

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	Medicare Part B
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)	Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First
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)			

Reference #
6150-D

EXCEPTIONS CRITERIA HYALURONATES

PREFERRED PRODUCTS: DUROLANE, EUFLEXXA

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 product 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

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

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

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Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	Medicare Part B
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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)			

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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

- 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
- Orthovisc: 3 to 4 injections (2 mL each; 8 mL total) per course
- Supartz FX: 3 to 5 injections (2.5 mL each; 12.5 mL total) per course
- Synvisc: 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 both of the preferred products.

REFERENCES

1. Durolane [package insert]. Durham, NC: Bioventus, LLC; September 2017.
2. Euflexxa [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc.; July 2016.
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4. Gelsyn-3 [package insert]. Durham, NC: Bioventus LLC; December 2017.
5. GenVisc 850 [package insert]. Doylestown, PA: OrthogenRx, Inc.; November 2019.
6. Hyalgan [package insert]. Florham Park, NJ: Fidia Pharma USA Inc.; August 2017.
7. Hymovis [package insert]. Parsippany, NJ: Fidia Pharma USA Inc.; September 2017.
8. Monovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; December 2013.
9. Orthovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; June 2005.
10. Supartz FX [package insert]. Durham, NC: Bioventus LLC; April 2015.
11. Synvisc [package insert]. Ridgefield, NJ: Genzyme Corporation; May 2023.
12. Synvisc One [package insert]. Ridgefield, NJ: Genzyme Corporation; May 2023.
13. Trivisc [package insert]. Doylestown, PA: OrthogenRx, Inc.; September 2018.
14. Visco-3 [package insert]. Warsaw, IN: Zimmer Inc.; December 2015.