



## MASSACHUSETTS

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# Pharmacy Medical Policy Injections for Osteoarthritis

### Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Coding Information](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Forms](#)

### Policy Number: 427

BCBSA Reference Number: 2.01.31

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary	
Drug	Formulary Status
Euflexxa™	Non-Covered
Gel-One®	Non-Covered
Hyalgan®	Non-Covered
Monovisc®	Non-Covered
Orthovisc®	Non-Covered
Supartz®	Non-Covered
Synvisc®	Non-Covered
Synvisc-One™	Non-Covered

This non covered drug policy is based upon the review of the Blue Cross Blue Shield Association’s Policy 2.01.31 Intra-Articular Hyaluronan Injections for Osteoarthritis.

### Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances

may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
One Enterprise Drive  
Quincy, MA 02171  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

### Managed Care Authorization Instructions

- Prior authorization is required when these medications are processed under the retail pharmacy benefit and home infusion therapy benefit.
- For retail pharmacy requests, physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients.  
Pharmacy Operations: (800)366-7778
- For retail pharmacy benefit and home infusion therapy benefit, physicians may also submit requests for exceptions via the web using Express Path which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>

### PPO and Indemnity Authorization Instructions

- Prior authorization **is** required when these medications are processed under the retail pharmacy benefit and home infusion therapy benefit.
- For retail pharmacy requests, physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy benefit and home infusion therapy benefit exceptions via the web using Express Path which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>

### CPT Codes / HCPCS Codes / ICD-9 Codes

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

#### CPT Codes

There is no specific CPT code for this service.

#### Diagnosis coding

ICD-9-CM diagnosis codes:	Code Description
	Coding that aligns with policy coverage statement.

#### Diagnosis coding- After 10/1/2013

ICD-10-CM diagnosis codes:	Code Description
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Coding that aligns with policy coverage statement.

## Policy History

Date	Action
7/2014	Updated policy after review of BCBSA's 2.01.31 Intra-Articular Hyaluronan Injections for Osteoarthritis policy.
1/2014	Updated coverage criteria to require use of Orthovisc, Synvisc or Synvisc-One prior to other products.
6/2012	Converted from a medical policy to a pharmacy medical policy. All prior authorization requests should be submitted to the Clinical Pharmacy Department.
4/2012	Updated with specialty pharmacy contact information.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed MPG – Orthopedics, Rehabilitation and Rheumatology, no changes in coverage were made.
3/2010	Updated to include prior authorization requirement for retail pharmacy requests.
7/2009	Updated to include Synvisc-One course information as discussed at MPG. Reviewed MPG - Orthopedics, Rehabilitation Medicine, and Rheumatology, no changes in coverage were made
9/2008	Policy updated to remove single treatment language for individual consideration.
7/2008	Reviewed 7/08 MPG- orthopedics, no changes in coverage were made.
5/2008	Updated to cover multiple courses of intra-articular hyaluronan injections of Hyalgan®, Euflexxa™ <sup>3</sup> , Orthovisc®, Supartz® or Synvisc® when all of the stated criteria are met; Update added based on BCBSA policy # 2.01.31, policy updated with literature review; reference numbers 15–18 added; policy statements revised; multiple courses may be medically necessary.
7/2007	Reviewed MPG - Orthopedic/Rheumatology, no changes in coverage were made.
4/2007	BCBSA policy review: additional references added and 2006 related summary of new references; BCBSA policy statement unchanged
7/2006	Reviewed MPG - Orthopedic/Rheumatology, no changes in coverage were made.
6/2006	Updated to include Euflexxa and Orthovisc into coverage criteria.
9/2005	Updated to include references 8 and 9 and rationale from the 2005 BCBSA National Policy.
7/2005	Reviewed MPG-Orthopedic, no changes in coverage were made.
7/2004	Reviewed MPG Orthopedic, no changes in coverage were made.
7/2003	Reviewed MPG Orthopedic, no changes in coverage were made.
7/2002	Policy reviewed 7/02, (paper review), by representatives of the Massachusetts Orthopedic Association. No changes were recommended
7/2001	Update to include coverage guidelines for Supartz
7/2000	Reviewed 7/00, no changes in coverage were made.
10/1998	Updated to clarify that only one treatment course is allowed per knee; one course of treatment for Hyalgan is a series of five injections and one course of treatment for Synvisc is a series of three injections.
7/1998	New policy, issued 7/1998

## References

1. 1998 TEC Assessment; Tab 17.
2. Scali JJ. Intra-articular hyaluronic acid in the treatment of osteoarthritis of the knee: a long term study. Eur J Rheumatol Inflamm 1995; 15(1):57-62.
3. Kotz R, Kolarz G. Intra-articular hyaluronic acid: duration of effect and results of repeated treatment cycles. Am J Orthop 1999; 28(11 suppl):5-7.
4. Carrabba M, Paresce E, Angeline M et al. The safety and efficacy of different dose schedules of hyaluronic acid in the treatment of painful osteoarthritis of the knee with joint effusions. Eur J Rheumatol Inflamm 1995; 15(1):25-31.
5. Lussier A, Cividino AA, McFarlane CA et al. Viscosupplementation with hylan for the treatment of osteoarthritis: findings from clinical practice in Canada. J Rheumatol 1996; 23(9):1579-85.

6. TEC Special Report 2004.
7. Lo GH, LaValley M, McAlindon T et al. Intra-articular hyaluronic acid in the treatment of knee osteoarthritis: a meta-analysis. *JAMA* 2003; 290(23):3115-21.
8. Bellamy N, Campbell J, Robinson V et al. Viscosupplementation for the treatment of osteoarthritis of the knee. *Cochrane Database Syst Rev* 2005; (2):CD005321.
9. Arrich J, Piribauer F, Mad P et al. Intra-articular hyaluronic acid for the treatment of osteoarthritis of the knee: systematic review and meta-analysis. *Can Med Assoc J* 2005; 172(8):1039-43.
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11. Pagnano M, Westrich G. Successful nonoperative management of chronic osteoarthritis pain of the knee: safety and efficacy of retreatment with intra-articular hyaluronans. *Osteoarthritis Cartilage* 2005; 13(9):751-61.
12. Qvistgaard E, Christensen R, Torp-Pedersen S et al. Intra-articular treatment of hip osteoarthritis: a randomized trial of hyaluronic acid, corticosteroid, and isotonic saline. *Osteoarthritis Cartilage* 2006; 14(2):163-70.
13. Stahl S, Karsh-Zafir I, Ratzon N et al. Comparison of intraarticular injection of depot corticosteroid and hyaluronic acid for treatment of degenerative trapeziometacarpal joints. *J Clin Rheumatol* 2005; 11(6):299-302.
14. Fuchs S, Monikes R, Wohlmeiner A et al. Intra-articular hyaluronic acid compared with corticoid injections for the treatment of rhizarthrosis. *Osteoarthritis Cartilage* 2006; 14(1):82-8.
15. American Academy of Orthopaedic Surgeons. Treatment of osteoarthritis of the knee -2<sup>nd</sup> Edition. May 18, 2013.  
<http://www.aaos.org/Research/guidelines/TreatmentofOsteoarthritisoftheKneeGuideline.pdf>
16. BCBSA's Intra-Articular Hyaluronan Injections for Osteoarthritis Policy (02.01.31). 9/2013



