



**Outpatient Medical Injectable
 Intra-Articular Hyaluronan Injections
 Request Form: Fax to 833-581-1861
 (Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member UMI: _____

Requesting Physician's Name: _____ NPI Number: _____

Requesting Physician's Address: _____

Office Contact: _____ Phone #: _____ Fax #: _____

Facility: _____ Facility NPI Number: _____

Facility's Address: _____

Date of Service: _____

Diagnosis Code(s): _____

G-25-040 – Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee – Commercial
1. Please confirm what this request is for: J7320 (Genvisc 850) / J7322 (Hymovis) / J7324 (Orthovisc) / J7325 (Synvisc or Synvisc-One) / J7326 (Gel-One) / J7327 (Monovisc) / J7329 (Trivisc)
2. The following preferred products do not require authorization: Euflexxa® (1% sodium hyaluronate), Durolane® (hyaluronic acid), Supartz™ (sodium hyaluronate), and GelSyn-3™ (hyaluronic acid) Has the member had an adequate therapeutic trial and experienced a documented drug therapy failure with any of the preferred products? Yes / No If so, which preferred products has the member tried / failed? Please answer yes for any products tried / failed: Euflexxa Yes / No Durolane Yes / No Supartz Yes / No GelSyn-3 Yes / No
4. Does member have a diagnosis of symptomatic painful osteoarthritis of the knee with no evidence of inflammatory arthritis? Yes / No

****Please verify member's eligibility and benefits through the health plan****

Fax this completed form to Highmark at 1-833-581-1861

5. Has member failed to respond adequately to at least 3 months of conservative therapy as defined by the following:

Yes / No - Activity modification, participation in a home exercise program implemented by a physical therapist, protective weight bearing.

Yes / No - Non-narcotic analgesics (e.g., acetaminophen, NSAIDS) at Food and Drug Administration (FDA) or compendia based recommended therapeutic doses for osteoarthritis of the knee for a period of time adequate to assess therapeutic benefit, topical external analgesic preparations including capsaicin cream applied to affected knee joint, topical anti-inflammatory preparations applied to affected knee joint

Yes / No - Intra-articular corticosteroid injections OR

Yes / No - Is the individual unable to tolerate conservative therapy due to adverse side effects or other medical condition

6. Can cause of pain be attributed to other forms of joint disease other than osteoarthritis?

Yes / No

7. Will the injections be performed by a licensed medical professional (e.g., MD, DO, PA or CRNP)?

Yes / No

8. Does the member have any contraindications to hyaluronan injections?

Yes / No

Please attach all pertinent clinical information

Attached: YES NO

****Please verify member's eligibility and benefits through the health plan****

Fax this completed form to Highmark at 1-833-581-1861