

# Synvisc® Orthovisc® Hyalgan® Supartz® Euflexxa® (hyaluronan)



## Treatment Request (Physician to Complete)

Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

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### Facsimile Transmittal Sheet

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

To: Wellmark Pharmacy Services

From (Prescriber's Name): \_\_\_\_\_

Fax Number: (866) 884-4345

Prescriber's DEA Number: \_\_\_\_\_

Phone Number: (800) 600-8065

Prescriber's Phone Number: \_\_\_\_\_

Prescriber's Specialty: \_\_\_\_\_ Prescriber's Fax Number: \_\_\_\_\_

Prescriber's Office Address: \_\_\_\_\_  
Street Suite # City State Zip

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Patient DOB: \_\_\_/\_\_\_/\_\_\_

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_

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

2. Please list all pharmacological therapies tried for this diagnosis and reason(s) for discontinuation:

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

3. Please list any non-pharmacological therapies tried for this diagnosis: \_\_\_\_\_

\_\_\_\_\_

4. Please select the requested medication  
 Synvisc  Orthovisc  Hyalgan  Supartz  Euflexxa

5. Dose per injection: \_\_\_\_\_ mg Frequency of injection: \_\_\_\_\_ per \_\_\_\_\_

6. Please list the dates of previous treatment courses? \_\_\_\_\_

7. Did the patient experience significant pain relief with prior treatment course? \_\_\_\_\_

**Attach lab results and other documentation as necessary**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.