# 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 | |
| | Triluron | |
| | Euflexxa | |
| | Hymovis | |

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

## PROCEDURE

### A. 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*

**B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.**

**C. Hyaluronic acid derivatives will be considered investigational or experimental for any other use and will not be covered.**

**D. <u>Reauthorization Criteria:</u>**

| 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 | |
| | Triluron | |
| | Euflexxa | |
| | Hymovis | |

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:

MPC Renewal:

- 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
- **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*

Renewal from Previous Insurer:

- Members who have received prior approval (from insurer other than MPC), or have been receiving medication samples, should be considered under criterion A (Initial Authorization Criteria)
- Provider has documented positive clinical response to therapy for the member

- **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 medication*

**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 |

## REVIEW HISTORY

| DESCRIPTION OF REVIEW / REVISION | DATE APPROVED |
|---|---|
| *Update to include the preferred vs non-preferred medication table in the reauthorization criteria* | *07/2026* |
| *Annual review* | *02/2026* |
| *Annual review* | *02/2025* |
| *Addition of required documentation for non-preferred/non-formulary products for reauthorization* | *04/2024* |
| *Annual review*<br>*Addition of renewal criteria for MPC vs renewal from previous insurer* | *02/2024* |
| *Annual review* | *02/2023* |
| *Annual review* | *02/2022* |
| *Addition of dosing requirements and off-label restrictions* | *12/2021* |
| *P&T Review* | *11/2020* |