

HYALURONIC ACID DERIVATIVES

(DUROLANE[®]), (EUFLEXXA[®]), (GELSYN-3[®]), (GENVISC 850[®]), (HYALAGAN[®]),
SODIUM HYALURONATE, (SUPARTZ[®]), (SYNOJOYNT[®]), (TRILURON[®]),
(TRIVISC[®]), (VISCO-3[®]), (GEL-ONE[®]), (HYMOVIS[®]), (MONOVISC[®]), (ORTHOVISC[®])
HYALURONAN, (SYNVISC[®]), (SYNVISC-ONE[®]) HYLAN G-F 20

Length of Authorization/ Quantity Limits

Initial Approval: 12 months	Quantity: One course of therapy for each knee
Continued Approval: 12 months	Quantity: One course of therapy for each knee

FDA Indications

1. Osteoarthritis of the Knee

Clinical Criteria for Approval

This medication will be covered with prior authorization when the following criteria are met:

1. Age :18 years or older (22 or older for Synvisc, Synvisc-One, and TriVisc)
2. Diagnosis:
 - a. Patient must have the following:
 - i. Osteoarthritis of the knee
 - ii. **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
 - 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 unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Clinical Criteria for Continued Approval

This medication will have continued coverage with prior authorization when the following criteria are met:

1. Age :18 years or older (22 or older for Synvisc, Synvisc-One, and TriVisc)
2. Diagnosis:
 - a. Patient must have the following:
 - i. Osteoarthritis of the knee
 - ii. **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
 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 unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)