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