

## HYALURONIC ACID PRODUCTS Prior Authorization Form

- Standard Request (72 hours)  
 Expedited Request (24 hours)

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

### Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

### Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>		
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

### Billing Information

<input type="checkbox"/> Billed by <b>PHARMACY</b> dispensed to the member or provider for administration.	<input type="checkbox"/> Billed under <b>MEDICAL</b> benefit by provider. J CODE: _____ ICD-10 Code: _____	Place of Administration: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Patient Home
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### Clinical Information

Diagnosis:	Date Diagnosed:
Does the member have osteoarthritis of the knee? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Please indicate knee being treated: <span style="margin-left: 20px;"><input type="checkbox"/> Right Knee</span> <span style="margin-left: 20px;"><input type="checkbox"/> Left Knee</span> <span style="margin-left: 20px;"><input type="checkbox"/> Both Knees</span>	
Has the member tried and failed a physician directed exercise or physical therapy program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Has the member tried and failed Acetaminophen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Has the member tried and failed NSAIDs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Has the member tried and failed an Intra-articular corticosteroid injection? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Does the member have an active joint infection? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Does the member have a bleeding disorder? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Has the member tried and failed the preferred hyaluronic acid product- Euflexxa? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	