



SYNVISC Connection<sup>SM</sup>  
Patient Access Form

Phone: (800) 982-8292  
Fax: (800) 508-8083  
www.SynviscOne.com/Reimbursement

Please complete all sections to prevent delays, and fax it to (800) 508-8083 for processing.

**1. REQUEST OPTIONS**

Select one product and request below:

Product:  Synvisc-One®  SYNVISC®

Request:  Insurance Verification (physician's office will supply product) complete sections 1-6  
(Choose One)  SPP Triage (specialty pharmacy provider will supply product) complete sections 1-7

Only one request (IV or SPP) per patient will be processed at a time.

**2. PHYSICIAN INFORMATION**

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Facility \_\_\_\_\_ Address \_\_\_\_\_

NPI \_\_\_\_\_ City \_\_\_\_\_

Tax ID # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DEA \_\_\_\_\_ State License # \_\_\_\_\_

Office Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**3. PATIENT INFORMATION**

Name \_\_\_\_\_  Female  Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

**4. INSURANCE INFORMATION**

Provider Participating:  Yes  No Provider # \_\_\_\_\_

Payer Name \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ DOB \_\_\_\_\_

Policy # \_\_\_\_\_ Employer Group # \_\_\_\_\_

**Secondary Insurance**

Provider Participating:  Yes  No Provider # \_\_\_\_\_

Payer Name \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ DOB \_\_\_\_\_

Policy # \_\_\_\_\_ Employer Group # \_\_\_\_\_

**5. PATIENT'S WRITTEN CONSENT ON FILE**

SYNVISC Connection must confirm that your office has written patient consent on file to conduct insurance research or coordinate product shipment.

Do you have the patient's consent on file?  Yes  No

If No, SYNVISC Connection cannot process the request.

**6. TREATMENT INFORMATION**

Diagnosis  715.16 (Osteoarthritis, localized, primary)  
 715.36 (Osteoarthritis, localized, not specified primary/secondary)  
 715.26 (Osteoarthritis, localized, secondary)  
 715.96 (Osteoarthritis, unspecified general or localized)

Previous treatments:  Yes (specify): \_\_\_\_\_  
 No

Known allergies: \_\_\_\_\_  No Allergies

Is this retreatment?  Yes (date of last treatment) : \_\_\_\_\_  
 No

Setting of Care:  Physician's Office  Hospital Outpatient

Other (please specify): \_\_\_\_\_

Scheduled date of service: \_\_\_\_\_

Knee being treated:  Left  Right  Both

**7. Rx INFORMATION (Select one product below)**

<input type="checkbox"/> SYNVISC® (HYLAN G-F 20) 8 mg/ml (2 ml) prefilled syringe	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	QTY (Kits) _____
<input type="checkbox"/> Synvisc-One® (HYLAN G-F 20) 8 mg/ml (6 ml) prefilled syringe	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	QTY (Syringes) _____

Directions: \_\_\_\_\_  DAW

Refills: \_\_\_\_\_ Date Medication Needed: \_\_\_\_\_

Ship to:  Patient  Provider

**Physician Certification:** 1) I authorize SYNVISC Connection to forward the above prescription information to the appropriate pharmacy in order to dispense SYNVISC® / Synvisc-One® to the above named patient; 2) I understand that state law may require the pharmacy to contact me to confirm the prescription information before dispensing.

**X**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Indication**

SYNVISC<sup>®</sup> (hylan G-F 20) and Synvisc-One<sup>®</sup> (hylan G-F 20) are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non pharmacologic therapy and simple analgesics, e.g., acetaminophen.

## **Important Safety Information**

SYNVISC and Synvisc-One are contraindicated in patients with known hypersensitivity to hyaluronan products or patients with infections in or around the target knee. Use caution when injecting SYNVISC or Synvisc-One in patients allergic to avian proteins, feathers, or egg products; who have evidence of venous or lymphatic stasis in the leg to be treated; or who have severe inflammation in the knee to be treated.

Patients should be advised to avoid strenuous or prolonged weight-bearing activities for approximately 48 hours after treatment. Aspiration of any effusion prior to injection is highly recommended. Strict adherence to aseptic technique must be followed to avoid joint infection. The safety and effectiveness of SYNVISC and Synvisc-One have not been established in children or in pregnant or lactating women. It is unknown whether SYNVISC or Synvisc-One is excreted in human milk.

### **For SYNVISC**

In clinical trials, the most commonly reported adverse events were transient local pain, swelling, and/or effusion in the injected knee. In some cases, these symptoms have been extensive. Other side effects such as rash have been reported rarely.

### **For Synvisc-One**

The most commonly reported related local adverse events were transient, mild-to-moderate arthralgia, arthritis, arthropathy, injection site pain and joint effusion. No serious adverse events were reported in clinical trials in knees injected with Synvisc-One. Serious local adverse events have been reported only rarely in post-marketing use. Repeat treatment did not affect the safety profile. In the pivotal clinical trial, there was one related systemic event of syncope. The most common systemic side effects irrespective of relationship to Synvisc-One were headache, back pain, nasopharyngitis and influenza. Systemic adverse event profiles were similar between patients in the Synvisc-One and Saline Control groups.