

**Physician Request Form for Physician Administered  
Hyaluronic Acid Derivates (i.e. Euflexxa® Injection)**

Fax to Keystone Mercy Pharmacy Services at 215-937-5018, or to speak to a representative call **800-588-6767**. Form must be completed for processing.



A Program of Keystone First and Mercy Health Plan

Patient's Name: \_\_\_\_\_

Keystone Mercy ID# \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg

Birth Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be Administered from: \_\_\_\_\_ to \_\_\_\_\_ or on: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 Diagnosis Code: \_\_\_\_\_

Select Hyaluronate Product to be Ordered:  Euflexxa  Synvisc  Hyalgan  Orthovisc  Supartz

Other \_\_\_\_\_

Sig (How Administered): \_\_\_\_\_

Total Dose: \_\_\_\_\_

● Detailed APAP and NSAID history including names, doses, and dates or a documented medical reason for not using any of these medications:

\_\_\_\_\_  
\_\_\_\_\_

● List most recent intra-articular injections and the outcomes, or a documented medical reason for not using steroid injections

\_\_\_\_\_  
\_\_\_\_\_

● If the request is for a Hyaluronic Acid derivative other than Euflexxa, please provide a medical reason for not using Euflexxa to treat the members medical condition:

\_\_\_\_\_  
\_\_\_\_\_

● Has the patient received hyaluronic acid derivatives (i.e. Synvisc or Hyalgan) in the past?  No  Yes If Yes, list drug and dates of therapy below

\_\_\_\_\_  
\_\_\_\_\_

Note: Medication will be delivered by a Specialty Pharmacy Provider to either:

The Physician's Office  Other \_\_\_\_\_

**All information requested on this form must be complete. Missing information may result in denial or unnecessary delays in the authorization.**

