



HYALURONIC ACID DERIVATIVES

Durolane, Euflexxa, **GelSyn-3**, GenVisc 850, **Hyalgan**, Sodium Hyaluronate, **Supartz**, Synjoynnt, Triluron, TriVisc, Visco-3 (sodium hyaluronate)

Gel-ONE, Hymovis, Monovisc, Orthovisc (hyaluronan)

Synvisc, Synvisc-One (hylan G-F 20)

Bolded medications are the preferred products for claims adjudicated through the pharmacy benefit.

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years or older (22 or older for Synvisc, Synvisc-One, and TriVisc)

Diagnosis

Patient must have the following:

Osteoarthritis of the knee

AND ALL of the following:

1. Inadequate response to **TWO** or more of the following conservative non-pharmacologic therapy:
 - a. Cardiovascular (aerobic) activity, such as: walking, biking, stationary bike, aquatic exercise
 - b. Resistance exercise
 - c. Weight reduction (for persons who are overweight)
 - d. Participation in self-management programs
 - e. Wear of medially directed patellar taping
 - f. Wear of wedged insoles
 - g. Thermal agents
 - h. Walking aids
 - i. Physical therapy
 - j. Occupational therapy
2. Inadequate response, intolerance, or contraindication to **TWO** or more of the following:
 - a. Acetaminophen
 - b. Oral NSAIDs



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c. Topical NSAIDs

3. Inadequate response, intolerance, or contraindication to intra-articular steroid injections in which efficacy lasted less than 8 weeks
4. Radiologic confirmation of Kellgren-Lawrence Scale score of grade 2 or greater
5. NO dual therapy with another hyaluronic acid injectable
6. **Non-preferred medications only:** Patient **MUST** have tried at least **TWO** of the preferred products if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Duration 12 months

Quantity One course of therapy for each knee

Prior – Approval *Renewal* Requirements

Age 18 years or older (22 or older for Synvisc, Synvisc-One, and TriVisc)

Diagnosis

Patient must have the following:

Osteoarthritis of the knee

AND ALL of the following:

1. Documentation of improvement in pain with previous course of treatment
2. At least 12 months has elapsed since last injection of the prior treatment cycle



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3. Documentation of reduction of dosing of NSAIDs or other analgesics during the 12 month period following the last injection of the prior treatment cycle.
4. **NO** dual therapy with another hyaluronic acid injectable
5. **Non-preferred medications only:** Patient **MUST** have tried at least **TWO** of the preferred products if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior – Approval *Renewal* Limits

Same as above