

Date of Request _____

Supartz **Supartz (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

Name _____
 Enrollment / Cardholder ID _____
 Group / Plan _____
 Birth date _____
 Address: _____
 City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____ Weight (kg): _____

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

Supartz (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