Medicare Advantage Drugs/Biologics Part B Prior Authorization Form

HealthSpring℠

Part B Step Therapy – Durolane®, Euflexxa®, Gel-One®, GELSYN-3®, GenVisc® 850, Hyalgan®, Hymovis®, Sodium hyaluronate® 1%, Supartz FX®, SynoJoynt®, Triluron®, TriVisc®, Visco-3®

This form applies to all HealthSpring Medicare Advantage markets. It does not apply to Medicaid only and Medicare-Medicaid Plans (MMP). Please fax to **877-730-3858** | Phone: **888-454-0013**

To ensure your request is processed in a timely manner, please submit all pertinent clinical information.

☐ **Expedited – defined as danger to a member's health if not provided within 24 hours**		
Member name		Member date of birth
Requesting provider		Member ID
Contact person		Date of service
Address		
NPI	Phone	Fax

If referring to a servicing provider, the information below must be submitted.	
Servicing provider	Phone
Contact person	Fax
Address	NPI
☐ Check here if servicing provider is out of network. Please explain.	
Who will supply the medication? ☐ Provider office ☐ Outpatient hospital/clinic ☐ Pharmacy not located within the servicing facility	Please select place of service by checking only one of the boxes ☐ Provider office ☐ Outpatient hospital/clinic ☐ Other. Please specify _____
Diagnosis codes	Diagnosis

Please attach all required documentation: recent clinical notes, copy of the prescription or provider order, and relevant diagnostic lab results.

HCPCS codes	**Drug** (if applicable)	**Dose** (if applicable)	**Frequency**	**Duration**

Is this a new start or a continuation of therapy within the past 365 days?
Has the member had an intolerance or an inadequate response to two Step 1 alternatives (Monovisc®, Orthovisc®, Synvisc®, or Synvisc-One®)?*
If the member is unable to try two Step 1 alternatives (Monovisc, Orthovisc, Synvisc, or Synvisc-One), please provide the reason(s) an exception should be made to the step therapy requirement.

*HealthSpring requires prior authorization for Step 1 alternatives (Monovisc, Orthovisc, Synvisc, or Synvisc-One).

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