



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, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, 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:

<input type="checkbox"/> Durolane	<input type="checkbox"/> Euflexxa	<input type="checkbox"/> Gel-One	<input type="checkbox"/> Gelsyn 3
<input type="checkbox"/> Genvisc 850	<input type="checkbox"/> Hyalgan	<input type="checkbox"/> Monovisc	<input type="checkbox"/> Orthovisc
<input type="checkbox"/> Supartz FX	<input type="checkbox"/> Synojoynt	<input type="checkbox"/> Synvisc	<input type="checkbox"/> Trivisc
<input type="checkbox"/> Visco-3			

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

Quantity: _____ Duration of therapy: _____ Jcode: _____ ICD10: _____

(if Euflexxa, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Synojoynt, Trivisc or Visco-3) The drug you're requesting is given as a series of weekly injections. Has your patient already received any injections for this series? Yes No
 (if yes) How many injections in this series were already received? _____

Has your patient been previously treated in this injection site with any viscosupplementation product (Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Trivisc, Visco-3)? Yes No

(if previously treated) What is the date of the last injection your patient received in this injection site and what was the product used? _____

(if previously treated) Does your patient have a history of beneficial clinical response in this injection site as determined by comparison of documented baseline objective measurements done pre-treatment and at re-evaluation? Yes No

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforthcp.com] to determine benefit availability and the terms and conditions of coverage)

Where will this medication be obtained?

<input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Home Health / Home Infusion vendor **Cigna's nationally preferred specialty pharmacy
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****Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 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:

osteoarthritis of the knee Other _____

Clinical Information

Has your patient's diagnosis been documented by radiologic evidence of osteoarthritis of the knee (for example, joint space narrowing, subchondral sclerosis, osteophytes, subchondral cysts)? Yes No

Please provide the names, dates and documented results of each therapy or medication taken to treat your patient's osteoarthritis of the knee(s). _____

Did your patient try either pharmacotherapy [acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), tramadol] OR physical therapy for at least 6 weeks?

- Yes, but had less than adequate results
- No, but these are good options for the patient to try
- No, because they tried it for less than 6 weeks
- No, because patient is not a candidate for either therapy

Did your patient try corticosteroid injections in the knee(s)?

- Yes, and had good results
- Yes, but had less than adequate results
- No, but this is a good option for the patient to try
- No, because patient is not a candidate for corticosteroid injections in the knee(s)

Does your patient have a documented intolerance or contraindication per FDA label to any of the following? (check all that apply):

- | | | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Durolane | <input type="checkbox"/> Euflexxa | <input type="checkbox"/> Gel-One | <input type="checkbox"/> Gelsyn 3 | <input type="checkbox"/> GenVisc 850 |
| <input type="checkbox"/> Hyalgan | <input type="checkbox"/> Hymovis | <input type="checkbox"/> Monovisc | <input type="checkbox"/> Orthovisc | <input type="checkbox"/> Supartz FX |
| <input type="checkbox"/> Synjoynt | <input type="checkbox"/> Synvisc | <input type="checkbox"/> Synvisc-One | <input type="checkbox"/> Trivisc | <input type="checkbox"/> Visco-3 |

Additional pertinent 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:** _____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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