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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HNJH Fax #: 888-567-0681
4. **For Vascepa requests:** Has the member tried Generic Lovaza (e.g., Omega-3 Acid Ethyl Esters)?

   - **Yes**
     
     a. Why was it discontinued?
     
     _____________________________________________________________

   - **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.
     
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