

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

**NOTE:** *The criteria details below are for the outpatient pharmacy program. If this medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug 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.mmis.georgia.gov](http://www.mmis.georgia.gov)*

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

### 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.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

### Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.