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:

Exceptions
N/A
• 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:

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

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
2. Hyalgan (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; May 2014
5. Synvisc (hylan G-F 20) [prescribing information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; September 2014
10. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; received September 2015

**Review History**

06/19/2019 – Reviewed
05/20/2020 – Reviewed May P&T Mtg; References updated; added all medications to ‘Limitations’
07/22/2020 – 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**

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