

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

<b>DRUG NAME</b>	<b>Hyaluronic Acid Viscosupplements</b>
<b>BENEFIT TYPE</b>	Medical
<b>STATUS</b>	Prior Authorization Required

Osteoarthritis is a common chronic joint disorder involving cartilage degradation, bone remodeling, osteophyte formation, and synovial inflammation. These changes lead to pain, stiffness, swelling, and compromised functional capacity of the affected joint. The goal of treatment is to improve pain and mobility. Viscosupplementation is an intra-articular therapy that leverages the physiology of hyaluronic acid, a major component of normal synovial fluid, to restore viscoelasticity and natural protective properties like shock absorption and lubrication of the joint. A multitude of different hyaluronic acid products are available with a variety of properties. They are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics. They have a slower but more durable response than intra-articular steroid injections. Over the years, treatment guidelines have been incongruent in their recommendations, but overall they are considered a safe and effective option in certain situations. It is important to rule out other causes of joint pain such as rheumatoid arthritis, gout, or malignancy.

Hyaluronic acid viscosupplements will be considered for coverage when the following criteria are met:

#### **Osteoarthritis (OA) of the Knee**

For initial authorization:

1. Member is at least 18 years of age; AND
2. Member has a diagnosis of osteoarthritis of the knee confirmed by radiographic evidence such as joint space narrowing, subchondral sclerosis, osteophytes, and subchondral cysts; AND
3. Pain interferes with normal daily activity such as walking, standing, or stair climbing; AND
4. Member has tried and failed ALL of the following conservative therapies for at least 3 months:
  - a) Non-pharmacologic strategies such as exercise, physical therapy, bracing, weight loss (if overweight or obese)
  - b) Simple analgesics such as acetaminophen or NSAIDs (oral or topical)
  - c) Intra-articular corticosteroid injection (unless contraindicated); AND
5. Chart notes must indicate if the request is for the treatment of one or both knees; AND
6. Member has NOT had a total knee replacement (arthroplasty) and knee replacement is not anticipated for at least the next 6 months; AND
7. If the request is for a non-preferred product, trial and failure of at least 1 preferred product is required (see Appendix).
8. **Dosage allowed/Quantity limit:** Intra-articular injection to the affected knee(s) at weekly intervals.

Euflexxa: 2 mL weekly for 3 weeks

Durolane: 3 mL one time

Gel-One: 3 mL one time

Gelsyn-3: 2 mL weekly for 3 weeks

Gen-Visc: 2.5 mL weekly for 3 to 5 weeks

Hyalgan: 2 mL weekly for 3 to 5 weeks

Hymovis: 3 mL weekly for 2 weeks

Monovisc: 4 mL one time  
 Orthovisc: 2 mL weekly for 3 to 4 weeks  
 Supartz FX: 2.5 mL weekly for 3 to 5 weeks  
 Synvisc: 2 mL weekly for 3 weeks  
 Synvisc-One: 6 mL one time  
 TriVisc: 2.5 mL weekly for 3 weeks  
 TriLuron: 2 mL weekly for 3 weeks  
 Visco-3: 2.5 mL weekly for 3 weeks

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes must show clinically significant improvement of signs and symptoms such as documentation of improved pain scores, improved functional abilities, and/or reduced use of analgesic medications as a result of the treatment to the affected knee; AND
2. Symptoms have recurred and at least 6 months have elapsed since completion of the previous course of viscosupplementation; AND
3. Member has NOT had a total knee replacement (arthroplasty) and knee replacement is not anticipated for at least the next 6 months.

***If all the above requirements are met, the medication will be approved for an additional 6 months.***

**CareSource considers hyaluronic acid viscosupplements not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
04/20/2022	New policy for hyaluronic acid viscosupplements created; combination and comprehensive update of past individual policies.
11/07/2022	Removed specialist requirement.
10/24/2024	Reviewed and updated references. No changes to criteria.

APPENDIX: List of products and status (Y = preferred; N = non-preferred)

Euflexxa	sodium hyaluronate	N
Durolane	hyaluronic acid	Y
Gel-One	cross-linked hyaluronate	N
Gelsyn-3	sodium hyaluronate	Y
GenVisc 850	sodium hyaluronate	N
Hyalgan	sodium hyaluronate	N
Hymovis	high molecular weight viscoelastic hyaluronan	N
Monovisc	high molecular weight hyaluronan	N
Orthovisc	high molecular weight hyaluronan	N
Supartz FX	sodium hyaluronate	Y
Synvisc	hyylan G-F 20	N
Synvisc-One	hyylan G-F 20	N
TriVisc	sodium hyaluronate	N
TriLuron	sodium hyaluronate	N
Visco-3	sodium hyaluronate	N

## References:

1. Euflexxa [package insert]. Ferring Pharmaceuticals, Inc.; 2016.
2. Durolane [package insert]. Bioventus LLC; 2017.
3. Gel-One [package insert]. Zimmer, Inc.; 2011.
4. Gelsyn-3 [package insert]. Bioventus; 2017.
5. GenVisc 850 [package insert]. OrthogenRx. N.D.
6. Hyalgan [package insert]. Fidia Pharma USA Inc.; 2014.
7. Hymovis [package insert]. Fidia Pharma USA Inc.; 2017.
8. Monovisc [package insert]. Anika Therapeutics Inc.; 2013.
9. Orthovisc [package insert]. Anika Therapeutics. N.d.
10. Supartz FX [package insert]. Bioventus LLC; 2015
11. Synvisc [package insert]. Genzyme Biosurgery; 2014.
12. Synvisc-One [package insert]. Genzyme Biosurgery; 2014.
13. TriVisc. [package insert]. OrthogenRx, Inc.
14. TriLuron. [package insert]. Fidia Pharma USA Inc.; 2019.
15. Visco-3. [package insert]. Bioventus LLC.
16. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee (NonArthroplasty) Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpg> Published 08/31/2021
17. Uson J, Rodriguez-García SC, Castellanos-Moreira R, et al. EULAR recommendations for intra-articular therapies. *Ann Rheum Dis*. 2021;80(10):1299-1305. doi:10.1136/annrheumdis-2021-220266
18. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee [published correction appears in *Arthritis Care Res (Hoboken)*. 2021 May;73(5):764]. *Arthritis Care Res (Hoboken)*. 2020;72(2):149-162. doi:10.1002/acr.24131
19. Bellamy N, Campbell J, Robinson V, Gee T, Bourne R, Wells G. Viscosupplementation for the treatment of osteoarthritis of the knee. *Cochrane Database Syst Rev*. 2006;2006(2):CD005321. Published 2006 Apr 19. doi:10.1002/14651858.CD005321.pub2
20. Bannuru RR, Osani MC, Vaysbrot EE, et al. OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. *Osteoarthritis Cartilage*. 2019;27(11):1578-1589. doi:10.1016/j.joca.2019.06.011
21. Trojian TH, Concoff AL, Joy SM, Hatzenbuehler JR, Saulsberry WJ, Coleman CI. AMSSM Scientific Statement Concerning Viscosupplementation Injections for Knee Osteoarthritis: Importance for Individual Patient Outcomes. *Clin J Sport Med*. 2016;26(1):1-11. doi:10.1097/JSM.0000000000000274
22. Bruyère O, Honvo G, Veronese N, et al. An updated algorithm recommendation for the management of knee osteoarthritis from the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ESCEO). *Semin Arthritis Rheum*. 2019;49(3):337-350. doi:10.1016/j.semarthrit.2019.04.008
23. Local Coverage Determination (LCD): Intraarticular Knee Injections of Hyaluronan (L39529). Centers for Medicare and Medicaid Services. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcid=39529&ver=3&keywordtype=starts&keyword=hyaluron&bc=0>. Accessed October 25, 2024.
24. Conrozier T, Diraçoglu D, Monfort J, et al. EUROVISCO Good Practice Recommendations for a First Viscosupplementation in Patients with Knee Osteoarthritis. *Cartilage*. 2023;14(2):125-135. doi:10.1177/19476035221138958

Effective date: 01/01/2026

Revised date: 10/24/2024