A Public Entity
Inland Empire Health Plan

Drug Class Prior Authorization Criteria
Viscosupplementation Products

Line of Business: All Lines of Business
P & T Approval Date: August 21, 2019 **Effective Date:** October 1, 2019

These criteria have been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and were approved by the IEHP Pharmacy and Therapeutics Subcommittee.

Drugs Requiring Prior Authorization Review: EUFLEXXA, **GEL-SYN**, **GENVISC 850**, **HYALGAN**, **SUPARTZ** (SODIUM HYALURONATE), **GEL-ONE** (CROSS-LINKED HYALURONATE), **HYMOVIS, ORTHOVISC**, **MONOVISC** (HIGH MOLECULAR WEIGHT HYALURONAN), **SYNVISC-ONE**, **SYNVISC** (HYLAN G-F 20)

CRITERIA:

Covered Uses: Osteoarthritis of the knee supported by radiological evidence

Exclusion Criteria: N/A

Required Medical Information: Must meet all of the following:

a. Inadequate response to all of the following:
   i. At least three months of oral analgesics (e.g. acetaminophen, NSAIDs)
   ii. At least three months of physical therapy or activity modification (e.g. exercise)
   iii. Documentation of intra-articular aspiration or steroids injection
b. Documented pain that interferes with daily, functional activities
c. Requested dosage and administration are consistent with FDA recommendations
d. No contraindications to intra-articular injection or hyaluronan (e.g. hypersensitivity, active joint infection, skin disease at the injection site or bleeding disorder)
e. Joint pain cannot be attributed to other forms of joint disease (e.g. rheumatoid arthritis)
f. Failure or clinically significant adverse effects to the following: Euflexxa

Age Restrictions: N/A

Prescriber Restrictions: Pain management specialist or orthopedic surgeon

Coverage Duration: 180 days

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Other Criteria:

Reauthorization Criteria: Must meet all of the following:

a. Documented significant pain relief with previous course of treatment
b. At least 180 days has passed since the completion of the previous treatment course
c. Documentation of reduction of analgesic dosage (e.g. NSAID, acetaminophen) during the 180 days period following the last injection

Duration of Reauthorization: 180 days

Change Control		
Date	**Change**	**Author**
8/21/2019	• Renew with no change	ND
5/15/2019	• Renew with no change	ND
6/29/2018	• Changed Format	IK
5/16/2018	• Reformatted document • Changed duration of authorization to 180 days • Replaced “radiological evidence” with examples (x-ray, MRI, ultrasound) • Removed documentation requirement that joint pain cannot be attributed to other forms of joint disease	HC