Viscosupplements

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: January 01, 2024
Review Date: July 19, 2023
Line of Business: Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio
Policy Type: Prior Authorization

Products Affected

Monovisc intra-articular syringe
ORTHOVISC intra-articular syringe
Durolane intra-articular syringe
Supartz FX intra-articular syringe
Euflexxa intra-articular syringe
Gelsyn-3 intra-articular syringe
Hyalgan intra-articular solution
Hyalgan intra-articular syringe
Gel-One intra-articular syringe
Synvisc intra-articular syringe
Synvisc-One intra-articular syringe
GenVisc 850 intra-articular syringe
Hymovis intra-articular syringe
Visco-3 intra-articular syringe
TriVisc intra-articular syringe
sodium hyaluronate intra-articular syringe
Triluron intra-articular syringe
SynoJoynt intra-articular syringe

Listed Indications

Osteoarthritis

Osteoarthritis

Does the member meet all of the following criteria?	
Criteria #1	Has documented symptomatic osteoarthritis of the knee and therapy is limited to the knee
Criteria #2	Has had previous treatment, contraindication, or intolerance with TWO of the following: Durolane, Euflexxa, Gelsyn-3, Supartz FX.* *Prior therapy requirement applies to: Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, SynoJoynt, Synvisc, Synvisc One, Triluron, TriVisc, Visco-3
Criteria #3	If the request is for re-treatment, at least 6 months have elapsed since the last treatment cycle
Approval Duration	
Initial	Viscosupplements will be approved in plan year duration or as determined through clinical review.

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Background

This is a prior authorization policy for Viscosupplements (Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, sodium hyaluronate, Synojoynt, Synvisc, Synvisc-One, Triluron, TriVisc, Visco-3)

Osteoarthritis (OA) is the most common joint disorder and is a leading cause of disability, significantly affecting a patient's quality of life. Knee OA, in particular, is the most common cause of mobility dependency. The heavy economic impact of OA is a product of the cost of chronic medication use as well as decreased productivity, as it is a leading cause of lost productive work time.

Articular cartilage, made up of collagen and proteoglycans, allows for joint motion without friction and also acts as a shock absorber during impact. In OA, degeneration of the articular cartilage causes significant pain and loss of movement as bone rubs against bone.

OA can be classified as either primary or secondary. Primary OA involves the breakdown of cartilage by proteolytic enzymes called metalloproteinases (MMP) that are released by chondrocytes. What causes these MMP to be released, however, is still unknown. Secondary OA is due to mechanical damage caused by a variety of factors, including but not limited to trauma, muscle atrophy, and abnormal joint loading (associated with obesity).

Since the etiology of primary OA is not well understood and because there are no therapies to prevent or alter the disease process, the goals of therapy for patients with OA are relief of pain and improvement of joint function.

The American Academy of Orthopaedic Surgeons has developed evidence based guidelines for the step-wise approach to treatment of patients with OA. According to these guidelines, physical therapy and exercise programs are baseline therapies and should be prescribed for all patients diagnosed with OA either before or in conjunction with pharmacologic therapies. Physical therapy includes general conditioning, muscle strengthening, and range of motion exercises. In addition, durable medical equipment such as devices for ambulation assistance, appropriate footwear, and bracing should be considered if appropriate.

Symptomatic relief should first be addressed with simple analgesics, including acetaminophen or NSAIDS, either selective or nonselective, depending on patient specific factors. Patients should be reassessed in 1-4 weeks. For patients that have failed therapy, imaging tests should be performed and further patient education and physical therapy options should be sought out.

Tramadol and opioids may be used as adjuncts for pain relief if necessary. If systemic therapy is ineffective, topical therapy with capsaicin, topical NSAIDS, or topical salicylates may be considered for short-term management of mild-moderate pain. Some controlled studies show the benefit of glucosamine/chondroiton combinations in sub-groups of OA patients as well.

In cases where simple analgesics have been deemed ineffective, intra-articular injections may provide benefit. Intra-articular glucocorticoid injections are approved for short-term therapy only, as long term therapy has been shown to cause further damage to the joint. Controlled studies show that intra-articular injections of hyaluronate improve joint symptoms and may be effective in patients with mild-moderate degenerative joint disease of the knee.

Hyaluronan, also known as sodium hyaluronate, is a natural complex sugar of the glycosaminoglycan family that is produced by the body and found in high amounts in the joints. The body's own hyaluronan acts as a lubricant and shock absorber and is needed in order for the joint to work properly.

Viscosupplements such as Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, sodium hyaluronate, Synojoynt, Synvisc, Synvisc-One, Triluron, TriVisc, and Visco-3 are indicated for the treatment of pain in patients with osteoarthritis of the knee who have failed to respond to conservative non-pharmacologic therapy with simple analgesics. Safety and effectiveness of use in joints other than the knee has not been established.

Cross-linked hyaluronate is available as Gel-One as a 30 mg/3 mL solution in 3 mL pre-filled glass syringes.

High molecular weight hyaluronan is available as:

- Monovisc in 22 mg/mL solution in a 5.0 mL syringe containing 4.0 mL of Monovisc for intra-articular injection

- Orthovisc as a 30 mg/2 mL solution in 2 mL pre-filled syringes for intra-articular injection.

Hyaluronic acid is available as:

- Hyalgan as a 10 mg/mL solution in 2 mL vials and 2 mL pre-filled syringes for intra-articular injection
- Hymovis as a set of 2 single-use 5 mL syringes, each containing a 24 mg/3 mL dose of treatment for intra-articular injection.

Hylan G-F 20 is available as:

- Synvisc as a 16 mg/2 mL solution in 2 mL pre-filled syringes
- Synvisc-One as a 48 mg/6 mL solution in 6 mL pre-filled syringes for intra-articular injection.

Sodium hyaluronate is available as:

- GenVisc 850 as a 10 mg/mL solution in 2.5 mL pre-filled syringes for intra-articular injection
- Sodium hyaluronate in a 1% syringe for injection
- Synojoynt 10 mg/mL in 3 mL pre-filled syringe for intra-articular injection
- Triluron in 20 mg/2 mL pre-filled syringes and vials
- TriVisc as a 10 mg/mL solution in 2.5 mL pre-filled syringe for intra-articular injection
- Visco-3 as a 25 mg/2.5 mL pre-filled syringe solution for injection.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Gel-One; GenVisc 850; Hyalgan; Hymovis; Monovisc; Orthovisc; Sodium Hyaluronate; Synojoint; Synvisc; Synvisc-One; Hyaluronate; Hyaluronan; Hylan G-F 20; Triluron; TriVisc; SynoJoynt; Osteoarthritis; Intra-articular injection

References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; URL: http://www.clinicalpharmacology.com. Updated Periodically.
2. Gel-One (cross-linked hyaluronate) [prescribing information]. Tokyo, Japan: Seikagaku Corporation; Revised May 2011.
3. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; Revised November 2019.
4. Hyalgan (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; Revised May 2014.
5. Hymovis (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; Revised October 2015.
6. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritisof the Hand, Hip, and Knee. Arthritis & Rheumatology. 2020;72(2):220-233. doi:10.1002/art.41142
7. Lexi-Comp ASHP [database online]. Hudson, OH Lexi-comp, Inc.: URL http://online.lexi.com. Updated Periodically.
8. Micromedex Healthcare Series: DRUGDEX. Thomson Micromedex, Greenwood Village, CO. Updated Periodically.
9. Monovisc (hyaluronan) [prescribing information]. Bedford, MA: Anika Therapeutics Inc; Revised July 2020.
10. Orthovisc (hyaluronan) [prescribing information]. Bedford, MA: Anika Therapeutics Inc; Revised September 2016.
11. Sodium hyaluronate [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA Inc; Revised March 2019.
12. Synvisc (Hylan G-F 20) [prescribing Information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; Revised September 2014.

13. Synvisc One (hylan G-F 20) [prescribing information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; Revised September 2014.
14. Synojoynt (sodium hyaluronate) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA Inc.; Revised May 2018.
15. Triluron (sodium hyaluronate) [prescribing information]. Florham Park, NJ: Fidia Pharma USA Inc; Revised July 2019.
16. TriVisc (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; Revised November 2019.
17. Visco-3 (sodium hyaluronate) [prescribing information]. Warsaw, IN: Zimmer; Revised April 2017.

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