Diplomat Specialty Pharmacy

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Synvisc®
Synvisc-One®
Hyaluronan Injection Enrollment

Patient Information

Date:_____ Patient SS#:_____ ○ Male ○ Female
Patient's First Name:_____ Patient's Last Name:_____
Address:_____ City:_____ State:_____ Zip:_____
Best Phone Number:_____ Alternate Phone Number:_____
DOB:_____ Weight:_____ kgs or lbs (circle one) Recorded Date:_____
Caregiver:_____ Allergies:_____

Insurance Information

Fill out entirely OR **fax copy of patient's insurance card - both sides**

Primary Insurance:_____ Secondary Insurance:_____
Insured:_____ Insured:_____
Phone:_____ Phone:_____
Policy #:_____ Policy #:_____
RxBIN:_____ RxPCN:_____ RxBIN:_____ RxPCN:_____

Medical Criteria

☐ Osteoarthrosis, localized, primary, lower leg (ICD 715.16)
☐ Osteoarthrosis, localized, secondary, lower leg (ICD 715.26)
☐ Osteoarthrosis, localized, not specified whether primary or secondary, lower leg (ICD 715.36)
☐ Osteoarthrosis, unspecified, lower leg (ICD 715.96)
☐ Pain in joint, lower leg (ICD 719.46)
☐ Temporomandibular joint disorder, articular disc disorder (ICD 524.63)
☐ Other: (ICD Required)_____

Date First Injection Scheduled:_____
Injection Site(s): ☐ Left Knee ☐ Right Knee ☐ Bilateral Knees ☐ Other:_____

Prescription

☐ **Synvisc® 2mL (16mg)** of hylan G-F 20 in 2.25mL glass syringe
Sig: ☐ Inject intra-articular once a week (one week apart) for a total of 3 injections
☐ Other:_____
Quantity: ☐ 3 weeks ☐ Other:_____
Refills:_____

☐ **Synvisc-One® 3 doses (48mg)** of hylan G-F 20 in 10mL glass syringe
Sig: ☐ Administer as a single intra-articular injection
☐ Other:_____
Quantity:_____
Refills:_____

Prescriber Information

Date Shipment Needed:_____ Ship to: _____Patient _____Physician/Clinic
Ship to Other:_____

Physician's Name (please print):_____ Contact Name:_____
Phone #:_____ Fax #:_____ NPI #:_____
Office Address:_____ City:_____ State:_____ Zip:_____

Physician's Signature:_____ DEA #: _____

I authorize Diplomat Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.