Reference number
1765-A

SPECIALTY GUIDELINE MANAGEMENT

DUROLANE (hyaluronic acid)
EUFLEXXA (1% sodium hyaluronate)
GEL-ONE (cross-linked hyaluronate)
GELSYN-3 (sodium hyaluronate 0.84%)
GENVISC 850 (sodium hyaluronate)
HYALGAN (sodium hyaluronate)
HYMOVIS (high molecular weight viscoelastic hyaluronan)
MONOVISC (high molecular weight hyaluronan)
ORTHOVISC (high molecular weight hyaluronan)
SUPARTZ (sodium hyaluronate)
SYNVISC (hylan G-F 20)
SYNVISC ONE (hylan G-F 20)
TRIVISC (sodium hyaluronate)
VISCO-3 (sodium hyaluronate)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen)

B. Compendial Uses
1. Treatment of pain in osteoarthritis of the shoulder
2. Treatment of pain in osteoarthritis of the hip

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Osteoarthritis (OA) of the Knee, Hip, or Shoulder
Authorization of 12 months may be granted for treatment of osteoarthritis (OA) in the knee, hip or shoulder.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

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