

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, Synjoynnt)*

1. 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 acetaminophen or an 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.  
\_\_\_\_\_
  
2. 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: \_\_\_\_\_
  
3. Which of the following conservative, non-pharmacologic therapies has the member tried:
  - Exercise
  - Strength training
  - Physical therapy
  - 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.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. 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?  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What specialty is managing the member?
  - Rheumatology
  - Orthopedics
  - Physiatry (Physical Medicine & Rehabilitation)
  - Pain Management
  - Sports Medicine
  - Other: \_\_\_\_\_
  
6. Does the member have infections or skin diseases in the area of the injection site or joint? **Yes or No**
  
7. Has the member received 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 \_\_\_\_\_

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

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***\*\*Complete page 2 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 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** \_\_\_\_\_

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