Mass General Brigham
Health Plan

Hyaluronic Acid Derivative (HAD) for Joint Fluid Replacement
Durolane; Euflexxa; Gelsyn-3; GenVisc 850; Hyalgan; Hymovis; OrthoVisc; sodium hyaluronate (generic for Synojoynt); Supartz FX; Triluron; TriVisc; Visco-3
Effective 01/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Hyaluronic Acid Derivatives are used in the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed nonpharmacologic treatment and conventional analgesics

Coverage Guidelines
Submission of medical records (e.g., chart notes) documenting all of the following:

1. Diagnosis of Kellgren-Lawrence Scale (Grade 2 or greater) osteoarthritis of the knee confirmed by radiology or documentation of moderate or severe degenerative arthritis
2. Confirmation that the member's OA or DJD is prohibitive and preventing the member from participating in daily activities.
3. The prescribing physician is a rheumatologist, orthopedic or sports medicine specialist or physiatrist
4. Member has tried AND had an inadequate response or intolerance with or has a contraindication to ALL the following treatment options:
    - All conservative analgesics: acetaminophen, oral non-steroidal anti-inflammatory agents (NSAIDS) taken for at least 30 days (continuous) OR topical NSAIDs, if member cannot tolerate oral NSAIDs
    - Member has received intra-articular corticosteroid injections which resulted in less than 8 weeks of clinical response.
    - Non-pharmacologic (e.g. exercise, weight loss, physical therapy -date required)
5. Requests for **Euflexxa, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Orthovisc, sodium hyaluronate (generic for Synojoynt), Supartz FX, Triluron or TriVisc**: Documented adequate therapeutic trial and experienced treatment failure with Durolane **AND** Visco-3

<u>Continuation of Therapy</u>
Reauthorizations will be granted when all of the following conditions have been met:

1. **Euflexxa, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Orthovisc, sodium hyaluronate (generic for Synojoynt), Supartz FX, Triluron or TriVisc**: Documented adequate therapeutic trial and experienced treatment failure with Durolane AND Visco-3

2. Submission of medical records (e.g., chart notes) documenting significant improvement (at least 50%) in pain and function of the knee
3. Authorization for additional courses of treatment will be given no sooner than 6 months apart for any HAD product.
4. Reauthorization is limited to one treatment course.
5. For additional courses beyond 12 months, clinical notes must indicate sustained clinical effectiveness and clinical inappropriateness of a total knee replacement.

Limitations

1. Initial approvals will be granted for 2 months with the following quantity limits:

Drug	Dosing Schedule	# of injections
Durolane	3mL once	One injection
Euflexxa, Gelsyn-3, Triluron, sodium hyaluronate	2mL weekly for 3 weeks	3 injections
Visco-3, TriVisc	2.5 mL once a week for 3 weeks	3 injections
GenVisc 850, Supartz FX	2.5 mL once weekly for 5 weeks	5 injections
Hyalgan	2 mL once weekly for 5 weeks	5 injections
Hymovis	3 mL once weekly for 2 weeks	2 injections
Monovisc	4 mL once	One injection
Orthovisc	2 mL once weekly for 3 to 4 weeks	3 to 4 injections
Bolded medications are Preferred HAD products		

2. Reauthorizations will be granted for one single treatment course.
3 The plan does not cover hyaluronic acid derivatives for the treatment of osteoarthritis in locations other than the knee because it is considered experimental, investigational, or unproven.
4 The plan does not cover hyaluronic acid derivatives for the treatment of isolated patella femoral arthritis or patella femoral syndrome as this is considered experimental, investigational, or unproven

References

1. Bannuru RR, Schmid CH, Kent DM, Vaysbrot EE, Wong JB, McAlindon TE. Comparative effectiveness of pharmacologic interventions for knee osteoarthritis: A systematic review and network meta-analysis. *Ann Intern Med*. 2015;162(1):46-54
2. Euflexxa [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; August 2011.
3. Fransen M, McConnell S, Harmer AR, et al. Exercise for osteoarthritis of the knee: a Cochrane systematic review. Br J Sports Med 2015; 49:1554
4. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; received September 2015
5. Messier SP, Mihalko SL, Legault C, et al. Effects of intensive diet and exercise on knee joint loads, inflammation, and clinical outcomes among overweight and obese adults with knee osteoarthritis: the IDEA randomized clinical trial. JAMA 2013; 310:1263
6. Nelson AE, Allen KD, Golightly YM, et al. A systematic review of recommendations and guidelines for the management of osteoarthritis: The chronic osteoarthritis management initiative of the U.S. bone and joint initiative. Semin Arthritis Rheum 2014; 43:701
7. Orthovisc [prescribing information]. Raynham, MA: Anika Therapeutics; June 2005.
8. Supartz [prescribing information]. Durham, NC: Bioventus; June 2012.
9. Synvisc (hylan G-F 20) [prescribing information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; September 2014

10. Supartz FX (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; April 2015.
11. Synvisc-One [prescribing information]. Ridgefield, NJ: Genzyme Corp; January 2010.

Review History

06/19/2019 – Reviewed
05/20/2020 – Reviewed May P&T Mtg; References updated; added all medications to 'Limitations'
7/22/2020 – Updated July P&T Mtg; added Triluron to criteria. Effective 8/1/20
07/21/2021- Added Kellgren scale requirement, added additional reauth criteria; added coverage restriction of diagnosis of isolated patella femoral arthritis or patella femoral syndrome as this is considered experimental, investigational or unproven; approval time to 2 months. Effective 10/01/2021.
03/16/2022 – Reviewed and Updated for March P&T; Administrative update to include preferred products into criteria. No clinical change.
09/21/2022 – Separated Comm/Exch vs MH policy; no clinical updates. Effective 10/01/2022
11/16/2022 – Reviewed and Updated for Nov P&T; Durolane moved to preferred product. Gel-One moved to non-preferred. Effective 01/01/2023.
10/08/2025 – Reviewed and updated for October P&T. Updated policy to indicate it no longer applies to the medical benefit. Updated reauthorization criteria for nonpreferred agents to require that the member has tried and failed both Visco-3 and Durolane. Effective 01/01/2026.
04/15/2026 – Reviewed and updated at April P&T. Removed Gel-One, Monovisc, Synvisc, and Synvisc-One from policy as agents are moving to nonformulary status. Effective 07/01/2026