

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input checked="" type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input checked="" type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input checked="" type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input checked="" type="checkbox"/>
Value Formulary Chart (VFC)	<input checked="" type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

Exceptions Criteria

Hyaluronates

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Standard Control Formulary Chart (SFC), Advanced Control Specialty Formulary Chart (ACSFC), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the hyaluronate products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are initiating a new treatment course with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Hyaluronate Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Products
Preferred	<ul style="list-style-type: none"> • Durolane (hyaluronic acid) • Euflexxa (1% sodium hyaluronate) • Gelsyn-3 (sodium hyaluronate) • Supartz FX (sodium hyaluronate)
Targeted	<ul style="list-style-type: none"> • Gel-One (cross-linked hyaluronate) • GenVisc 850 (sodium hyaluronate) • Hyalgan (sodium hyaluronate) • Hymovis (high molecular weight viscoelastic hyaluronan) • Monovisc (high molecular weight hyaluronan) • Orthovisc (high molecular weight hyaluronan) • SynoJoynt (1% sodium hyaluronate) • Synvisc (hylan G-F 20) • Synvisc One (hylan G-F 20) • Triluron (sodium hyaluronate) • TriVisc (sodium hyaluronate) • Visco-3 (sodium hyaluronate)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when either of the following criteria is met:

- There is documentation that the member is currently undergoing treatment and coverage is required to complete the current course of treatment.

Number of injections per treatment course:

- GenVisc 850: 3 to 5 injections (2.5 mL each; 12.5 mL total) per course
- Hyalgan: 3 to 5 injections (2 mL each; 10 mL total) per course
- Hymovis: 2 injections (3 mL each; 6 mL total) per course
- Orthovisc: 3 to 4 injections (2 mL each; 8 mL total) per course
- SynoJoynt: 3 injections (2 mL each; 6 mL total) per course
- Synvisc: 3 injections (2 mL each; 6 mL total) per course
- Triluron: 3 injections (2 mL each; 6 mL total) per course
- TriVisc: 3 injections (2.5 mL each; 7.5 mL total) per course
- Visco-3: 3 injections (2.5 mL each; 7.5 mL total) per course

- Member has a documented intolerable adverse event to at least three of the preferred products.

References

1. Durolane [package insert]. Durham, NC: Bioventus, LLC; September 2017.

Reference number(s)
4227-D

2. Euflexxa [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc.; July 2016.
3. Gel-One [package insert]. Warsaw, IN: Zimmer, Inc.; May 2011.
4. Gelsyn-3 [package insert]. Durham, NC: Bioventus LLC; December 2017.
5. GenVisc 850 [package insert]. Doylestown, PA: OrthogenRx, Inc.; November 2019.
6. Hyalgan [package insert]. Florham Park, NJ: Fidia Pharma USA Inc.; August 2017.
7. Hymovis [package insert]. Parsippany, NJ: Fidia Pharma USA Inc.; September 2017.
8. Monovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; December 2013.
9. Orthovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; June 2005.
10. Supartz FX [package insert]. Durham, NC: Bioventus LLC; April 2015.
11. SynoJoynt [package insert]. North Wales, PA; Teva Pharmaceuticals USA, Inc; March 2019.
12. Synvisc [package insert]. Ridgefield, NJ: Genzyme Corporation; May 2023.
13. Synvisc One [package insert]. Ridgefield, NJ: Genzyme Corporation; May 2023.
14. Triluron [package insert]. Florham Park, NJ: Fidia Pharma USA Inc.; July 2019.
15. TriVisc [package insert]. Doylestown, PA: OrthogenRx, Inc.; November 2019.
16. Visco-3 [package insert]. Warsaw, IN: Zimmer Inc.; December 2015.