Reference number(s)
7150-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

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), and Value Formulary (VF).

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	• Durolane (hyaluronic acid) • Euflexxa (1% sodium hyaluronate) • Gelsyn-3 (sodium hyaluronate) • Orthovisc (high molecular weight hyaluronan)
Targeted	• Gel-One (cross-linked hyaluronate) • GenVisc 850 (sodium hyaluronate) • Hyalgan (sodium hyaluronate) • Hymovis (high molecular weight viscoelastic hyaluronan) • Monovisc (high molecular weight hyaluronan) • Supartz FX (sodium hyaluronate) • 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
  - Supartz FX: 3 to 5 injections (2.5 mL each; 12.5 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.
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.; June 2021.
8. Monovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; July 2020.
9. Orthovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; November 2021.
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.; May 2017.