HYALURONIC ACID DERIVATIVES
Durolane, Gel-ONE* (hyaluronan), Hylgan*, Supartz*, Visco-3 (sodium hyaluronate), Euflexxa, GelSyn 3*, GenVisc 850 (sodium hyaluronate), Hymovis, Monovisc, Orthovisc (hyaluronan), Synvisc, Synvisc - One (hylan G-F 20)
*Preferred Product

Pre - PA Allowance
None

Prior-Approval Requirements
Age 18 years or older (22 or older for Synvisc and Synvisc-One)

Diagnosis

Patient must have the following:

Osteoarthritis of the knee

AND ALL of the following:

1. Inadequate response to TWO or more of the following conservative non-pharmacologic therapy:
   a. Cardiovascular (aerobic) activity, such as: walking, biking, stationary bike, aquatic exercise
   b. Resistance exercise
   c. Weight reduction (for persons who are overweight)
   d. Participation in self-management programs
   e. Wear of medially directed patellar taping
   f. Wear of wedged insoles
   g. Thermal agents
   h. Walking aids
   i. Physical therapy
   j. Occupational therapy

2. Inadequate response, intolerance, or contraindication to TWO or more of the following:
   a. Acetaminophen
   b. Oral NSAIDs
   c. Topical NSAIDs

3. Inadequate response, intolerance, or contraindication to intra-articular steroid injections in which efficacy lasted less than 8 weeks
HYALURONIC ACID DERIVATIVES
Durolane, Gel-ONE* (hyaluronan), Hylgan*, Supartz*, Visco-3 (sodium hyaluronate), Euflexxa, GelSyn 3*, GenVisc 850 (sodium hyaluronate), Hymovis, Monovisc, Orthovisc (hyaluronan), Synvisc, Synvisc - One (hylan G-F 20)
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4. Radiologic confirmation of Kellgren-Lawrence Scale score of grade 2 or greater

5. NO dual therapy with another hyaluronic acid injectable

Prior – Approval Limits
Duration 12 months
Quantity One course of therapy for each knee

Prior – Approval Renewal Requirements
Age 18 years or older (22 or older for Synvisc and Synvisc-One)

Diagnosis
Patient must have the following:

Osteoarthritis of the knee

AND ALL of the following:
1. Documentation of improvement in pain with previous course of treatment
2. At least 12 months has elapsed since last injection of the prior treatment cycle
3. Documentation of reduction of dosing of NSAIDs or other analgesics during the 12 month period following the last injection of the prior treatment cycle.
4. NO dual therapy with another hyaluronic acid injectable

Prior – Approval Renewal Limits
Duration 12 months
Quantity One course of therapy for each knee