

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Effective Date	5/1/14	NA	NA	5/1/14	NA	5/1/14	6/1/14	5/1/14	6/1/14	5/1/14	5/1/14	NA	NA	6/1/14

*FHK- Florida Healthy Kids

Medication	Comments
Euflexxa (sodium hyaluronate)	<ul style="list-style-type: none"> • 2mL prefilled syringes; • 1 injection (per affected joint) weekly for 3 weeks.
Gel-One (Cross-linked Hyaluronate)	<ul style="list-style-type: none"> • 3 mL prefilled syringes; • 1 injection (per affected joint) one time
Hyalgan (sodium hyaluronate)	<ul style="list-style-type: none"> • 2mL vials and prefilled syringes; • 1 injection (per affected joint) weekly for 5 weeks.
Orthovisc (hyaluronan)	<ul style="list-style-type: none"> • 2mL prefilled syringes; • 1 injection (per affected joint) weekly for 3 or 4 weeks.
Supartz (sodium hyaluronate)	<ul style="list-style-type: none"> • 2.5mL prefilled syringes; • 1 injection (per affected joint) weekly for 5 weeks.
Synvisc (hylan polymers)	<ul style="list-style-type: none"> • 2mL prefilled syringes; • 1 injection (per affected joint) weekly for 3 weeks.
Synvisc-One (hylan polymers)	<ul style="list-style-type: none"> • 6mL prefilled syringes; • 1 injection (per affected joint) one time.

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION and QUANTITY LIMIT

Single course:

Single injection or weekly injections (seven days apart) for three to five consecutive weeks as discussed in above medication table.

APPROVAL CRITERIA

An initial course of intra-articular injections of hyaluronan or hylan G-F 20 may be approved for the treatment of pain due to osteoarthritis of the knee when all of the following criteria are met:

- A.** There is documentation of a diagnosis of osteoarthritis and there is no evidence of inflammatory arthritis (for example, rheumatoid arthritis); **AND**
- B.** There is documentation that the pain interferes with functional activities (for example, ambulation, prolonged standing); **AND**
- C.** There is documentation of failure to respond adequately to at least 3 months of conservative therapy which includes activity modification, home exercise, protective weight bearing, and analgesics (for example, acetaminophen or non-steroidal anti-inflammatory drugs [NSAIDs] or the individual is unable to tolerate conservative therapy because of adverse side effects; **AND**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

- D. There is no contraindications to the injections (for example, active joint infection, bleeding disorder)

A repeat course of intra-articular injections of hyaluronan or hylan G-F 20 may be approved for the treatment of pain due to osteoarthritis of the knee for individuals who meet all of the following criteria:

- A. The individual met all of the criteria for an initial course of treatment; **AND**
- B. Six (6) months, or more, have elapsed since the conclusion of prior treatment cycle; **AND**
- C. There is documentation that the prior course of treatment resulted in pain relief and improvement in functional status.

-OR-

A single course of intra-articular injections of hyaluronan or hylan G-F 20 **may be approved** for the treatment of pain due to reducing and non-reducing disc displacement disease of temporomandibular joint (TMJ) disorders. (A single course usually involves weekly injections (seven days apart) for three to five consecutive weeks).

May Not Be Approved:

The use of Intra-articular injections of hyaluronan or hylan G-F 20 may not be approved for treatment of pain due to osteoarthritis of the knee when the above criteria are not met and for all other knee conditions is

Intra-articular injections of hyaluronan or hylan G-F 20 for other musculoskeletal conditions of joints other than the knee, including but not limited to osteoarthritis of the ankle, shoulder or hip, may not be approved.

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