



# Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

**Complete form in its entirety and fax to  
1-855-964-0556, Attn. PA pharmacist.**

## PART B DRUG PRIOR AUTHORIZATION REQUEST FORM

Contact Blue Advantage Medical Management at  
1-866-508-7145 if you have questions.

### Hyaluronan Intraarticular Injectable

**Request Type:**

- Standard Review (72 hours)
- Expedited Review (24 hours) – By checking this box I certify that applying the 72-hour standard review timeframe might seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.

**NOTE: Please complete all fields in the form. Missing information and lack of prompt response to requests for additional information may delay response time. Please attach relevant supporting documentation such as labs, results of diagnostic tests and office visit notes to this request.**

#### PATIENT INFORMATION

Patient Name		DOB		
Street Address, City, State, ZIP				
Blue Advantage Member ID#	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Weight	Height	BMI
Drug Allergies				

#### PRESCRIBER INFORMATION

Prescriber Name	Office Contact Person and Direct Extension
Street Address, City, State, ZIP	
Office Phone	Office Fax

#### DRUG DISPENSING AND ADMINISTRATION INFORMATION

Who is furnishing the drug? <input type="checkbox"/> Physician’s office or facility will furnish drug <input type="checkbox"/> Member picking up drug at a pharmacy IMPORTANT NOTE: If member is picking up drug at pharmacy, this request must be faxed to the Part D drug prior authorization department at 1-877-251-5896.	Facility Where Drug is to be Administered <input type="checkbox"/> Physician’s Office <input type="checkbox"/> Outpatient Infusion Center Center Name: _____ <input type="checkbox"/> Home Infusion Agency Name: _____ <input type="checkbox"/> Self-inject
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Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

<b>MEDICATION</b>	
Name of requested medication:	
Dose, route, frequency: _____ <input type="checkbox"/> New start <input type="checkbox"/> Continued treatment If continued, please provide date of last injection:	Next treatment date:
<b>DIAGNOSIS (list below) PLEASE DOCUMENT ICD-10 HERE:</b>	
Please provide the diagnosis:	
<b>CLINICAL INFORMATION: PLEASE ATTACH SUPPORTING DOCUMENTATION, INCLUDING BMD TESTING RESULTS, LABS AND OFFICE VISIT NOTES</b>	
Radiographical evidence to support the diagnosis of osteoarthritis <b>(Please attach a copy of results)</b> Date obtained:	
Patient is experiencing the following symptoms: <input type="checkbox"/> pain interfering with ADLs <input type="checkbox"/> pain interrupting sleep <input type="checkbox"/> crepitus <input type="checkbox"/> knee stiffness	
<u>Nonpharmacologic therapy (i.e. physical therapy, home exercise, assistive devices, weight loss, etc.):</u> Intervention(s) used, including date range: _____	
<u>Pharmacologic therapy (i.e., NSAIDs, Aspirin, Acetaminophen, etc.):</u> Intervention(s) used, including date range: _____	
<b>Feel free to provide additional information you feel is relevant to the request below:</b>	
Prescriber Signature	Date

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