

## Commercial/Healthcare Exchange PA Criteria

**Prior Authorization:** Hyaluronate Injections For Osteoarthritis Of The Knee

**Products Affected:**

Product	Dose	Quantity Limitations
Euflexxa	20mg once weekly x 3 doses	Maximum 6 injections per 180 days
Gel-One	30mg x 1 dose	Maximum 2 injection per 180 days
Gelsyn-3	16.8 mg once weekly x 3 doses	Maximum 6 injections per 180 days
Hyalgan	20mg once weekly x 5 doses	Maximum 10 injections per 180 days
Hymovis	24mg once weekly x 2 doses	Maximum 4 injections per 180 days
Monovisc	88mg x 1 dose	Maximum 2 injections per 180 days
Orthovisc	30mg once weekly x 3 or 4 doses	Maximum 8 injections per 180 days
Sodium Hyaluronate 1%	20 mg once weekly x 3 doses	Maximum 6 injections per 180 days
Supartz FX	25mg once weekly x 5 doses	Maximum 10 injections per 180 days
Synvisc	16mg once weekly x 3 doses	Maximum 6 injections per 180 days
Synvisc-One	48mg x 1 dose	Maximum 2 injection per 180 days
Trivisc	25mg once weekly x 3 doses	Maximum 3 injections per 180 days
Durolane	60mg (3mL) x 1 dose	Maximum 2 injections per 180 days
Triluron	20 mg once weekly x 3 doses	Maximum 3 injections per 180 days
Synjoynt	1% once weekly x 3 doses	Maximum 3 injections per 180 days
GenVisc 850	25mg once weekly x 5 doses	Maximum 10 injections per 180 days
Visco-3	25mg once weekly x 3 doses	Maximum 6 injections per 180 days

**Medication Description:** Hyaluronan (HA), also known as hyaluronate or hyaluronic acid, is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Chemical cross-linking of hyaluronan increases its molecular weight; cross-linked HA are referred to as hylans.

In osteoarthritis (OA), the overall length of HA chains present in cartilage and the HA concentration in the synovial fluid are decreased. Intra-articular injection of HA has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in patients with osteoarthritis. This treatment has been referred to as visco supplementation.

**Covered Uses:** Osteoarthritis of the knee

**Exclusion Criteria:**

1. Do not use in patients with known hypersensitivity to hyaluronate derivatives.
2. Do not use in the presence of joint infections or skin diseases or infections in the area of the injection site.

**Required Medical Information:** N/A

**Prescriber Restriction:** N/A

**Age Restriction:** 18 year of age and older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

Gel-One, Synvisc/Synvisc-One, and Visco-3 are the preferred agents for **Commercial PHARMACY members**.(NON NPF)

**Documented symptomatic OA of the knee.**

1. Trial and failure of conservative therapy (including physical therapy, pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream]) has been attempted and has not resulted in functional improvement after at least 3 months or the member is unable to tolerate conservative therapy because of adverse side effects.
2. Member has failed to adequately respond to injection of intra-articular steroids.
3. Member reports pain which interferes with functional activities (e.g., ambulation, prolonged standing).
4. No contraindications to the injections (e.g., active joint infection, bleeding disorder).
5. Failed trial of Gel-One, Synvisc/Synvisc-One, AND Visco-3 prior to using Sodium Hyaluronate, Orthovisc, Euflexxa, Supartz Fx, Hyalgan, GenVisc 850, Hymovis, Monovisc, Synjoynt, Triluron, TriVisc, Gelsyn-3, and Durolane

**Renewal Criteria**

Coverage may be renewed when **all**-of the following criteria are met:

1. Medical record demonstrates reduction in dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 12-month period following the previous series of injections
2. The medical record objectively documents significant improvement in pain and functional capacity as the result of the previous injections
3. Absence of unacceptable toxicity from the previous injections
4. **Commercial Pharmacy members (NON NPF)**
  - a. Patient must have trial and failure of Gel-One, Synvisc/Synvisc-One, AND Visco-3 before using Sodium Hyaluronate, Orthovisc, Euflexxa, Supartz Fx, Hyalgan, GenVisc 850, Monovisc, Synjoynt, Triluron, TriVisc, Gelsyn-3 and Durolane

**References:**

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**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	Transferred Policy	Transferred existing policy to commercial policy from medical	All	2/21/2023