Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Durolane, Euflexxa, Gel-One, Gelsyn 3, GenVisc 850, Hyalgan, Hymovis, Hymovis-One, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication Requested:
☐ Durolane ☐ Euflexxa ☐ Gel-One ☐ Gelsyn 3 ☐ Genvisc 850
☐ Hyalgan ☐ Hymovis ☐ Hymovis-One ☐ Monovisc ☐ Orthovisc
☐ Supartz FX ☐ Synojoynt ☐ Synvisc ☐ Synvisc-One
☐ Triluron ☐ Trivisc ☐ Visco-3

Please specify site of injection for this request: ☐ left knee ☐ right knee ☐ both knees
☐ Other:

Quantity: Duration of therapy: Frequency

Jcode: ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis related to use:

☐ Knee osteoarthritis (OA)
☐ Osteoarthritis (OA) and other pathological conditions involving joints other than the knee - Note: Examples of other pathologic conditions involving joints other than the knee include hand, hip, ankle, and shoulder osteoarthritis, temporomandibular joint [TMJ] disorder, adhesive capsulitis of the shoulder, subacromial impingement.
☐ Acute ankle sprain
☐ Other pathologic conditions of the knee besides OA - Note: Examples of pathologic conditions of the knee other than osteoarthritis include chondromalacia patellae, osteochondritis dissecans, patellofemoral syndrome, post-anterior cruciate ligament [ACL] reconstruction.
☐ All other diagnoses

Clinical Information

Is the request for initial therapy or a repeat course of therapy with a hyaluronic acid derivative (intraarticular) in the same knee? Note: A repeat course is defined as an affected knee that has been previously treated with one or more courses of therapy with any intraarticular hyaluronic acid derivative. If the patient is getting an injection into a knee that has not previously been treated with one or more courses of any hyaluronic acid derivative, please select Initial Therapy.
☐ Initial therapy
☐ Repeat course

Has osteoarthritis of affected knee to be treated been confirmed by radiologic evidence? Please Note: Examples of radiographic evidence includes x-ray, magnetic resonance imaging (MRI), computed tomography (CT) scan, ultrasound. ☐ Yes ☐ No

Has the patient tried at least one course of physical therapy [PT] for affected knee osteoarthritis? ☐ Yes ☐ No

How many injections of intra-articular corticosteroids has the patient had to the affected knee?
☐ 0
☐ 1
☐ 2
☐ More than 2

Has the patient tried at least two of the following pharmacologic therapies: acetaminophen; tramadol (Ultram/XR, generics); duloxetine (Cymbalta, generics); nonsteroidal anti-inflammatory drug (NSAID), oral (for example, naproxen, ibuprofen, celecoxib) or topical (for example (diclofenac solution or diclofenac gel)? Note: A trial of two or more NSAIDs (oral and/or topical) counts as one pharmacologic therapy. ☐ Yes ☐ No

Is the requested product being administered by, or under the supervision of, a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist)? ☐ Yes ☐ No

Has the patient had a response to the previous course of hyaluronic acid derivative therapy for osteoarthritis of the affected knee according to the prescriber and now requires additional therapy for osteoarthritis symptoms? Please Note: Examples of a response include reduced joint pain, tenderness, or morning stiffness; improved mobility. ☐ Yes ☐ No

Which knee(s) are to be treated with this request?
☐ Right
☐ Left
☐ Both

(if left or right knee) Will at least 6 months have elapsed since the last injection with any hyaluronic acid derivative in the affected knee to be treated? ☐ Yes ☐ No

(if both knees) Will at least 6 months have elapsed since the last injection with any hyaluronic acid derivative in both knees? ☐ Yes ☐ No

(if the requested medication is (Gel-One, GenVisc 850, Hyalgan, Hymovis, Hymovis-One, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) Is the request for a medication that requires more than one injection to complete a course? Note: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, or Visco-3. Note: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried. ☐ Yes ☐ No

(if the requested medication is (Gel-One, GenVisc 850, Hyalgan, Hymovis, Hymovis-One, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) Is the patient starting a new course of injections for knee OA or continuing a course that has been previously started? Note: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.
☐ Starting a new course
☐ Continuing a course that has been previously started

(if the requested medication is (Gel-One, GenVisc 850, Hyalgan, Hymovis, Hymovis-One, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) Is documentation being provided that the patient has tried at least one course of therapy with both of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] AND B. Durolane (hyaluronic acid) OR Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization]? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

Please provide any additional pertinent clinical information:

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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