

Member Name: _____ Member ID: _____ Member DOB: _____
Drug Name: _____ Strength: _____ Directions: _____
Physician Name: _____ Physician Phone #: _____ Specialty: _____
Physician Fax #: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health

Sodium Hyaluronate– Medical Necessity Request

(Euflexxa, Synvisc, Synvisc One, Hyalgan, Supartz, Orthovisc, Monovisc, Hymovis, GelSyn-3, Genvisc 850, Synjoynt)

1. Has the member tried and failed a topical NSAID? **Yes or NO**
 - If No, can the member try a topical NSAID instead of sodium hyaluronate? **Yes or No**
 - If yes, please call the prescription in to the pharmacy.
 - If No, please provide the clinical reason(s) why member cannot try a topical NSAID. _____

2. Has the member tried and failed acetaminophen (Tylenol) or an NSAID (drugs such as ibuprofen, naproxen, meloxicam, etc)? **Yes or No**
 - If No, can the member try oral acetaminophen or an oral NSAID instead of sodium hyaluronate? **Yes or No**
 - If yes, please call the prescription in to the pharmacy.
 - If No, please provide the clinical reason(s) why member cannot try acetaminophen or an NSAID. _____

3. What is the diagnosis?
 - Osteoarthritis of the knee
 - Which knee(s) is/are affected? _____
 - DJD (Degenerative Joint Disease) of the knee
 - Which knee(s) is/are affected? _____
 - Other: _____

4. Which of the following conservative, non-pharmacologic therapies has the member tried:
 - Exercise
 - Strength training
 - Physical therapy
 - Assistive devices
 - Self-management programs
 - Weight loss
 - Current weight: _____ lbs or kg
 - Height: _____ ft/in or cm
 - NONE
 - Can the member try a conservative, non-pharmacologic therapy instead? **Yes or No**
 - If no, please provide the reason why member cannot try a conservative, non-pharmacologic therapy. _____

5. Has the member tried and failed intra-articular corticosteroids?
 - Yes
 - No – Can the member try an intra-articular corticosteroid? **Yes or No**
 - If no, please provide the reason why the member cannot try an intra-articular corticosteroid? _____

6. What specialty is managing the member?
 - Rheumatology
 - Orthopedics
 - Physiatry (Physical Medicine & Rehabilitation)
 - Pain Management
 - Sports Medicine
 - Other: _____

Physician office's signature* _____ Print Name _____

* Form must be completed and signed by physician or licensed representative from the physician's office

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7. Does the member have infections or skin diseases in the area of the injection site or joint? **Yes or No**

8. Has the member received the same sodium hyaluronate within the immediate past 6 months in the requested knee(s)? **Yes or No**
- If Yes, please provide the clinical reason why the member is receiving this medication more frequently than every 6 months. _____

8. For Monovisc requests, does the member have a known systemic bleeding disorder? **Yes or No**

Physician office's signature* _____ Print Name _____

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*****Complete page 3 only for Subsequent/Renewal Requests*****

1. What is the diagnosis?
 - Osteoarthritis of the knee
 - Which knee(s) is/are affected? _____
 - DJD (Degenerative Joint Disease) of the knee
 - Which knee(s) is/are affected? _____
 - Other: _____

2. Has the member experienced significant improvement from prior course of therapy, defined as one of the following?
 - a. Lower pain score from baseline **Yes or No**
 - b. Improvement in ambulation or quality of daily living **Yes or No**
 - c. Reduction in the use of analgesics **Yes or No**

3. Has the member received the same sodium hyaluronate within the immediate past 6 months in the requested knee(s)? **Yes or No**
 - If Yes, please provide the clinical reason why the member is receiving this medication more frequently than every 6 months.

Physician office's signature* _____ **Print Name** _____

*** Form must be completed and signed by physician or licensed representative from the physician's office**