

Drug Name(s): Hyaluronic acid Intraarticular Injections:

Hyalgan, Euflexxa, Orthovisc, Supartz, Synvisc, Synvisc-One

Date: 12-2017

Drug Name: Required Medical Information:	<ul> <li>Hyalgan, Euflexxa, Orthovisc, Supartz, Synvisc, Synvisc-One</li> <li>Diagnosis is moderate to severe osteoarthritis <ul> <li>**Radiographic report documenting moderate to severe osteoarthritis of the knee(s) must be submitted with request. Requests submitted without proper documentation may be delayed AND</li> </ul> </li> <li>Patient has failed non-steroidal anti-inflammtory drugs (NSAIDs) within the last 12 months; and <ul> <li>Patient must fail at least 2 NSAIDs if reported failures are related to side effects; and</li> </ul> </li> </ul>
	<ul> <li>Patient must fail at least one NSAID at anti-inflammatory doses for at least 6 weeks;</li> <li>Patient has failed acetaminophen if NSAIDs are contraindicated; and</li> <li>Patient has failed intra-articular corticosteroid injection to the affected knee within the last 12 months.</li> </ul>
Note(s):	<ul><li>Coverage is provided under the Medical Benefit</li><li>Pharmacy claims history is reviewed for use of NSAIDs/acetaminophen.</li></ul>
Coverage duration:	Up to 2 months