

# PHARMACY POLICY STATEMENT

## Ohio Medicaid

<b>DRUG NAME</b>	<b>Hyaluronic Acid Viscosupplements</b>
BILLING CODE	See table in appendix for list of products and codes
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Osteoarthritis is a common chronic joint disorder involving cartilage degradation, bone remodeling, osteophyte formation, and synovial inflammation. These changes lead to pain, stiffness, swelling, and compromised functional capacity of the affected joint. The goal of treatment is to improve pain and mobility. Viscosupplementation is an intra-articular therapy that leverages the physiology of hyaluronic acid, a major component of normal synovial fluid, to restore viscoelasticity and natural protective properties like shock absorption and lubrication of the joint. A multitude of different hyaluronic acid products are available with a variety of properties. They are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics. They have a slower but more durable response than intra-articular steroid injections. Over the years, treatment guidelines have been incongruent in their recommendations, but overall they are considered a safe and effective option in certain situations. It is important to rule out other causes of joint pain such as rheumatoid arthritis, gout, or malignancy.

Hyaluronic acid viscosupplements will be considered for coverage when the following criteria are met:

### **Osteoarthritis (OA) of the Knee**

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Hymovis: 3 mL weekly for 2 weeks  
Monovisc: 4 mL one time  
Orthovisc: 2 mL weekly for 3 to 4 weeks  
Supartz FX: 2.5 mL weekly for 3 to 5 weeks  
Synvisc: 2 mL weekly for 3 weeks  
Synvisc-One: 6 mL one time  
TriVisc: 2.5 mL weekly for 3 weeks  
TriLuron: 2 mL weekly for 3 weeks  
Visco-3: 2.5 mL weekly for 3 weeks

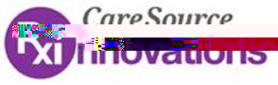
***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes must show clinically significant improvement of signs and symptoms such as

## References:

1. Euflexxa [package insert]. Ferring Pharmaceuticals, Inc.; 2016.
2. Durolane [package insert]. Bioventus LLC; 2017.
3. Gel-One [package insert]. Zimmer, Inc.; 2011.
4. Gelsyn-3 [package insert]. Bioventus; 2017.
5. GenVisc 850 [package insert]. OrthogenRx. N.D.
6. Hyalgan [package insert]. Fidia Pharma USA Inc.; 2014.
7. Hymovis [package insert]. Fidia Pharma USA Inc.; 2017.
8. Monovisc [package insert]. Anika Therapeutics Inc.; 2013.
9. Orthovisc [package insert]. Anika Therapeutics. N.d.
10. Supartz FX [package insert]. Bioventus LLC; 2015
11. Synvisc [package insert]. Genzyme Biosurgery; 2014.
12. Synvisc-One [package insert]. Genzyme Biosurgery; 2014.
13. TriVisc. [package insert]. OrthogenRx, Inc.
14. TriLuron. [package insert]. Fidia Pharma USA Inc.; 2019.
15. Visco-3. [package insert]. Bioventus LLC.
16. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee (NonArthroplasty) Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpg> Published 08/31/2021
17. Uson J, Rodriguez-García SC, Castellanos-Moreira R, et al. EULAR recommendations for intra-articular therapies. *Ann Rheum Dis.* 2021;80(10):1299-1305. doi:10.1136/annrheumdis-2021-220266
18. Jordan, K M et al. "EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: Report of a Task Force of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCISIT)." *Annals of the rheumatic diseases* vol. 62,12 (2003): 1145-55. doi:10.1136/ard.2003.011742
19. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee 27(l)-7. (/)-1. /annr8 (es)]TJ/.4 (i)3.1e2ft



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