



Durolane; Euflexxa; Gel-One; Gelsyn-3; GenVisc 850; Hyalgan; Hymovis; Monovisc; OrthoVisc; Supartz FX; Synvisc; Synvisc One; TriVisc; Visco-3
Effective June 19, 2019

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy when filled through the pharmacy benefit.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	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. Member has a documented diagnosis of osteoarthritis of the knee or degenerative joint disease (DJD) of the knee as confirmed by radiology imaging.
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)
 - 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 both of the following conditions have been met:

- Physician documentation is submitted confirming significant improvement (at least 50%) in pain and function of the knee
- At least 6 months has lapsed since last treatment course of any HAD

Limitations

1. Initial approvals will be granted for:
 - a. Gel-One: 3mls (one injection)
 - b. Visco-3: 2.5mls once a week x 3 weeks (three injections)
2. Reauthorizations will be granted for single treatment courses.

References

1. Euflexxa [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; August 2011.
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 [prescribing information]. Ridgefield, NJ: Genzyme Corp; March 2010
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

06/19/19 – Reviewed

Disclaimer

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