Clover Health

EXCEPTIONS CRITERIA

HYALURONATES

PREFERRED PRODUCTS: ORTHOVISC, SYNVISC AND SYNVISC ONE

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the hyaluronate products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Drug Class/Therapeutic Category

	Product(s)
Preferred*	• **Orthovisc** (high molecular weight hyaluronan) • **Synvisc** (hylan G-F 20) • **Synvisc One** (hylan G-F 20)
Targeted	• **Durolane** (hyaluronic acid) • **Euflexxa** (1% sodium hyaluronate) • **Gel-One** (cross-linked hyaluronate) • **Gelsyn-3** (sodium hyaluronate) • **GenVisc 850** (sodium hyaluronate) • **Hyalgan** (sodium hyaluronate) • **Hymovis** (high molecular weight viscoelastic hyaluronan) • **Monovisc** (high molecular weight hyaluronan) • **Trivisc** (sodium hyaluronate) • **Visco-3** (sodium hyaluronate)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when either of the following criteria is met:

A. Member has received treatment with the requested targeted product in the past 365 days.
B. Member has tried and experienced a documented intolerable adverse event to at least two of the preferred products: a) Orthovisc, and b) Synvisc or Synvisc One.

Clover Health

REFERENCES

1. Durolane [package insert]. Durham, NC: Bioventus, LLC; September 2017.
2. Euflexxa [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc.; July 2016.
3. Gel-One [package insert]. Warsaw, IN: Zimmer, Inc.; May 2011.
4. Gelsyn-3 [package insert]. Durham, NC: Bioventus LLC; December 2017.
5. GenVisc 850 [package insert]. Doylestown, PA: OrthogenRx, Inc.; September 2015.
6. Hyalgan [package insert]. Parsippany, NJ: Fidia Pharma USA Inc.; May 2014.
7. Hymovis [package insert]. Parsippany, NJ: Fidia Pharma USA Inc.; October 2015.
8. Monovisc [package insert]. Bedford, MA: Anika Therapeutics, Inc.; December 2013.
9. Orthovisc [package insert]. Raynham, MA: DePuy Mitek, Inc.; September 2015.
10. Synvisc [package insert]. Ridgefield, NJ: Genzyme Biosurgery; September 2014.
11. Synvisc One [package insert]. Ridgefield, NJ: Genzyme Biosurgery; September 2014.
12. Trivisc [package insert]. Doylestown, PA: OrthogenRX; September 2018.
13. Visco-3 [package insert]. Durham, NC: Bioventus LLC; December 2015.