

## HYALURONIDASE (AMPHADASE, HYLENEX, VITRASE) PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.ghp.georgia.gov](http://www.ghp.georgia.gov)*

### **PA CRITERIA:**

- ❖ Approvable for the following uses:
  - As an adjuvant to increase the dispersion and absorption of other injected medications
  - As an adjuvant for subcutaneous fluid administration (hypodermoclysis)
- ❖ For Hylenex requests, physician should submit documentation regarding why Amphadase or Vitrase cannot be used.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.