Pharmacy Policy

Viscosupplements

Policy Number: 9.909
Version Number: 2.0
Version Effective Date: 3/1/2022

Product Applicability	☐ **All Plan⁺ Products**
Well Sense Health Plan ☐ New Hampshire Medicaid	**Boston Medical Center HealthNet Plan** ☐ MassHealth - MCO ☐ MassHealth - ACO ☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Euflexxa**
- **Synvisc**
- **Synvisc-One**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	None
Required Medical Information	Documentation of all of the following is required: 1. A diagnosis of symptomatic osteoarthritis of the knee; ***AND*** 2. An inadequate response to conservative non-pharmacologic treatments such as education, physical therapy, strengthening and range of motion, assisted devices, and weight loss; ***AND***

⁺ *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	3. At least three of the following pharmacologic therapies have been tried and failed: • Oral or topical nonsteroidal anti-inflammatory drug(s) [[NOTE: a trial of two or more NSAIDs {oral and/or topical} counts as one pharmacologic therapy]; • Acetaminophen • Tramadol • Duloxetine;***AND*** 4. An inadequate response or intolerance to a trial of at least 2 courses of intraarticular corticosteroid injections to the affected knee or repeated courses is clinically inappropriate; ***AND*** 5. For Synvisc and Synvisc One, , an inadequate response or intolerance to a complete treatment cycle with Euflexxa
Age Restriction	None
Prescriber Restriction	▪ Prescribed by a rheumatologist, orthopedist. physical medicine and rehabilitation specialist, pain management specialist, or sports medicine physician
Coverage Duration	Initial: 30 days Reauthorization: 30 days
Quantity Limit	Euflexxa: 1 injection per week per affected knee (up to 3 injections per knee) Synvisc: 1 injection per week per affected knee (up to 3 injections per knee) Synvisc –One: 1 injection per affected knee
Other criteria	Reauthorization: 1. Plan initial criteria have been met; ***AND*** 2. Six months have elapsed from the end of the last treatment cycle; ***AND*** 3. There has been significant improvement in pain and functional status with the use of the viscosupplement

Applicable Coding:

J Codes	Description
J7323	Hyaluronan or derivative, **Euflexxa**, for intraarticular injection, per dose
J7325	Hyaluronan or derivative, **Synvisc** or **Synvisc-One**, for intraarticular injection, per dose

Clinical Background Information and References

1. Wen DY. Intra-articular Hyaluronic Acid Injections for Knee Osteoarthritis Am Fam Physician 2000;62:565-70,572

2. American Academy of Orthopedic Surgeons. Treatment of Osteoarthritis of The Knee, Evidence-Based Guideline, 2nd Edition; May 18, 2013
3. National Collaborating Centre for Chronic Conditions. *Osteoarthritis: national clinical guideline for care and management in adults*. London: Royal College of Physicians, 2008.
4. Hyaluronic acid derivatives. *Drug Facts and Comparisons* 4.0 [online]. 2016. Available from Wolters Kluwer Health, Inc. Accessed August 19, 2016.
5. Kalunian, KC. Pharmacologic therapy of osteoarthritis. In: UptoDate, Tugwell, P (Ed), UpToDate, Waltham, MA. May 2016.
6. Hochberg M, et al. American College Rheumatology 2012 Recommendations of the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip and Knee. Arthritis Care & Research. April 2012;64(4): 465–474
7. Roberts W. Intraarticular and soft tissue injections: What agent(s) to inject and how frequently? In:UpToDate, Furst, D (Ed), UpToDate, Waltham, MA. August 2016
8. US Food and Drug Administration (FDA). Recently-Approved Devices: Monovisc™. Available: http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm388319.htm. Accessed August 6, 2014
9. McAlindon, TE, et al. OARSI Guidelines for the Non-Surgical Management of Knee Osteoarthritis. Osetoarthritis and Cartilage. 2014; 22:363-388.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
09/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
09/10/2020	P&T annual review, Policy 9.158 Viscosupplements retired, new policy created; updated non pharmacological therapy criteria to include physical therapy; specified pharmacologic therapies required for trial and failure; removed requirement that 2 corticosteroids needed to be within 6 months timeframe and also added language that two injections had to be on the affected knee; moved Monovisc, Hyalgan, Orthovisc to Non preferred; added prescriber restriction	1/1/2021	P&T Committee
11/11/2021	P&T annual review, no changes	3/1/2022	P&T Committee

Next Review Date

11/2022

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.