reliance|rx SM
15 Earhart Drive, Suite 101, Amherst, NY 14221

# INTRA-ARTICULAR INJECTIONS OF HYALURONATE PRODUCTS AUTHORIZATION AND RE-AUTHORIZATION REQUEST

**TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360**

| | |
|---|---|
| Member Name: | Today's Date: |
| Date of birth: Sex: Weight: | Prescriber: Specialty: |
| Home Phone Number: ( ) | Phone Number: ( ) Fax Number: ( ) |
| Home Address: City: State: Zip: | Address: City: State: Zip: |
| Member's Insurance ID: | Notes: |
| Allergies: | |

## STATEMENT OF MEDICAL NECESSITY

ICD10 Code: _____

Primary Diagnosis: _____

☐ Within the previous 18 months, patient has tried and failed to respond to conservative non-pharmacologic therapy (exercise, physical therapy, weight loss)

☐ Within the previous 18 months, patient has tried and failed to respond to simple analgesics (oral salicylates, NSAIDs, Acetaminophen)

☐ Injection is being administered by an orthopedic surgeon, rheumatologist, physiatrist, or physician who has completed a formal sports medicine fellowship and who;

- ☐ Is fully knowledgeable about differential diagnosis of knee pain
- ☐ Is able to perform microscopic analysis of synovial fluid
- ☐ Can recognize conditions such as pseudogout

**Re-Authorization:**

☐ Previous treatment cycle was administered at least 6 months ago.

☐ Documentation submitted showing favorable patient response including pain relief derived of more than 3 months in duration.

☐ Patient has demonstrated a reduction in analgesic use or increase in functional capacity.

☐ Patient's progress and results of hyaluronate therapy must be fully documented in the patient's record.

## DRUG SELECTION

☐ AUTHORIZATION ☐ RE-AUTHORIZATION

Dose: _____

Frequency: _____

☐ Euflexxa* ☐ Synvisc One*

*If request is for a product other than Euflexxa or Synvisc One, please submit documentation showing patient has tried and failed to respond to or tolerate Euflexxa and Synvisc One in same knee joint previously.

☐ DUROLANE ☐ GEL-ONE

☐ GELSYN-3 ☐ GENVISC850

☐ HYLAGAN ☐ HYMOVIS

☐ MONOVISC ☐ ORTHOVISC

☐ SUPARTZ/SUPARTX FX ☐ SYNOJOYNT

☐ SYNVISC ☐ TRIVISC

☐ VISCO-3

SELECT AREA OF INJECTION:

☐ Left knee ☐ Bilateral Knee

☐ Right knee ☐ Other: _____