Premier Health Plan

Premier Health Plan
Pharmacy Services
Phone: 866-822-2714
Fax: 855-862-6518

# HYALURONIC ACID PRODUCTS
## Prior Authorization Form

| | |
|---|---|
| □ Standard Request (72 hours)<br>□ 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: | □ Generic<br>□ Brand Necessary |

*Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.*

| | | |
|---|---|---|
| □ New medication<br>□ 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

| | | |
|---|---|---|
| □ Billed by **PHARMACY** dispensed to the member *or* provider for administration. | □ Billed under **MEDICAL** benefit by provider.<br>J CODE:_____<br>ICD-10 Code:_____ | Place of Administration:<br>□ Physician's Office<br>□ Hospital/Clinic<br>□ Patient Home |

## Clinical Information

| | |
|---|---|
| Diagnosis: | Date Diagnosed: |

Does the member have osteoarthritis of the knee? □ Yes □ No

Please indicate knee being treated: □ Right Knee □ Left Knee □ Both Knees

Has the member tried and failed a physician directed exercise or physical therapy program? □ Yes □ No

Has the member tried and failed Acetaminophen? □ Yes □ No

Has the member tried and failed NSAIDs? □ Yes □ No

Has the member tried and failed an Intra-articular corticosteroid injection? □ Yes □ No

Does the member have an active joint infection? □ Yes □ No

Does the member have a bleeding disorder? □ Yes □ No

Has the member tried and failed the preferred hyaluronic acid product- Euflexxa? □ Yes □ No