

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference #
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	1762-D
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)		Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)		Medical Benefit: Add-on		
Advanced Control Specialty – Choice (ACSCF)	Value (VF)					

EXCEPTIONS CRITERIA HYALURONATES

PREFERRED PRODUCTS: MONOVISC, ORTHOVISC, AND SYNVISC ONE

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the hyaluronate products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are initiating a new treatment course with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Hyaluronate products

	Products
Preferred*	<ul style="list-style-type: none"> • Monovisc (high molecular weight hyaluronan) • Orthovisc (high molecular weight hyaluronan) • Synvisc One (hylan G-F 20)
Targeted	<ul style="list-style-type: none"> • Durolane (hyaluronic acid) • Euflexxa (1% sodium hyaluronate) • Gel-One (cross-linked hyaluronate) • Gelsyn-3 (sodium hyaluronate) • GenVisc 850 (sodium hyaluronate) • Hyalgan (sodium hyaluronate) • Hymovis (high molecular weight viscoelastic hyaluronan) • Supartz FX (sodium hyaluronate) • Synjojoynt (1% sodium hyaluronate) • Synvisc (hylan G-F 20) • Triluron (sodium hyaluronate) • Trivisc (sodium hyaluronate) • Visco-3 (sodium hyaluronate)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Specialty Exceptions Hyaluronates Medical 1762-D P2024.docx

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Advanced Control Specialty (ACSF)	IVL		Medical Benefit: Add-on		
Advanced Control Specialty – Choice (ACSCF)	Value (VF)				

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when either of the following criteria is met:

- A. There is documentation that the member is currently undergoing treatment and coverage is required to complete the current course of treatment.

Number of injections per treatment course

- Euflexxa: 3 injections (2 mL each; 6 mL total) per course
- Gelsyn-3: 3 injections (2 mL each; 6 mL total) per course
- GenVisc 850: 3 to 5 injections (2.5 mL each; 12.5 mL total) per course
- Hyalgan: 3 to 5 injections (2 mL each; 10 mL total) per course
- Hymovis: 2 injections (3 mL each; 6 mL total) per course
- Supartz FX: 3 to 5 injections (2.5 mL each; 12.5 mL total) per course
- Synjoyn: 3 injections (2 mL each; 6 mL total) per course
- Synvisc: 3 injections (2 mL each; 6 mL total) per course
- Triluron: 3 injections (2 mL each; 6 mL total) per course
- Trivisc: 3 injections (2.5 mL each; 7.5 mL total) per course
- Visco-3: 3 injections (2.5 mL each; 7.5 mL total) per course

- B. Member has a documented intolerable adverse event to all of the preferred products.

REFERENCES

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14. Triluron [package insert]. Florham Park, NJ: Fidia Pharma USA Inc.; July 2019.
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16. Visco-3 [package insert]. Warsaw, IN: Zimmer Inc.; December 2015.