

Member Name: _____ Member ID: _____ Member DOB: _____
Drug Name: _____ Strength: _____ Directions: _____
Physician Name: _____ Physician Phone #: _____ Specialty: _____
Physician Fax #: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health
Lovaza, Vascepa – Medical Necessity Request

1. What is the member's triglyceride level in mg/dL? _____

2. Has the member tried a Fibrate (e.g. Generic Lofibra, generic Lopid)?

Yes

a. List the specific drug tried: _____

b. Why was it discontinued?

c. Dates tried: _____

No: Would the prescriber consider prescribing a Fibrate (e.g. Generic Lofibra, generic Lopid)?

Yes: Please call the prescription for the Fibrate in to the pharmacy.

No: Please provide clinical reasoning why a Fibrate cannot be tried.

3. Has the member tried a Nicotinic Acid (e.g., Generic Niaspan, Over-the-counter Niacin)?

Yes

a. List the specific drug tried: _____

b. Why was it discontinued?

c. Dates tried: _____

No: Would the prescriber consider prescribing Nicotinic Acid (e.g., Generic Niaspan, Over-the-counter Niacin)?

Yes: Please call the prescription for the Nicotinic Acid in to the pharmacy.

No: Please provide clinical reasoning why Nicotinic Acid cannot be tried.

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Physician office's signature* _____ Print Name _____

*Form must be completed and signed by physician or licensed representative from the physician's office

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4. **For Vascepa requests:** Has the member tried Generic Lovaza (e.g., Omega-3 Acid Ethyl Esters)?

Yes

a. Why was it discontinued?

c. Dates tried: _____

No: Would the prescriber consider prescribing Generic Lovaza (e.g., Omega-3 Acid Ethyl Esters)?

Yes: Please call the prescription for the Generic Lovaza in to the pharmacy.

No: Please provide clinical reasoning why Generic Lovaza cannot be tried.

Physician office's signature* _____ Print Name _____

*Form must be completed and signed by physician or licensed representative from the physician's office