Pharmacy Prior Authorization
Viscosupplements - Clinical Guidelines

Preferred Product:
Hyalgan and Gel-one are the preferred viscosupplements for OA. Non-preferred products will not be covered.

Criteria for Approval:
Documentation of symptomatic osteoarthritis and all of the following:
• Patient is at least 18 years of age and older or 22 years and older for Monovisc
• Documentation to support which knee is to be treated (right, left, or bilateral)
• Trial and failure or contraindications to conservative non-pharmacologic therapy (i.e., physical therapy, land based or aquatic based exercise, resistance training, or weight loss)
• Adequate trial and failure or contraindications pharmacologic therapy to one of the following (i.e. acetaminophen, NSAID’s, otc capsaicin, or tramadol)
• Trial and failure or intolerance to steroid injections
• Radiographic evidence of mild to moderate osteoarthritis of the knee (e.g., severe joint space narrowing, subchondral sclerosis, osteophytes) OR if unavailable,
• The member reports pain which interferes with functional activities (e.g., ambulation, prolonged standing)
• The pain is not attributed to other forms of joint disease
• Documented symptomatic osteoarthritis of the knee according to American College of Rheumatology (ACR) clinical and laboratory criteria, which requires knee pain and at least 5 of the following:
  o Bony enlargement
  o Bony tenderness
  o Crepitus (noisy, grating sound) on active motion
  o Erythrocyte sedimentation rate (ESR) less than 40 mm/hr
  o Less than 30 minutes of morning stiffness
  o No palpable warmth of synovium
  o Over 50 years of age
  o Rheumatoid factor less than 1:40 titer (agglutination method)
  o Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm3);

Initial Approval Duration: 1 series

Renewal: 1 series
• 6 months has elapsed since initial treatment
• Documentation to support improved response to treatment and a dose reduction with NSAIDs or other analgesics

Non Coverage Criteria:
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- Any Hypersensitivity to hyaluronics, i.e, active joint infection or bleeding. Some products are produced from avian sources; use with caution in patients with hypersensitivity to avian proteins, feathers, or egg products. Use Gel-One with caution in patients allergic to cinnamon.
- Treatment within 6 months of knee surgery
- No more than 2 series of injections allowed per lifetime
- Indications for the following (not all inclusive):
  - Temporomandibular joint disorders
  - Chondromalacia of patella [chondromalacia patellae],
  - Pain in joint, lower leg [patellofemoral syndrome],
  - Osteoarthrosis and allied disorders [joints other than knee]
  - Diagnosis of Osteoarthritis of the hip, hand, shoulder, etc

Additional Information:

<table>
<thead>
<tr>
<th>Viscosupplement</th>
<th>Dosage</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euflexxa J7323</td>
<td>20 mg (2 mL)</td>
<td>3 weekly inj.</td>
</tr>
<tr>
<td>Hyalgan J7321</td>
<td>20 mg (2 mL)</td>
<td>5 weekly inj.</td>
</tr>
<tr>
<td>Supartz J7321</td>
<td>25 mg (2.5 mL)</td>
<td>3-5 weekly inj.</td>
</tr>
<tr>
<td>Orthovisc J7324</td>
<td>30 mg (2 mL)</td>
<td>3-4 weekly inj</td>
</tr>
<tr>
<td>Monovisc J3490</td>
<td>88 mg (4 mL)</td>
<td>1 inj.</td>
</tr>
<tr>
<td>Synvisc J7325</td>
<td>16 mg (2 mL)</td>
<td>3 weekly inj.</td>
</tr>
<tr>
<td>Synvisc-One J7325</td>
<td>48 mg (6 mL)</td>
<td>1 inj.</td>
</tr>
<tr>
<td>Gel-One J7326</td>
<td>30 mg (3 mL)</td>
<td>1 inj.</td>
</tr>
</tbody>
</table>

Reference: