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CAREFIRST ASO
Omega-3 Fatty Acids* (BSF)

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

Patient Name: _____	Date: 11/27/2023
Patient ID: _____	Patient Date Of Birth: _____
Patient Group No: _____	Patient Phone: _____
NPI#: _____	Physician Name: _____
	Specialty: _____
	Physician Office Telephone: _____
Physician Office Address: _____	

Drug Name (select from list of drugs shown)

Icosapent Ethyl Lovaza (omega-3-acid ethyl esters) Omega-3-Acid Ethyl Esters

Vascepa (icosapent ethyl)

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

- | | | |
|---|----------------------------|----------------------------|
| 1. Will the patient be on an appropriate lipid-lowering diet and exercise regimen during treatment with the requested drug? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Is the requested drug being prescribed to reduce triglyceride (TG) levels in a patient with severe (greater than or equal to 500 mg/dL at baseline) hypertriglyceridemia? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Is this request for continuation of therapy? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 4. Has the patient achieved or maintained a reduction in triglyceride (TG) levels from baseline? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5. Is Vascepa being prescribed to reduce the risk of myocardial infarction, stroke, coronary revascularization, or unstable angina requiring hospitalization in an adult patient with elevated triglyceride (TG) levels (greater than or equal to 150 mg/dL)? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 6. Does the patient have established cardiovascular disease? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 7. Does the patient have diabetes mellitus and two or more additional risk factors for cardiovascular disease? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 8. Is Vascepa being prescribed as an adjunct to maximally tolerated statin therapy? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.