

PRIOR AUTHORIZATION CHECKLIST

The **HYMOVIS® ONE Support Hotline** is happy to assist you with obtaining information for prior authorization (PA) for HYMOVIS® ONE. However, if your office chooses to obtain this information without the assistance of the **HYMOVIS® ONE Support Hotline**, please use the checklist below to ensure that you are obtaining the information you need from your patient's insurer.

Patient Name: _____ DOB: _____

Payer Name: _____ Phone #: _____ Date: _____

Questions to Ask	Answers		
Is a PA required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
What information is needed by the insurer for the PA?	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Previous therapy <input type="checkbox"/> Chart notes <input type="checkbox"/> Other		
Does the patient need to have a failure, contraindication, or intolerance to the following treatment options?	<input type="checkbox"/> Non-pharmacologic (e.g., exercise, physical therapy, weight loss if overweight) <input type="checkbox"/> Intra-articular corticosteroids <input type="checkbox"/> Non-steroidal anti-inflammatory medications (e.g., ibuprofen) <input type="checkbox"/> Non-narcotic analgesics (e.g., acetaminophen)		
Does the patient need to have documented symptomatic osteoarthritis of the knee?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Does the patient need to have tried any other medications or therapy for the condition?	<input type="checkbox"/> Yes (if yes, complete below)		<input type="checkbox"/> No
	Medication/Therapy:		Duration of Therapy:
Does the insurer have a specific PA form?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If the insurer has a specific PA form, how is that form obtained (obtain website, provider portal address, and/or fax number)?	Online	Insurer provider portal	Fax
How is the PA submitted to the insurer? (obtain phone, fax, and/or portal address)	Phone	Insurer provider portal	Fax
Will the insurer provide a PA number to include on the claim form?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	PA Number:		
How long does it take the insurer to review the PA request?			
Is there a required specialty pharmacy for HYMOVIS® ONE acquisition?	<input type="checkbox"/> Yes (if yes, complete below)		<input type="checkbox"/> No
	Specialty pharmacy:		
If a specialty pharmacy provides HYMOVIS® ONE, who obtains the PA?	<input type="checkbox"/> Specialty pharmacy		<input type="checkbox"/> Provider office
How long is the PA valid for HYMOVIS® ONE?			



NEED ASSISTANCE? Contact the *HYMOVIS® ONE Support Hotline*.
 Call 1-866-749-2542, option 2, between 9 AM and 8 PM ET, Monday through Friday.