



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Hyaluronic Acid Polymers Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>	Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

Clinical Information (required)
<p><b>Select the diagnosis below:</b></p> <p><input type="checkbox"/> Osteoarthritis of the knee or shoulder</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p>
<p><b>Clinical Information:</b></p> <p>Is this request for continuation of therapy within the past 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the prescriber supplying and billing for the medication?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*Please note: If supplied by and being administered by a physician in a medical office, this is considered to be a medical benefit and is not covered under the patient's pharmacy benefit. OptumRx does not review medications supplied and billed by the physician's office. For additional information please contact the patient's medical benefit by calling the number listed on the back of the patient's membership ID card.</i></p> <p>Is the requested medication being used for topical administration? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select if the patient has had <b>trial and failure</b> to the following:</p> <p><input type="checkbox"/> Durolane</p> <p><input type="checkbox"/> Gelsyn-3</p> <p><input type="checkbox"/> Synvisc/Synvisc One</p> <p>Select if the patient has had <b>intolerance or adverse event</b> to the following:</p> <p><input type="checkbox"/> Durolane</p> <p><input type="checkbox"/> Gelsyn-3</p> <p><input type="checkbox"/> Synvisc/Synvisc One</p> <p>Does the prescriber attest that in their clinical opinion the same intolerance or adverse event would not be expected to occur with the requested hyaluronic acid product? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For patients who are unable to tolerate Durolane, Gelsyn-3 AND Synvisc/Synvisc One or in the rare instance that the above preferred products are contraindicated for a patient, please document the reason indicating the patient cannot use all of the above preferred products: _____</p> <p>_____</p> <p>_____</p>

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received. If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555. For urgent or expedited requests please call 1-800-711-4555. This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**  
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