



## Osteoarthritis Prior Authorization Guidelines

*In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.*

### Standard Requirements

- Therapy with hyaluronate is limited to the knee per lacking evidence to support use in other affected joints
- Diagnosis confirmed of symptomatic osteoarthritis of the knee
  - Bony enlargement
  - Bony tenderness
  - Crepitus on active motion
  - Less than 30 minutes of morning stiffness
  - No palpable warmth of synovium
  - Over 50 years of age
  - Erythrocyte sedimentation rate < 40 mm/hr
  - Rheumatoid Factor < 1:40
  - Synovial fluid signs (clear fluid of normal viscosity and WBC count is less than 2000/mm<sup>3</sup>)
- Documentation of previous/failed treatments (drug name, dose, duration, and outcome)
  - Inadequate response to the following after a trial of 3 months: Non-pharmacological therapy such as education, strength training, range of motion exercises, assisted devices and weight loss
  - Inadequate response to pharmacologic therapy such as topical NSAIDs, systemic NSAIDs, acetaminophen, topical capsaicin or salicylates
- Prior trial with above mentioned therapies as well as prior trial or contraindication to intra-articular corticosteroid therapy
- Patient is not scheduled for knee replacement within the next 6 months
- Patient has no contraindications to requested therapy
- For Hyalgan, Synvisc, Supartz, and Orthovisc do not administer to patients whom are allergic to avian proteins, feathers, or eggs

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