

PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Hyaluronic Acid Derivatives Intraarticular Preferred Specialty Management Policy
- Durolane® (sodium hyaluronate injection – Bioventus)
 - Euflexxa® (sodium hyaluronate injection – Ferring)
 - Gel-One® (sodium hyaluronate injection – Seikagaku/Zimmer)
 - Gelsyn-3™ (sodium hyaluronate injection – Bioventus)
 - GenVisc® 850 (sodium hyaluronate injection – OrthogenRx)
 - Hyalgan® (sodium hyaluronate injection – Fidia Pharma)
 - Hymovis® (high molecular weight viscoelastic hyaluronan injection – Fidia Pharma)
 - Monovisc™ (high molecular weight hyaluronan injection – DePuy Synthes)
 - Orthovisc® (high molecular weight hyaluronan injection – DePuy Synthes)
 - Supartz FX™ (sodium hyaluronate injection – Bioventus)
 - Sodium hyaluronate 1% injection – Teva
 - Synvisc® (hylan G-F 20 sodium hyaluronate injection – Genzyme)
 - Synvisc-One® (hylan G-F 20 sodium hyaluronate injection – Genzyme)
 - Triluron™ (sodium hyaluronate injection – Fidia Pharma)
 - TriVisc™ (sodium hyaluronate injection – OrthogenRx)
 - Visco-3™ (sodium hyaluronate injection – Bioventus)

REVIEW DATE: 09/21/2022

OVERVIEW

Hyaluronic acid derivatives are indicated for the treatment of **pain related to knee osteoarthritis** in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics (e.g., acetaminophen).¹⁻¹⁶ This policy involves the use of the intraarticular hyaluronic acid derivatives used for knee osteoarthritis.

Table 1. Number of Injections per Course for Hyaluronic Acid Derivatives.^{1-16*}

Product	Number of injections per course
Durolane, Gel-One, Monovisc, Synvisc-One	One injection given one time
Hymovis	Two injections given 1 week apart
Euflexxa, Gelsyn-3, Sodium Hyaluronate, Synvisc, Triluron, TriVisc, Visco-3	Three injections given 1 week apart
Orthovisc	Three or four injections given 1 week apart
GenVisc 850, Hyalgan, Supartz FX	Five injections given 1 week apart

* Dose is for one knee. If two knees are being treated, then each knee requires a syringe or vial of product.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. For all products (Preferred and Non-Preferred), the patient is required to meet the standard *Hyaluronic Acid Derivatives Prior Authorization Policy* criteria. The program also directs the patient to try at least one Preferred Product prior to the approval of a Non-Preferred Product. Patients with a previous of using the Non-Preferred Products who require additional therapy with a hyaluronic acid derivative must try a Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Hyaluronic Acid Derivatives Prior Authorization* criteria but has not tried a Preferred Product, a review will be offered for the Preferred Products using the respective

standard *Prior Authorization Policy* criteria. All approvals are provided for the number of injections required to complete one course, as directed in the standard *Hyaluronic Acid Derivatives Prior Authorization* policy.

Documentation: Documentation of previous therapy will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

Automation: None.

Preferred Products: Euflexxa, Orthovisc, Monovisc

Non-Preferred Products: Durolane, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Synvisc, Synvisc-One, Triluron, TriVisc, Visco-3

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Products	Exception Criteria
Durolane Gel-One Gelsyn-3 GenVisc 850 Hyalgan Hymovis Supartz FX Sodium hyaluronate injection Synvisc Synvisc-One Triluron TriVisc Visco-3	<ol style="list-style-type: none"> 1. Approve one course of therapy per treated knee if the patient meets the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> A) Patient meets the <i>Standard Hyaluronic Acid Derivatives PA Policy</i> criteria; AND B) Patient meets ONE of the following conditions (i, ii, <u>or</u> iii): <ol style="list-style-type: none"> i. Patient has tried one course of Orthovisc (3 or 4 injections) or Euflexxa (3 injections) [documentation required]; OR ii. Patient has tried a single injection of Monovisc [documentation required]; OR iii. Patient meets both of the following (a <u>and</u> b): <ol style="list-style-type: none"> a) The request is for product that requires more than one injection to complete a course; AND <u>Note:</u> Examples of products that are given as more than one injection to complete a course include Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Synvisc, Triluron, TriVisc, Visco-3. b) Patient has already started a course of injections with one of these agents. <u>Note:</u> In these cases, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product must be tried. 2. If the patient has met criterion 1A (the standard <i>Hyaluronic Acid Derivatives PA Policy</i> criteria), but criterion 1B is not met and the requested agent is not approved: offer to review for a Preferred Product.

REFERENCES

1. Durolane[®] intraarticular injection [prescribing information]. Durham, NC: Bioventus; not dated.
2. Euflexxa[®] intraarticular injection [prescribing information]. Parsippany, NJ: Ferring; July 2016.
3. Gel-One[®] intraarticular injection [prescribing information]. Warsaw, IN: Zimmer; May 2011.
4. Gelsyn-3[®] intraarticular injection [prescribing information]. Durham, NC: Bioventus; 2016.
5. GenVisc[®] 850 intraarticular injection [prescribing information]. Doylestown, PA: OrthogenRx; not dated.
6. Hyalgan[®] intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; May 2014.
7. Hymovis[®] intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; October 2015.
8. Monovisc[®] intraarticular injection [prescribing information]. Bedford, MA: DePuy Synthes; not dated.
9. Orthovisc[®] intraarticular injection [prescribing information]. Raynham, MA: DePuy Synthes; September 2014.
10. Sodium hyaluronate 1% intraarticular injection [prescribing information]. North Wales, PA: Teva; March 2019.
11. Supartz[®] FX[™] intraarticular injection [prescribing information]. Durham, NC: Bioventus; April 2015.
12. Synvisc[®] intraarticular injection [prescribing information]. Ridgefield, NJ: Genzyme; September 2014.
13. Synvisc-One[®] intraarticular injection [prescribing information]. Ridgefield, NJ: Genzyme; September 2014.
14. Triluron intraarticular injection [prescribing information]. Florham Park, NJ: Fidia Pharma; March 2019.
15. Trivisc intraarticular injection [prescribing information]. Doylestown, PA: OrthogenRx; not dated.
16. Visco-3 intraarticular injection [prescribing information]. Durham, NC: Bioventus; not dated.