

**PART B STEP THERAPY CRITERIA FOR APPROVAL**

**Euflexxa, Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, TriVisc, or Visco-3** will be approved when BOTH of the following are met:

1. ONE of the following:
  - A. The patient has an FDA labeled indication for the requested agent  
**OR**
  - B. The patient has an indication that is supported in CMS approved compendia for the requested agent

**AND**

2. ONE of the following:
  - A. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 365 days  
**OR**
  - B. The prescriber states the patient is currently being treated with the requested agent  
**OR**
  - C. The patient's medication and/or medical history includes use of the cost-effective preferred agent(s) within the past 90 days  
**OR**
  - D. The patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to the cost-effective preferred agent(s)  
**OR**
  - E. The prescriber has submitted documentation to support the use of the non-preferred agent for the patient's diagnosis over the cost-effective preferred agent(s)

**Length of Approval:** up to 12 months

\*\*See table of targeted Part B agents and preferred agents on next page.

**NOTES:**

- Prerequisite drugs may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy drug could equate to multiple drug authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.

<b>Targeted Part B Agent</b>	<b>Preferred Agents *</b>
Euflexxa (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Gel-One (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
GenVisc 850 (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Hyalgan (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Hymovis (hyaluronate acid)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Monovisc (hyaluronate acid)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Orthovisc (hyaluronate acid)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Supartz FX (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
TriVisc (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)
Visco-3 (hyaluronate sodium)	<b>Part B</b> - Durolane/Gelsyn-3 (hyaluronan sodium) <u>and</u> Synvisc/Synvisc One (hyaluronan sodium)

\*Preferred agents may vary based upon indication