



Lovaza
(omega-3-acid-ethyl esters)

Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

| | |
|--------------------|---------------------|
| Member's Last Name | Member's First Name |
| SCAN ID number | Date of Birth |
| Prescriber's Name | Contact Person |
| Office phone | Office Fax |

| | |
|-------------|------------|
| Medication: | Diagnosis: |
|-------------|------------|

- | |
|---|
| 1. Is Lovaza administered for any FDA-approved indication? |
| 2. Has the patient tried and failed (for at least three months) or have a contraindication to a formulary fibrate product: Fenofibrate, Tricor, Triglide, Gemfibrozil? |
| 3. Does the patient have triglyceride levels of greater than 500mg/dl? |
| 4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review? |

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.