



## Viscosupplements Guideline

### Visco-3

### Gel-One

**Agents other than Visco-3 and Gel-One will not be covered**

#### **Authorization Criteria:**

- Member had inadequate response, intolerable side effects, or contraindications to all the following:
  - Conservative non-pharmacologic therapy
    - For example, physical therapy, land based or aquatic based exercise, resistance training, or weight loss
  - Adequate trial of pharmacologic therapy, one of which must be oral or topical non-steroidal anti-inflammatory drugs (NSAIDs)
    - For example, acetaminophen, duloxetine, or topical capsaicin
  - Intra-articular steroid injections
- Member reports pain which interferes with functional activities
  - For example, ambulation, or prolonged standing
- Pain is not attributed to other forms of joint disease
- Member has not had surgery on the same knee in the past 6 months
- Treatment is not requested for any of the following indications:
  - Temporomandibular joint disorders
  - Chondromalacia of patella (chondromalacia patellae)
  - Pain in joint, lower leg (patellofemoral syndrome)
  - Osteoarthritis and allied disorders (joints other than knee)
  - Diagnosis of osteoarthritis of the hip, hand, shoulder, etc.
- Documentation to meet one of the following criteria:
  - Radiographic evidence of mild to moderate osteoarthritis of the knee
    - For example, severe joint space narrowing, subchondral sclerosis, osteophytes
  - Symptomatic osteoarthritis of the knee according to the American College of Rheumatology clinical and laboratory criteria, which requires knee pain, and at least **five** of the following:
    - Bony enlargement
    - Bony tenderness
    - Crepitus (noisy, grating sound) on active motion
    - Erythrocyte sedimentation rate (ESR) less than 40 mm/hour
    - Less than 30 minutes of morning stiffness
    - No palpable warmth of synovium
    - Over 50 years of age
    - Rheumatoid factor less than 1:40 titer (agglutination method)
- Synovial fluid signs (clear fluid of normal viscosity, and white blood cells less than 2000/mm3)

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## Duration of Approval if Requirements Are Met:

### **Initial Approval:**

1 series

### **Renewal Approval:**

1 series

### **Requires:**

- 6 months has elapsed since previous treatment
- Documentation to support improved response to previous series
  - For example, dose reduction with non-steroidal anti-inflammatory drugs (NSAIDs), or other analgesics

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