

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

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 and faxed to 757-552-7429 or 1-877-800-2839. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Hyalgan® (Code-J7321) / Synvisc® (Code-J7322) / Supartz™ (Code-J7321) / Euflexxa™ (Code-J7323) / Orthovisc (Code- J7324) Injections

- Hyalgan, Synvisc, Supartz, Euflexxa, and Orthovisc are indicated for the treatment of pain associated with osteoarthritis in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics such as acetaminophen..
- Hyalgan, Synvisc, Supartz, Euflexxa and Orthovisc treatment should not be initiated in patients with: active inflammatory joint disease or synovitis affecting the joints, infection of the target joint or skin disease surrounding the proposed site of injection, known hypersensitivity or end-stage arthritis.

Complete Section I -or- II below (OA indication):

Section I: (all criteria in section 1 must be met)

- Patient has diagnosis of Osteoarthritis of the knee
AND
- Documented NSAIDS use, length of time taken and/or failure of NSAID and/or patient is not a candidate for NSAID therapy
AND
- Failure of steroid injection or adverse reaction to steroids
AND
- Weight-bearing x-ray with noted joint space narrowing
AND
- Documented significant pain and/or limitation of function over the past 6 months.

Please complete below for TMJ indication:

(all criteria must be met)

- Patient has diagnosis of TMJ
- Documented osteoarthritis or disc displacement of the TMJ
- Failure of conventional therapies (nonprescription analgesics, physical therapy, occlusal alignment, bite plates, etc.)
- Documented significant pain and/or disability

Section II:

- Patient qualifies for Total Knee Replacement, but is a poor surgical candidate or patient refuses surgery.

- Hyalgan, Synvisc, Supartz, Euflexxa, and Orthovisc coverage **is excluded** in patients with bone on bone (no cartilage present) pain.

***Medical notes must be submitted to support each line checked on this request.**

Patient _____

Member Number _____

Physician Signature _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____