



## Pharmacy Prior Authorization Viscosupplements - Clinical Guidelines

Gel-One<sup>®</sup>  
Hyalgan<sup>®</sup>  
Euflexxa<sup>®</sup>

Supartz<sup>®</sup>  
Synvisc<sup>®</sup>/Synvisc-One

Monovisc<sup>®</sup>  
Orthovisc<sup>®</sup>

### Preferred Product:

Hyalgan and Gel-one are the preferred viscosupplements for OA. **Non-preferred products will not be covered.**

### Criteria for Approval:

Documentation of symptomatic osteoarthritis and all of the following:

- Patient is at least 18 years of age and older or 22 years and older for Monovisc
- Documentation to support which knee is to be treated (right, left, or bilateral)
- Trial and failure or contraindications to conservative non-pharmacologic therapy (i.e., physical therapy, land based or aquatic based exercise, resistance training, or weight loss)
- Adequate trial and failure or contraindications pharmacologic therapy to one of the following (i.e. acetaminophen, NSAID's, otc capsaicin, or tramadol)
- Trial and failure or intolerance to steroid injections
- Radiographic evidence of mild to moderate osteoarthritis of the knee (e.g., severe joint space narrowing, subchondral sclerosis, osteophytes) OR if unavailable,
- The member reports pain which interferes with functional activities (e.g., ambulation, prolonged standing)
- The pain is not attributed to other forms of joint disease
- Documented symptomatic osteoarthritis of the knee according to American College of Rheumatology (ACR) clinical and laboratory criteria, which requires knee pain and at least 5 of the following:
  - Bony enlargement
  - Bony tenderness
  - Crepitus (noisy, grating sound) on active motion
  - Erythrocyte sedimentation rate (ESR) less than 40 mm/hr
  - Less than 30 minutes of morning stiffness
  - No palpable warmth of synovium
  - Over 50 years of age
  - Rheumatoid factor less than 1:40 titer (agglutination method)
  - Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>);

**Initial Approval Duration:** 1 series

**Renewal:** 1 series

- 6 months has elapsed since initial treatment
- Documentation to support improved response to treatment and a dose reduction with NSAIDs or other analgesics

**Non Coverage Criteria:**

**Pharmacy Prior Authorization  
Viscosupplements - Clinical Guidelines**

- Any Hypersensitivity to hyaluronics, i.e, active joint infection or bleeding. Some products are produced from avian sources; use with caution in patients with hypersensitivity to avian proteins, feathers, or egg products. Use Gel-One with caution in patients allergic to cinnamon
- Treatment within 6 months of knee surgery
- No more than 2 series of injections allowed per lifetime
- Indications for the following (not all inclusive):
  - Temporomandibular joint disorders
  - Chondromalacia of patella [chondromalacia patellae],
  - Pain in joint, lower leg [patellofemoral syndrome],
  - Osteoarthritis and allied disorders [joints other than knee]
  - Diagnosis of Osteoarthritis of the hip, hand, shoulder, etc

**Additional Information:**

<b>Euflexxa J7323</b>	20 mg (2 mL)	3 weekly inj.
<b>Hyalgan J7321</b>	20 mg (2 mL)	5 weekly inj.
<b>Supartz J7321</b>	25 mg (2.5 mL)	3-5 weekly inj.
<b>Orthovisc J7324</b>	30 mg (2 mL)	3-4 weekly inj
<b>Monovisc J3490</b>	88 mg (4 mL)	1 inj.
<b>Synvisc J7325</b>	16 mg (2 mL)	3 weekly inj.
<b>Synvisc-One J7325</b>	48 mg (6 mL)	1 inj.
<b>Gel-One J7326</b>	30 mg (3 mL)	1 inj.

**Reference:**

1. Synvisc One [Prescribing information]. Genzyme, Ridgefield, NJ; Sept 2014. Accessed Aug, 2015.
2. Hyalgan Prescribing information, Sanofi-Synthelabo. Aug , 2015.
3. Drug Facts and Comparisons on-line. ([www.drugfacts.com](http://www.drugfacts.com)), Wolters Kluwer Health, St. Louis, MO. Updated periodically.
4. Clinical Pharmacology [Internet database]. Gold Standard Inc. Tampa, FL. Updated periodically.
5. American Academy of Orthopedic Surgeons. (Resource of the World Wide Web). Treatment of Osteoarthritis of the Knee Practice guidelines 2<sup>nd</sup> Edition May, 2013. (National guideline Clearinghouse, 2012) (Osteoarthritis: Care and management in adults, 2014). Accessed Sept 8, 2015.
6. Hochberg M, Altman R, April K et al. American College of Rheumatology 2012. Recommendations for the use of non-pharmacologic and pharmacologic therapies in Osteoarthritis of the Hand, Hip, and Knee. Arthritis Care & Research Vol. 64, No. 4, April 2012, pp 465–474 DOI 10.1002/acr.21596. Accessed Sept 10, 2015.
7. McAlindon TE, Bannuru RR, Sullivan MC et al. OARSI guidelines for the non-surgical management of knee osteoarthritis. March 14 Volume 22, Issue 3, Pages 363–388. Accessed Sept 10, 2015.
8. Osteoarthritis: Care and management in Adults. NICE Guidelines (cg177) published date: February 2014. <https://www.nice.org.uk/guidance/cg177>. Accessed Sept 10, 2015.
9. Washington State Health Care Authority Health Technology Assessment. Hyaluronic Acid/Viscosupplementation (Re-Review) Final Evidence Report. October 14, 2013. [http://www.hca.wa.gov/hta/Documents/ha-visco\\_final\\_report\\_101113.pdf](http://www.hca.wa.gov/hta/Documents/ha-visco_final_report_101113.pdf). Accessed Sept 10, 2015.