



**Hyaluronic Acid Derivative (HAD) for Joint Fluid Replacement**  
**Durolane; Euflexxa; Gel-One; Gelsyn-3; GenVisc 850; Hyalgan; Hymovis; Monovisc;**  
**OrthoVisc; sodium hyaluronate (generic for Synjoynt); Supartz FX; Synvisc; Synvisc**  
**One; Triluron; TriVisc; Visco-3**  
**Effective 10/01/2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	These medications have been designated specialty and must be filled at a contracted specialty pharmacy when filled through the pharmacy benefit.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Hyaluronic Acid Derivatives are used in the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed nonpharmacologic treatment and conventional analgesics

**Coverage Guidelines**

Members may be approved for a Hyaluronic Acid Derivative if ALL the following criteria has been met and documentation has been provided:

1. The Member has a documented diagnosis of Kellgren-Lawrence Scale (Grade 2 or greater) osteoarthritis of the knee confirmed by radiology or documentation of moderate or severe degenerative arthritis
2. Confirmation that the member’s OA or DJD is prohibitive and preventing the member from participating in daily activities.
3. The prescribing physician is a rheumatologist, orthopedic or sports medicine specialist or physiatrist
4. Member has trialed AND had an inadequate response or intolerance with or has a contraindication to ALL the following treatment options:



- Non-pharmacologic (e.g. exercise, weight loss, physical therapy -date required)
- All conservative analgesics: acetaminophen, oral non-steroidal anti-inflammatory agents (NSAIDs) taken for at least 30 days (continuous) OR topical NSAIDs, if member cannot tolerate oral NSAIDs
- Member has received intra-articular corticosteroid injections which resulted in less than 8 weeks of clinical response.

AllWays Health Partners’ preferred HADs are Gel-One and Visco-3. Non-preferred agents may be considered medically necessary when the member has had an adequate therapeutic trial and experienced a documented treatment failure with BOTH preferred products.

**Continuation of Therapy**

Reauthorizations will be granted when all of the following conditions have been met:

- Physician documentation is submitted confirming significant improvement (at least 50%) in pain and function of the knee
- Authorization for additional courses of treatment will be given no sooner than 6 months apart for any HAD product.
- Reauthorization is limited to one treatment course.
- For additional courses beyond 12 months, clinical notes must indicate sustained clinical effectiveness and clinical inappropriateness of a total knee replacement.

**Limitations**

1. Initial approvals will be granted for 2 months with the following quantity limits:

<b>Drug</b>	<b>Dosing Schedule</b>	<b># of injections</b>
<b>Gel-One, Durolane</b>	3mL once	One injection
Euflexxa, Gelsyn-3, Synvisc, Triluron, sodium hyaluronate	2mL weekly for 3 weeks	3 injections
<b>Visco-3, TriVisc</b>	2.5 mL once a week for 3 weeks	3 injections
GenVisc 805, Supartz FX	2.5 mL once weekly for 5 weeks	5 injections
Hyalgan	2 mL once weekly for 5 weeks	5 injections
Hymovis	3 mL once weekly for 2 weeks	2 injections
Monovisc	4 mL once	One injection
Orthovisc	2 mL once weekly for 3 to 4 weeks	3 to 4 injections
Synvisc-One	6 mL once	one injection

**Bolded** medications are AllWays Health Partners Preferred HAD products

2. Reauthorizations will be granted for one single treatment courses.
3. The plan does not cover hyaluronic acid derivatives for the treatment of osteoarthritis in locations other than the knee because it is considered experimental, investigational, or unproven.
4. The plan does not cover hyaluronic acid derivatives for the treatment of isolated patella femoral arthritis or patella femoral syndrome as this is considered experimental, investigational, or unproven

**References**

1. Euflexxa [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; August 2011. 399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org

2. Hyalgan (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; May 2014
3. Orthovisc [prescribing information]. Raynham, MA: Anika Therapeutics; June 2005.
4. Supartz [prescribing information]. Durham, NC: Bioventus; June 2012.
5. Synvisc (hylan G-F 20) [prescribing information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; September 2014
6. Synvisc-One [prescribing information]. Ridgefield, NJ: Genzyme Corp; January 2010.
7. Gel-One [prescribing information]. Warsaw, IN: Zimmer; May 2011.
8. Monovisc [prescribing information]. Bedford, MA: Anika Therapeutics; December 2013.
9. Supartz FX (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; April 2015.
10. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; received September 2015
11. Bannuru RR, Schmid CH, Kent DM, Vaysbrot EE, Wong JB, McAlindon TE. Comparative effectiveness of pharmacologic interventions for knee osteoarthritis: A systematic review and network meta-analysis. *Ann Intern Med.* 2015;162(1):46-54
12. Fransen M, McConnell S, Harmer AR, et al. Exercise for osteoarthritis of the knee: a Cochrane systematic review. *Br J Sports Med* 2015; 49:1554
13. Nelson AE, Allen KD, Golightly YM, et al. A systematic review of recommendations and guidelines for the management of osteoarthritis: The chronic osteoarthritis management initiative of the U.S. bone and joint initiative. *Semin Arthritis Rheum* 2014; 43:701
14. Messier SP, Mihalko SL, Legault C, et al. Effects of intensive diet and exercise on knee joint loads, inflammation, and clinical outcomes among overweight and obese adults with knee osteoarthritis: the IDEA randomized clinical trial. *JAMA* 2013; 310:1263

## Review History

06/19/2019 – Reviewed

05/20/2020 – Reviewed May P&T Mtg; References updated; added all medications to ‘Limitations’

7/22/2020 – Updated July P&T Mtg; added Triluron to criteria. Effective 8/1/20

07/21/2021- Added Kellgren scale requirement, added additional reauth criteria; added coverage restriction of diagnosis of isolated patella femoral arthritis or patella femoral syndrome as this is considered experimental, investigational or unproven; approval time to 2 months. Effective 10/01/2021.

## Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.