

RX.PA.015.MPC HYALURONIC ACID DERIVATIVES

The purpose of this policy is to define the prior authorization process for the hyaluronic acid derivatives.

PREFERRED – PA REQUIRED	NON-PREFERRED – PA REQUIRED	NONFORMULARY SEE CRITERIA BELOW
Single Injection		
Gel-One	Durolane	Synvisc-One
	Monovisc	
Multiple Injections		
Hyalgan	Gelsyn-3	Orthovisc
	Supartz FX	Synvisc
	Trivisc	
	Visco-3	
	Sodium Hyaluronate	
	Genvisc 850	
	Trilon	
	Euflexxa	
	Hymovis	

The hyaluronic acid derivatives are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- **All products:**
 - Must have a diagnosis of mild-to-moderate osteoarthritis or degenerative joint disease of the knee
 - Must have documentation of a previous trial and failure (at least 3 months), contraindication, or intolerance to simple analgesics (such as acetaminophen-containing products)
 - Must have documentation of a previous trial and failure (at least 3 months), contraindication, or intolerance to at least TWO prescription strength non-steroidal anti-inflammatory drugs (NSAIDs)

- Must have documentation of a trial of steroid injections within the past 2 months and aspiration for effusion without success, or have a documented medical reason to not utilize steroid injections
- Must have documentation of a trial and failure of physician-directed exercise or a physical therapy program
- **For non-preferred products:**
 - Must have documentation of a previous trial and failure, contraindication, or intolerance to 2 preferred products (single or multiple injection)
- **For non-formulary products:**
 - Must have documentation of a previous trial and failure, contraindication, or intolerance to ALL preferred and non-preferred products (single or multiple injection)

Note: Documentation MUST include either paid claims OR specific dates of use for medication trials AND/OR chart documentation from the provider noting a contraindication, intolerance, or failure to all pre-requisite medications

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon meeting the below criteria:

- Must be at least 6 months since the member completed the prior course of treatment with hyaluronic acid derivatives
- Must have at least ONE of the following objective signs of response to previous therapy for at least 6 months or longer:
 - Decreased joint pain and/or stiffness
 - Improvement in standard indices such as WOMAC osteoarthritis index or Lequesne's functional index
 - Improved knee range of motion
 - Decrease in midpatellar knee circumference in millimeters
 - Synovial effusion absent or volume decreased
 - Decrease in the need for intra-articular agents (anesthetics, corticosteroids), knee aspiration, analgesics, or anti-inflammatory medications for the management of the treated knee(s) following the previous course of hyaluronic acid derivatives that is consistent with pharmacy claims data
- Must have symptoms of osteoarthritis return

- Must have documentation of a **re-trial** and failure (at least 3 months), contraindication, or intolerance to simple analgesics (such as acetaminophen-containing products)
- Must have documentation of a **re-trial** and failure (at least 3 months), contraindication, or intolerance to at least TWO NSAIDs
- Must have documentation of a **re-trial** of steroid injections within the past 2 months and aspiration for effusion without success, or have a documented medical reason not to utilize steroid injections

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

HCPCS Codes:

CODE	DESCRIPTION
J7316	Injection, ocriplasmin, 0.125 mg
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose