HealthPlans, Inc.

HPI is a Harvard Pilgrim company

Hyaluronate Preparations for OA of Knee

Prior Authorization Request Form

FAX: 508-756-1382

Patient:	Member ID #:
Requesting Provider:	TIN:
Phone:	Fax:
Diagnosis:	ICD 10 code:

Requested Agent	Clinical Info (*Check all that apply*):
Synvisc-One™ (hylan G-F 20) Euflexxa™ (1% sodium hyaluronate): Other: ____________________	Kellgren-Lawrence Scale (Grade 2 or greater) osteoarthritis of the knee (radiologic confirmation required)
	Insufficient pain relief from prior conservative treatment: Simple analgesics (e.g., acetaminophen, non-steroidal anti-inflammatory drugs, topical capsaicin) Other treatment(s):
	Contraindication to Synvisc-One™: Allergy to avian products Other (describe):
	Contraindication to Euflexxa™: Describe:
	Insufficient response after intra-articular corticosteroid injection. Date of injection:
	Insufficient response after prior treatment with Synvisc-One™: Date of treatment:
	Insufficient response after prior treatment with Euflexxa™: Date(s) of treatment:
	History of significant pain relief after prior intra-articular hyaluronan injections*: Date(s) of treatment: *Coverage is limited to a maximum of 4 courses of treatment in 36 months.