

## **OSTEOARTHRITIS**

Fax to: **(844)** ReferRx 733-3779

Weight: \_

Faxed prescriptions will only be accepted from a prescribing practitioner.

Patients must bring an original prescription to the pharmacy.

Prescribers are reminded patients may choose any pharmacy of their choice.

Please contact your Valeda team if you have any questions and/or concerns at (844) 698-2533

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1 Patient Information	1					
Patient Name:		Phone:	Date Mo	edication Needed:		
Soc. Sec. #:	DOB:	Email:		_ Ship To: Pa	atient's Home Pre	scriber's Office
Address:		City:		State:	ZIP:	
Alternate Caregiver Information	mation					
Alternate Caregiver Name:		Phon	ne:	Email:		
2 Prescriber Information	tion					
Provider Name:		Practice I	Name:			
Address:		City:		State:	ZIP:	
Phone:	Fax:	NPI#:	DEA:		Tax ID#:	
Practice Contact Informa	ntion					
Practice Contact:		Phone:	Email: _			
3 Clinical Information	on	PLEASE FAX (1) Th	erapy regimen(s) / schedule, (2)	last clinical notes and	(3) lab values/scans	· (current and past)

ICD-10:

Bullet 1 syringe intra-articularly bilaterally once per week for 3 weeks   3 syringes (unilateral)	4) Insurance Information		Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)						
Euflexxa ® 20mg/2mL (PFS) Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Gel-One® 30mg/3mL (PFS) Inject 1 syringe intra-articularly bilaterally into the knee for 1 dose 1 syringe (unilateral)  Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose 2 syringes (bilateral)  Inject 1 syringe intra-articularly once per week 5 syringes (unilateral)  Inject 1 syringe intra-articularly once per week 6 syringes (bilateral)  Inject 1 syringe intra-articularly once per week 6 syringes (bilateral)  Inject 1 syringe intra-articularly once per week 7 syringes (unilateral)  Supartz FX ® 25mg/2.5mL (PFS) Inject 1 syringe intra-articularly once per week 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week 6 syringes (bilateral)  Inject 1 syringe intra-articularly once per week for 3 weeks 3 syringes (unilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally into the knee for 1 dose 2 syringes (bilateral)	5 Medication Dose/Strength		Directions	Qty.	Refills				
Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks   6 syringes (bilateral)	Full was R		Inject 1 syringe intra-articularly once per week for 3 weeks	3 syringes (unilateral)					
Supartz FX ®   25mg/2.5mL (PFS)   25mg/2.5mL (PFS)   25mg/2mL (PFS)   25	Eullexxa	20/11g/2/11L (PF3)	Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks	6 syringes (bilateral)					
Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose  2 syringes (bilateral)  Inject 1 syringe intra-articularly once per week  3 syringes (unilateral) 5 syringes (unilateral) 6 syringes (bilateral) 10 syringes (bilateral) 11 syringe intra-articularly bilaterally once per week  Supartz FX ®  25mg/2.5mL (PFS)  Inject 1 syringe intra-articularly once per week  3 syringes (unilateral) 5 syringes (bilateral) 10 syringes (bilateral) 5 syringes (unilateral) 5 syringes (unilateral) 5 syringes (unilateral) 6 syringes (unilateral) 10 syringes (bilateral) 10 syringes (bilateral) 10 syringes (bilateral) 10 syringes (bilateral) 11 syringe intra-articularly once per week for 3 weeks 3 syringes (unilateral) 11 syringe intra-articularly once per week for 3 weeks 3 syringes (unilateral) 12 syringes (bilateral) 13 syringes (bilateral) 14 syringe intra-articularly once per week for 3 weeks 15 syringes (bilateral) 16 syringes (bilateral) 17 syringes intra-articularly once per week for 3 weeks 18 syringes (unilateral) 19 syringes (bilateral) 10 s			Inject 1 syringe intra-articularly into the knee for 1 dose	1 syringe (unilateral)					
Hyalgan®  20mg/2mL (PFS)  Inject 1 syringe intra-articularly once per week  5 syringes (unilateral) 6 syringes (bilateral) 10 syringes (bilateral) 10 syringes (bilateral) 10 syringes (bilateral) 10 syringes (unilateral) 5 syringes (unilateral) 10 syringes (bilateral) 10 syringes (bilateral) 5 syringes (unilateral) 5 syringes (unilateral) 5 syringes (unilateral) 10 syringes (bilateral) 11 syringe intra-articularly once per week for 3 weeks 3 syringes (unilateral) 11 syringes (bilateral) 12 syringes (bilateral) 13 syringes (bilateral) 14 syringes intra-articularly bilaterally once per week for 3 weeks 15 syringes (unilateral) 15 syringes (bilateral) 16 syringes (bilateral) 17 syringes (bilateral) 18 syringes (unilateral) 19 syringes (bilateral) 19 syringes (bilateral) 19 syringes (unilateral) 20 syringes (bilateral) 21 syringes (unilateral) 22 syringes (bilateral)	Gel-One <sup>®</sup>	30mg/3mL (PFS)	Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose	2 syringes (bilateral)					
Hyalgan® 20mg/2mL (PFS) 5 syringes (unilateral) 6 syringes (bilateral) 10 syringes (unilateral) 10 syringes (bilateral)			niect 1 svringe intra-articularly once per week	3 syringes (unilateral)					
Supartz FX ® 25mg/2.5mL (PFS)  25mg/2.5mL (PFS)  25mg/2.5mL (PFS)  16mg/2mL (PFS)  16mg/2mL (PFS)  25mg/2mL (PFS)  16mg/2mL (P	Hyolgon®	20mg/2ml (PFS)	Inject i dynnigo into articularly choc por wook	5 syringes (unilateral)					
Supartz FX ® 25mg/2.5mL (PFS)    Inject 1 syringe intra-articularly once per week   25mg/2.5mL (PFS)   Inject 1 syringe intra-articularly bilaterally once per week   5 syringes (unilateral)   5 syringes (unilateral)   6 syringes (bilateral)   10 syring	пуаідап	20111g/2111L (PP3)	Inject 1 syringe intra-articularly hilaterally once per week	6 syringes (bilateral)					
Supartz FX ® 25mg/2.5mL (PFS)    lnject 1 syringe intra-articularly once per week   5 syringes (unilateral)			inject i Syringe intra-articularly bilaterally office per week	10 syringes (bilateral)					
Supartz FX ® 25mg/2.5mL (PFS)      Supartz FX ® 25mg/2.5mL (PFS)		25mg/2.5mL (PFS)	Inject 1 syringe intra-articularly once per week	3 syringes (unilateral)					
Inject 1 syringe intra-articularly bilaterally once per week  Synvisc ® 16mg/2mL (PFS)  Inject 1 syringe intra-articularly once per week for 3 weeks 3 syringes (bilateral)  Inject 1 syringe intra-articularly once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Inject 1 syringe intra-articularly into the knee for 1 dose 1 syringe (unilateral)  Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose 2 syringes (bilateral)	Suportz EV ®		injust i synnige intia arteatainy entee per need	5 syringes (unilateral)					
Synvisc ® 16mg/2mL (PFS)    Inject 1 syringe intra-articularly once per week for 3 weeks	Supartz FA		Inject 1 syringe intra-articularly bilaterally once per week	6 syringes (bilateral)					
Synvisc ® 16mg/2mL (PFS) Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks 6 syringes (bilateral)  Synvisc One ® 48mg/2mL (PFS) Inject 1 syringe intra-articularly into the knee for 1 dose 1 syringe (unilateral)  Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose 2 syringes (bilateral)			injoot i syrings into antonarry briatorary cross per wook	10 syringes (bilateral)					
Synvisc One ®  48mg/2mL (PFS)  Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks  6 syringes (bilateral)  1 syringe (unilateral)  Inject 1 syringe intra-articularly into the knee for 1 dose  2 syringes (bilateral)		40 (0.1 (0.50)	Inject 1 syringe intra-articularly once per week for 3 weeks	3 syringes (unilateral)					
Synvisc One ® 48mg/2mL (PFS) Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose 2 syringes (bilateral)	Synvisc ©	16mg/2mL (PFS)	Inject 1 syringe intra-articularly bilaterally once per week for 3 weeks	6 syringes (bilateral)					
Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose 2 syringes (bilateral)	0	49mg/2ml /DES)	Inject 1 syringe intra-articularly into the knee for 1 dose	1 syringe (unilateral)					
OTHER Dose / Strength: Directions: Qty: Refills	Synvisc One 48mg/2mL (PFS)		Inject 1 syringe intra-articularly bilaterally into each knee for 1 dose	2 syringes (bilateral)					
	OTHER	Dose / Strength:	Directions:	Qty:	Refills				

PATIE	VΤ	SUF	P	O	RT	Ρ	RO	GF	1	۱	ЛS	:

Diagnosis:

Please sign and date to the right to enroll in the pharmaceutical company assisted patient support program

PATIENT SIGNATURE R	EQUIRED
Signature	Date

This prescription will be filled generically unless the
prescriber handwrites "Brand Medically Necessary"
or your state specific required language to prohibit
substitution:

Prescriber, please sign and date below

Signature Date

I authorize Valeda RX and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Sex: M F Height: \_

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#	of	Prescri	ptions:
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