

State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
HYALURONIC ACID DERIVATIVES

Phone: 1-888-445-0497

www.mainearepdl.org

Fax: 1-888-879-6938

Member ID #: _____ Patient Name: _____ DOB: _____
(NOT MEDICARE NUMBER)

Patient Address: _____

Provider DEA: _____ Provider NPI: _____ NDC: _____

Provider Name: _____ Phone: _____

Provider Address: _____ Fax: _____

Pharmacy Name: _____ Rx Address: _____ Rx phone: _____

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: | | | | | | | | | | NABP: | | | | | | | | | | NDC: | | | | | | | | | |

Who will supply this product to the patient?

- Pharmacy-fax this request to 1-888-879-6938 **OR**
 - Prescriber-fax this request to 1-866-598-3963 Provider ID #: _____
- Billing Affiliation: _____

DRUG REQUESTED

- Synvisc (Hylan G-F 20), 16 mg; 2.25 ml syringe X 3 (J7325)
- Synvisc One (Hylan G-F 20), 48mg; 6ml syringe X 1 (J7325)
- Hyalgan (Sodium hyaluronate), per 5 mg "unit"; 4 units (20 mg) X 5 (J7321)
- Euflexxa (Sodium hyaluronate), 2ml qwk X 3 (J7323)
- Orthovisc (Hyaluronan), 2ml qwk X 3-4 (J7324)
- Monovisc (Hyaluronan), 88mg; 4ml syringe X 1 (J7327)
- Gel-ONE (Cross-linked Hyaluronate), 30mg; 3ml syringe X 1 (J7326)
- Durolane (Stabilized Sodium hyaluronate), 20mg; 3ml syringe X 1 (J7318)
- Supartz FX (Sodium hyaluronate), 25mg; 2.5ml syringe X 5 (J7321)

KNEE BEING TREATED (if repeat injection, indicate date of last injection)

- Right knee ___/___/___
- Left knee ___/___/___
- Both ___/___/___

Medical Necessity Documentation for INITIAL Injections

ALL of the following are required:

- Painful osteoarthritis (OA) that is severe enough to interfere with functional activities (ambulation, prolonged standing)
- Failed a trial of at least **3 months** of at least **three** of the following therapies (or was intolerant):
{Please circle a minimum of three and provide supporting documentation (chart notes)}:
 NSAIDS/Cox-2 inhibitors acetaminophen topical heat regimen (icy hot, bengay, heating pad) physical therapy
- Failed to adequately respond to aspiration and injection of intra-articular steroids

Medical Necessity Documentation for SUBSEQUENT Injections

BOTH are required:

- At least 6 months have passed since last Synvisc or Hyalgan injection into this knee
- Medical record contains documentation of a significant improvement in pain and functional capacity **OR** a significant reduction in the dose of analgesics or NSAIDS in the 6-month period following the previous series of injections (**please provide chart notes documenting last injection and subsequent improvement**)
- Other: _____

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ Date of Submission: _____

***MUST MATCH PROVIDER LISTED ABOVE**