

**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 ALL of the following are met:

1. The requested agent is being used for ONE of the following:
  - A. An FDA approved indication  
**OR**
  - B. An indication in CMS approved compendia  
**AND**
2. ONE of the following:
  - A. The requested agent is the preferred agent  
**OR**
  - B. Information has been provided that indicates the patient has been treated with the request agent in the past 365 days  
**OR**
  - C. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL preferred agent(s)  
**OR**
  - D. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred agent(s)  
**OR**
  - E. The prescriber has submitted documentation indicating ALL preferred agent(s) are likely to be ineffective or are likely to cause an adverse reaction or other harm to the enrollee

**Length of Approval:** 6 months

See table of 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.

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

\*Preferred agents may vary based upon indication