

Origination Date: 2/05	Revision Date(s): 9/05, 1/06, 1/07, 1/08, 1/09, 3/11, 7/11
Developed By: Medical Criteria Committee	

*Robert Neal Mills, MD*

Approved: **Robert Neal Mills, MD**

Date: 07/28/11

ODS Rx <sup>1.0</sup> <input type="checkbox"/>	ODS Rx <sup>2.0</sup> <input checked="" type="checkbox"/>	OEBB <input checked="" type="checkbox"/>	OHP <input type="checkbox"/>
NON-SPECIALTY <input type="checkbox"/>	SPECIALTY <input checked="" type="checkbox"/>		
PA <input checked="" type="checkbox"/>	QLL <input type="checkbox"/>	STEP THERAPY <input type="checkbox"/>	

**PURPOSE:** To ensure the appropriate use of the sodium hyaluronate products for use in osteoarthritis of the knee.

**QUANTITY LIMIT:** Prior Authorizations will approve up to:

- Synvisc: 1 vial per week (if treatment is bilateral, up to 2 vials per week)
- Hyalagan/Supartz: 1 vial per week (if treatment is bilateral, up to 2 vials per week)

**DESCRIPTION:** Hyaluronic acid derivatives are used for viscosupplementation in osteoarthritis of the knee. These derivatives increase the viscosity of fluid in the joints and act as lubricants and shock absorbers to provide pain relief and increase mobility.

**PRODUCT AVAILABILITY:**

- Euflexxa<sup>®</sup> (Sodium Hyaluronate):
  - 10 mg/mL in a 2 mL syringe
- Hyalgan<sup>®</sup> (Sodium Hyaluronate):
  - 10 mg/mL in a 2 mL vial
  - 10 mg/mL in a 2 mL syringe
- Orthovisc<sup>®</sup> (high molecular weight Hyaluronan): 15 mg/mL in a 2mL PFS
- Supartz<sup>®</sup> (Sodium Hyaluronate): 10 mg/mL in a 2.5 mL syringe
- Synvisc<sup>®</sup> (Hylan G-F 20): 8 mg/mL in a 2 mL syringe

**INDICATIONS:**

- Osteoarthritis (OA) symptoms:
  - For the treatment of pain in OA of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics (eg, acetaminophen).

**GUIDELINES FOR USE:**

- 1) Is the patient being treated for documented osteoarthritis of the knee?
  - a) If yes, go to #2
  - b) If no, forward to clinical

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- 2) Which knee is being treated?
  - a) Please indicate: Left, Right, or both then go to #3
  
- 3) Has the patient previously been treated with Euflexxa, Hyalgan, Orthovisc, Supartz or Synvisc?
  - a) If yes, go to #8
  - b) If no, go to #4
  
- 4) Has the patient failed an adequate trial of ( $\geq 6$  weeks duration) non-pharmacologic therapy (e.g., education, exercise, insoles, braces, weight reduction, physical therapy)?
  - a) If yes, go to #5
  - b) If no, forward to clinical
  
- 5) Has the patient experienced therapeutic failure ( $\geq 21$  day trial), intolerance of or have a contraindication to the following (please indicate all that apply):
  - i) Acetaminophen
  - ii) Opioid Analgesics
  - iii) Topical applications - ie. Capsaicin, NSAIDs
  - a) If yes, go to #6
  - b) If no, forward to clinical
  
- 6) Has the patient failed maximal anti-inflammatory dosing/adequate duration ( $\geq 3$  weeks) of at least 2 different NSAIDs or a COX-2 inhibitor (if unable to take NSAIDs) or does the patient have contraindication to or intolerance of NSAIDs/COX -2 inhibitor?
  - a) If yes, go to #7 (see instructions below for duration)
  - b) If no, forward to clinical
  
- 7) Has aspiration of the knee joint and steroid injection resulted in limited pain relief that lasted less than three months?
  - a) If yes, approve therapy (see instructions below for duration)
  - b) If no, refer to medical director.
  
- 8) Has it been at least 6 months since the last treatment with Euflexxa, Hyalgan, Supartz, Orthovisc or Synvisc?
  - a) If yes, go to #9
  - b) If no, forward to clinical
  
- 9) Did the patient experience a positive response (i.e. adequate pain relief, increased or maintenance of function) with the last treatment with Euflexxa, Hyalgan, Supartz, Orthovisc or Synvisc as documented in medical records of treating physician?
  - a) If yes, approve therapy (see instructions below for duration)
  - b) If no, forward to clinical

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**Special Instructions:**

- **Approval lengths:** **Euflexxa** for 3 weeks  
**Hyalgan** for 5 weeks  
**Orthovisc** for 4 weeks  
**Supartz** for 5 weeks  
**Synvisc** for 3 weeks

**Clinical Information:**

- **Dosing:** **Euflexxa**- 20 mg (2 mL) injected once weekly for 3 weeks  
**Hyalgan** - 20mg (2 mL) injected once weekly for 3-5 weeks  
**Orthovisc** - 30 mg (2 mL) injected once weekly for a total of three or four injections  
**Supartz** - 25 mg (2.5 mL) injected once weekly for 3 to 5 weeks  
**Synvisc**- 16 mg (2 mL) injected once weekly for a total of three injections
- One treatment cycle of a hyaluronic acid derivative may provide up to 6 months relief.
- **Pregnancy Category C**
- Joint fluid or effusions should be removed prior to injection with hyaluronic acids