SENTARA HEALTH PLANS

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-844-668-1550**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Additional indications may be covered at the discretion of the health plan.

Hyaluronate Acids (Medical)

Drug Requested (check box below that applies)**:**

PREFERRED			
❑ **Euflexxa®(J7323)**		❑ **Synvisc®/Synvisc-One®(J7325)**	
NON-PREFERRED			
❑ **Durolane® (J7318)**	❑ **Gel-One® (J7326)**	❑ **Gel-Syn® (J7328)**	❑ **Genvisc 850® (J7320/Q9980)**
❑ **Hyalgan® (J7321)**	❑ **Hymovis® (J7322/C9471) (NDC 89122-0496-63)**	❑ **Orthovisc® Injections (J7324)**	❑ **Monovisc® (J7327)**
❑ **Supartz®/FX (J7321)**	❑ **SynoJoynt™ (J7331)**	❑ **Triluron® (J7332)**	❑ **TriVisc® (J7329)**
❑ **Visco-3™ (J7321)**			

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

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DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Coverage Exclusions:

- Intra-articular injections of sodium hyaluronate are unproven and **NOT** medically necessary for treating any other indication due to insufficient evidence of efficacy including, but not limited to the following:
  - Hip osteoarthritis
  - Temporomandibular joint osteoarthritis
  - Temporomandibular joint disc displacement
  - Joint Replacement –There are no clinical trials evaluating the use of sodium hyaluronate in persons following total or partial joint replacement surgery
- Hyaluronic acid gel preparations to improve the skin's appearance, contour and/or reduce depressions due to acne, scars, injury or wrinkles are considered cosmetic and are **NOT** covered
- Hyalgan®, Synvisc®, Synvisc-One®, Supartz®, Euflexxa®, Gel-One®, Orthovisc®, Gel-Syn®, Genvisc® and Durolane® coverage is **EXCLUDED** in members with **bone-on-bone** (no cartilage present) pain
- Synvisc–One® is limited to **ONE** office visit

Dosing Limits:

Drug	1 Billable Unit (BU)	# of BU per Injection	Injections per knee (per 180 days)	Injections both knees (per 180 days)	Max units per knee (per 180 days)
Euflexxa 20 mg/2 mL injection	1 dose	1	3	6	3
Durolane 60 mg/3 mL injection	1 mg	60	1	2	60
Gel-One 30 mg/3 mL injection	1 dose	1	1	2	1
GelSyn-3 16.8 mg/2 mL injection	0.1 mg	168	3	2	504
GenVisc 850 25mg/3 ml injection	1 mg	25	5	10	125
Hyalgan 20 mg/2 mL injection	1 dose	1	5	10	5
Hymovis 24 mg/3 mL injection	1 mg	24	2	4	48

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Drug	1 Billable Unit (BU)	# of BU per Injection	Injections per knee (per 180 days)	Injections both knees (per 180 days)	Max units per knee (per 180 days)
Monovisc 88 mg/4 mL injection	1 dose	1	1	2	1
Orthovisc 30 mg/2 mL injection	1 dose	1	4	8	4
Supartz 25 mg/2.5 mL injection	1 dose	1	5	10	5
Supartz FX 25 mg/2.5 mL injection	1 dose	1	5	10	5
SynoJoynt 20 mg/2 mL injection	1 dose	20	3	6	60
Synvisc 16 mg/2 mL injection	1 mg	16	3	6	48
Synvisc-One 48 mg/6 mL injection	1 mg	48	1	2	48
Triluron	1 mg	20	3	6	60
Trivisc	1 mg	25	3	6	75
VISCO-3	1 dose	1	3	6	3

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member has tried and failed both Euflexxa® **AND** Synvisc® or Synvisc-One®

❑ For Osteoarthritis (OA) indications

- ❑ Member has a diagnosis of **Osteoarthritis** of the:
  - ❑ Left knee **and/or** ❑ Right knee

AND

- ❑ Member has tried and failed, has an intolerance or contraindication to Non-Steroidal Anti-inflammatory Drugs (NSAIDs) **(verified by pharmacy paid claims or chart notes which document length of therapy)**

AND

- ❑ Member has experienced treatment failure of steroid injection or adverse reaction to steroids **(failure is defined as relief from injection lasting ≤ 2 months)** within the last 6 months of form submission date

AND

- ❑ Weight-bearing x-ray with noted joint space narrowing, subchondral sclerosis and/or osteophytes **(i.e., bone spurs)** has been obtained and submitted with request

AND

- ❑ Member has experienced documented significant pain and/or limitation of function over the past 6 months

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References:

American College of Rheumatology (ACR)

- In its published "Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee," the ACR makes both "strong" and "conditional" recommendations for OA management. The ACR states that in OA generally, IA glucocorticoid injection is conditionally recommended over other forms of IA injection, including hyaluronic acid preparations. Head-to-head comparisons are few, but evidence for efficacy of glucocorticoid injections were considerably higher quality than that of other agents. They also stated that IA hyaluronic acid injections are conditionally recommended against in patients with knee and/or first CMC joint OA, as best evidence failed to establish a benefit, and that harm may be associated with these injections. However, as many providers want the option of using hyaluronic acid injections when other interventions fail to adequately control local joint symptoms in clinical practice, the ACR recommends that using hyaluronic acid may be viewed more favorably than offering no intervention, and therefore may be used in the context of shared decision-making that recognizes the limited evidence of benefit of this treatment. In contrast, the ACR strongly recommended against use in patients with hip OA due to higher quality evidence of lack of benefit (2020).

American Academy of Orthopaedic Surgeons (AAOS)

- In their 2nd edition evidence-based guideline titled "Treatment of Osteoarthritis of the Knee," the AAOS does not support the use of viscosupplementation for treatment of knee OA. This rationale is based on limitations in the literature which include variable quality of studies, a large degree of heterogeneity in outcomes, and possible publication bias (2013).\

Medication being provided by (check box below that applies):

- ❑ **Location/site of drug administration:** _____

  NPI or DEA # of administering location: _____

  OR

- ❑ **Specialty Pharmacy – Proprium Rx**

For urgent reviews: Practitioner should call Sentara Health Plans Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health Plan's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee**: ~~9/2/2010; 7/21/2022;~~ **9/15/2022**
REVISED/UPDATED/REFORMATTED: ~~6/10/2011; 4/19/2012; 5/3/2012; 1/17/2014; 4/3/2014; 10/31/2014; 1/26/2015; 1/29/2015; 4/3/2015; 5/23/2015; 8/11/2015; 12/22/2015; 1/29/2016; 3/31/2016; 6/9/2016; 8/19/2016; 9/22/2016; 12/28/2016; 4/1/2017; 7/24/2017; 3/5/2019; 3/16/2019; 3/31/2019; 4/27/2019; 7/7/2019; 9/20/2019; 10/7/2019; 11/9/2019; 12/7/2020; 4/23/2021; 8/26/2022; 10/4/2022;~~ **12/28/2023**