CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Hyaluronic Acid Viscosupplements
BILLING CODE	See table in appendix for list of products and codes
BENEFIT TYPE	Medical
STATUS	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.

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

Euflexxa	sodium hyaluronate	J7323	N
Durolane	hyaluronic acid	J7318	Y
Gel-One	cross-linked hyaluronate	J7326	N
Gelsyn-3	sodium hyaluronate	J7328	Y
GenVisc 850	sodium hyaluronate	J7320	N
Hyalgan	sodium hyaluronate	J7321	N
Hymovis	high molecular weight viscoelastic hyaluronan	J7322	N
Monovisc	high molecular weight hyaluronan	J7327	N
Orthovisc	high molecular weight hyaluronan	J7324	N
Supartz FX	sodium hyaluronate	J7321	Y
Synvisc	hylan G-F 20	J7325	N
Synvisc-One	hylan G-F 20	J7325	N
TriVisc	sodium hyaluronate	J7329	N
TriLuron	sodium hyaluronate	J7332	N
Visco-3	sodium hyaluronate	J7321	N

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10. Supartz FX [package insert]. Bioventus LLC; 2015
11. Synvisc [package insert]. Genzyme Biosurgery; 2014.
12. Synvisc-One [package insert]. Genzyme Biosurgery; 2014.
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