

# New Hampshire Medicaid Fee-for-Service Program Hyaluronic Acid Derivatives – Injection Criteria

Approval Date: November 21, 2024

## Indications

Osteoarthritis (OA) symptoms

## Medications

| Brand Names  | Generic Names   | Dosage Strengths | Dosage Form                     | FDA Approved Treatment Area |
|--------------|---|------------------|---------------------------------|-----------------------------|
| Durolane®    | Sodium hyaluronate                                    | 20 mg/mL         | 3 mL prefilled syringes         | knee                        |
| Euflexxa®    | Sodium hyaluronate                                    | 10 mg/mL         | 2 mL prefilled syringes         | knee                        |
| Gel-One®     | Sodium hyaluronate-cross linked                       | 30 mg/3mL        | 3 mL prefilled syringes         | knee                        |
| GelSyn-3®    | sodium hyaluronate, sodium chloride, sodium phosphate | 16.8 mg/2mL      | 2 mL prefilled syringes         | knee                        |
| GenVisc®850  | Sodium hyaluronate                                    | 25 mg/2.5mL      | 2.5 mL                          | knee                        |
| Hyalgan®     | Sodium hyaluronate                                    | 10 mg/mL         | 2 mL vials & prefilled syringes | knee                        |
| Hymovis®     | hyaluronan  | 8 mg/mL          | 5 mL single use syringes        | knee                        |
| Monovisc®    | Sodium hyaluronate                                    | 22 mg/mL         | 5 mL prefilled syringes         | knee                        |
| Orthovisc®   | Hyaluronan, sodium chloride                           | 15 mg/mL         | 2 mL prefilled syringes         | knee                        |
| Supartz/FX®  | Sodium hyaluronate                                    | 10 mg/mL         | 2.5 mL prefilled syringes       | knee                        |
| SynoJoynt™   | Sodium hyaluronate                                    | 10 mg/mL         | 2 mL prefilled syringe          | knee                        |
| Synvisc®     | Hylan polymers  | 8 mg/mL          | 2 mL prefilled syringes         | knee                        |
| Synvisc-One® | Hylan polymers  | 8 mg/mL          | 6 mL prefilled syringes         | knee                        |
| Triluron®    | Sodium hyaluronate                                    | 20mg/2mL         | 2 mL vials & prefilled syringes | knee                        |
| TriVisc®     | Sodium hyaluronate                                    | 10 mg/mL         | 3 mL prefilled syringes         | knee                        |
| Visco-3™     | Sodium hyaluronate                                    | 2 5 mg/2.5mL     | 2.5 mL prefilled syringes       | knee                        |

## Criteria for Approval

Must meet all:

1. Evidence of severe bone-on-bone osteoarthritis of the knee; **AND**
2. Trial and failure or contraindication to non-pharmacologic therapy (e.g., cane, walker, physical therapy, or brace); **AND**
3. Trial and failure or contraindication to simple analgesics (e.g., NSAIDs [Non-steroidal anti-inflammatory drugs] and acetaminophen); **AND**
4. Trial and failure or contraindication to aspiration and injection of intra-articular steroids; **AND**
5. Pain reported with functional activities (e.g., ambulation, prolonged sitting).

## Criteria for Denial

1. No evidence of severe bone-on-bone osteoarthritis of the knee.
2. No trial and failure or contraindication to non-pharmacologic therapy.
3. No trial and failure or contraindication to simple analgesics.
4. Hypersensitivity to hyaluronan or any components of the product.
5. Infections or skin diseases in the area of the injection site or joint.
6. Less than a six-month interval from initial approval.

## Length of Approval

| Brand Names  | Initial Approval and Renewal (Dose/Administration-per knee per 180 days) |
|--------------|--|
| Durolane®    | One-time injection   |
| Euflexxa®    | Weekly intervals for a total of 3 injections                             |
| Gel-One®     | One-time injection   |
| GelSyn-3®    | Weekly intervals for a total of 3 injections                             |
| GenVisc®850  | Weekly intervals for a total of 5 injections                             |
| Hyalgan®     | Weekly intervals for a total of 5 injections                             |
| Hymovis®     | Weekly intervals for a total of 2 injections                             |
| Monovisc®    | One-time injection   |
| Orthovisc®   | Weekly intervals for a total of 4 injections                             |
| Supartz/FX®  | Weekly intervals for a total of 5 injections                             |
| SynoJoynt™   | Weekly intervals for a total of 3 injections                             |
| Synvisc®     | Weekly intervals for a total of 3 injections                             |
| Synvisc-One® | One-time injection   |
| Triluron®    | Weekly intervals for a total of 3 injections                             |
| TriVisc®     | Weekly intervals for a total of 3 injections                             |
| Visco-3™     | Weekly intervals for a total of 3 injections                             |

## Revision History

| Reviewed by                        | Reason for Review | Date Approved |
|------------------------------------|-------------------|---------------|
| Pharmacy and Therapeutic Committee | New               | 10/25/2007    |
| Commissioner                       | New               | 11/20/2007    |
| DUR Board                          | Revision          | 03/22/2010    |
| Commissioner                       | Approval          | 04/30/2010    |
| DUR Board                          | Revision          | 06/18/2012    |
| Commissioner                       | Approval          | 07/10/2012    |
| DUR Board                          | Revision          | 05/31/2016    |
| DUR Board                          | Revision          | 09/27/2018    |
| Commissioner Designee              | Approval          | 11/27/2018    |
| DUR Board                          | Revision          | 10/28/2019    |
| Commissioner Designee              | Approval          | 12/03/2019    |
| DUR Board                          | Revision          | 12/15/2020    |

| Reviewed by           | Reason for Review | Date Approved |
|-----------------------|-------------------|---------------|
| Commissioner          | Approval          | 02/24/2021    |
| DUR Board             | Revision          | 12/02/2021    |
| Commissioner Designee | Approval          | 01/14/2022    |
| DUR Board             | Revision          | 06/19/2023    |
| Commissioner Designee | Approval          | 06/29/2023    |
| DUR Board             | Revision          | 10/15/2024    |
| Commissioner Designee | Approval          | 11/21/2024    |