HEALTHTRANS

Prior Authorization Request

Date of Request _____

Hyalgan

Hyalgan (Sodium Hyaluronate) is a hyaluronic acid used for the treatment of osteoarthritis of the knee.

Patient must have failed an adequate trial (≥ 6 weeks duration) of non-pharmacologic therapy (education, exercise, insoles, braces, weight reduction);

Failed (or intolerant to) at least two of the following medications: acetaminophen, NSAID therapy, or opioid analgesics;

Patient has not previously been treated in the same knee with a similar product.

[5 weeks]

Member Information

Relationship (Circle)

Subscriber Spouse Dependent

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Gender (Circle)

Male Female

AGE: _____ **Weight (kg):** _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone ( ) -

Fax ( ) -

ID Number _____

Email _____ @ _____

Previous use? Y N

Knee affected? R L

Requested Drug / Pharmaceutical

Hyalgan (Sodium Hyaluronate)

Strength / Dose

Therapy Start Date

Condition / Diagnosis Related - Reason for Request

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Labs: **Baseline / Ongoing**

Formulary Alternative(s) Attempted YES NO (Circle)

Please List:

Contact Pharmacy? Y N

Pharmacy Phone Number

_____

Practitioner Signature

Date Received:
Reviewed By:
Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690