



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:
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1. Is Lovaza indicated as an adjunct to diet to reduce triglyceride (TG) levels?
2. Has the patient tried and failed (for at least three months) or have a contraindication to a formulary fibrate product: Fenofibrate, Tricor, or 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>.