing Physician

Physician Name:
Physician Phone:
Physician Fax:
Physician Address:
City, State, Zip:

Diagnosis: ICD Code:

Comments:

Please circle the appropriate answer for each question.

- 1. Does the patient have, or did the patient have prior to the start of a triglyceride lowering drug, a triglyceride level greater than or equal to 500 mg/dL?
2. Has the patient experienced an inadequate treatment response, intolerance or contraindication to a fibrate or nicotinic acid?
3. Will the patient be on an appropriate lipid-lowering diet and exercise regimen during treatment?

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date

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