Home Infusion & Specialty Pharmacy
CHARTWELL SM

Euflexxa®, Orthovisc®, Supartz® Hyalgan®, Synvisc®, Synvisc-One® Referral Form

Auth #: _____ Auth Dates: _____ ☐ UPMC prior Auth form attached

Patient Information

Date: _____ Patient SS#: _____ ☐ Male ☐ Female

Patient's First Name: _____ Patient's Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

DOB: _____ Wt: _____ Caregiver/Emergency Contact: _____ Phone #: _____

Allergies: _____ Latex: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____

Insured: _____ Insured: _____

Phone: _____ Phone: _____

Policy #: _____ Grp #: _____ Policy #: _____ Grp #: _____

ICD10

Diagnosis: ☐ M06.9 Rheumatoid Arthritis ☐ M33.00 Juvenile Rheumatoid Arthritis ☐ L40.52 Psoriatic Arthritis ☐ M45.9 Ankylosing Spondylitis

☐ M17.10 OA-Knee ☐ M19.___ OA, site: _____ ☐ Other: _____

Prescription

Medication	Dose/Strength	Directions	Quantity	Refills
☐ Euflexxa®	20mg/2ml	Inject 20mg intra-articularly once weekly	☐ 3 syringes ☐ 6 syringes (bilateral only)	
☐ Supartz®	25mg/2.5ml	Inject 25mg intra-articularly once weekly	☐ 3 syringes ☐ 5 syringes ☐ 6 syringes (bilateral only) ☐ 10 syringes (bilateral only)	
☐ Hyalgan®	20mg/2ml	Inject 20mg intra-articularly once weekly	☐ 3 syringes ☐ 5 syringes ☐ 6 syringes (bilateral only) ☐ 10 syringes (bilateral only)	
☐ Orthovisc®	30mg/2ml	Inject 30mg intra-articularly once weekly	☐ _____ syringes	
☐ Synvisc®	16mg/2ml	Inject 16mg intra-articularly once weekly	☐ 3 syringes ☐ 6 syringes (bilateral only)	
☐ Synvisc-One®	48mg/6ml	Inject 48mg intra-articularly one time	☐ 1 syringe ☐ 2 syringes (bilateral only)	

Prescriber Information

Date Shipment Needed: _____ Ship to: _____ Patient _____ Physician/Clinic

Ship to Other: _____

Physician's Name (please print): _____

Office Contact Name: _____

Phone #: _____ Fax #: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____

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

FAX: (412) 920-1869 PHONE: (800) 366-6020

updated 3/7/16