Prior Authorization Form

GEHA FEDERAL - STANDARD OPTION

Osteoarthritis Agents (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS/Caremark at 1-888-836-0730.

Please contact CVS/Caremark at 1-855-240-0536 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Osteoarthritis Agents (FA-PA).

Drug	Name (select from	list of drugs s	shown)	
Eufl	exxa Injection (Na H	lyaluronate)	Monovisc (hyaluronan)	Orthovisc Injection (hyaluronan)
Qua	ntity	Freque	ency	Strength
Rou	te of Administration		Expected Length	of Therapy
Patie Patie Patie Patie	ent Information ent Name: ent ID: ent Group No.: ent DOB: ent Phone:			
Phys Phys Phys Phys	scribing Physician sician Name: sician Phone: sician Fax: sician Address: State, Zip:			-
Diag	jnosis:		ICD Code:	
Com	nments:			
Pleas	se circle the appropriate	e answer for each	ch question.	
1.	(cross-linked hyalumhyaluronate), Gelsy	ronate), Supa n-3 (sodium e). Is the pres	patient's plan are Gel-One ortz FX (sodium hyaluronate), and Visco-3 scriber willing to switch to	
2.	Is the request for Monovisc or Synvisc One?			YN
3.	patient requires add current treatment of OF INJECTIONS P	ditional injecti ourse for the ER TREATM	reatment course (i.e., on(s) to complete the affected joint): NUMBER ENT COURSE \ Euflexxa: tal) per course \ GenVisc	YN

	850: 3 to 5 injections (2.5 mL each; 12.5 mL total) per course \ Hyalgan: 3 to 5 injections (2 mL each; 10 mL total) per course \ Hymovis: 2 injections (3 mL each, 6 mL total) per course \ Orthovisc: 3 or 4 injections (2 mL each; 8 mL total) per course \ Synvisc: 3 injections (2 mL each; 6 mL total) per course	
4.	. Has the patient experienced a documented intolerable adverse event to all of the preferred products: Gel-One, Supartz FX, Gelsyn-3, and Visco-3? ACTION REQUIRED: IF 'YES', ATTACH SUPPORTING CHART NOTE(S).	

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date	