



<b>Policy Title:</b>	Hyaluronic acid Intra-articular Injection Policy: Durolane, Euflexxa, Gel-One , Gelsyn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, , Visco-3, & sodium hyaluronate 1%		
		<b>Department:</b>	PHA
<b>Effective Date:</b>	01/01/2020		
<b>Review Date:</b>	04/19/2019, 09/18/2019, 12/18/2019, 1/15/2020, 7/13/2020, 7/22/2021, 10/21/2021, 2/10/2022		
<b>Revision Date:</b>	04/19/2019, 09/18/2019, 12/18/2019, 1/15/2020, 7/13/2020, 7/22/2021, 10/21/2021, 2/10/2022		

**Purpose:** To support safe, effective and appropriate use of Hyaluronic acid Intra-articular Injections.

**Scope:** Medicaid\*, Commercial\*, Medicare-Medicaid Plan (MMP)\*

\*(Medication only available on the Medical Benefit)

**Policy Statement:**

Hyaluronic acid Intra-articular Injections are covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process. Euflexxa is the preferred Hyaluronic acid Intra-articular Injection.

**Procedure:**

Coverage of Hyaluronic acid Intra-articular Injections will be reviewed prospectively via the prior authorization process based on criteria below.

**Initial Criteria :**

- Documented symptomatic osteoarthritis of the knee; AND
- Trial and failure of conservative therapy including physical therapy, pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream] has been attempted and has not resulted in functional improvement after at least 3 months; AND
- The patient has failed to adequately respond to aspiration and injection of intra-articular steroids; AND



- The patient reports pain which interferes with functional activities (e.g., ambulation, prolonged standing); AND
- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder); AND
- Requests for non-Euflexxa Hyaluronic acid intra-articular injections require that a patient must have a documented failure, intolerance or contraindication to Euflexxa; OR
- MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

***Continuation of Therapy Criteria:***

- Meets all initial criteria; AND
- Disease response with treatment as defined by improvement in signs and symptoms of pain and a stabilization or improvement in functional capacity during the 6-month period following the previous series of injections as evidenced by objective measures; **AND**
- Absence of unacceptable toxicity from the previous injections. Examples of unacceptable toxicity include: severe joint swelling and pain, severe infections, anaphylactic or anaphylactoid reactions, etc.

***Coverage durations:*** one series per knee for 6 months

\*\*\* Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. \*\*\*

**Billable Units (per dose and over time):**

<b><i>DRUG</i></b>	<b><i>HCPCS</i></b>	<b><i>1 Billable Unit (BU)</i></b>	<b><i>BU per administration</i></b>	<b><i>Number of Administrations per knee per 180 days</i></b>
Euflexxa	J7323	1 dose	1	3
Durolane	J7318	1mg	60	1
Gel-One	J7326	1 dose	1	1
GelSyn-3	J7328	0.1 mg	168	3
Gen-Visc 850	J7320	1 mg	25	5
Hyalgan; Supartz; Supartz FX	J7321	1 dose	1	5
Hymovis	J7322	1 mg	24	2
Monovisc	J7327	1 dose	1	1
Orthovisc	J7324	1 dose	1	4



Synvisc	J7325	1 mg	16	3
Synvisc-One	J7325	1 mg	48	1
Visco-3	J7333	1 dose	1	3
Synjoynt	J7331	1 mg	20	3
Trivisc	J7329	1mg	25	3
Triluron	J7332	1 mg	20	3

**Investigational Use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug Information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**Applicable Codes:**

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
J7320	Genvisc
J7321	Hyalgan or Supartz or Visco-3
J7322	Hymovis
J7323	Euflexxa
J7324	Orthovisc
J7325	Synvisc/Synvisc-One
J7326	Gel-One
J7327	Monovisc
J7331	Synjoynt
J7332	Triluron
J7328	Gel-Syn-3
J7329	Trivisc
J7318	Durolane



## References:

1. Euflexxa [package insert]. Parsippany, NJ; Ferring Pharmaceuticals; July 2016. Accessed July 2016.
2. Gel-One [package insert]. Warsaw, IN; Zimmer; May 2011. Accessed May 2011.
3. Sodium Hyaluronate 1% [package insert]. North Wales, PA; Teva Pharmaceuticals; March 2019.
4. Supartz/Supartz FX [package insert]. Durham, NC; Bioventus LLC; April 2015.
5. Hyalgan [package insert]. Parsippany, NJ; Fidia Pharma USA Inc.; May 2014.
6. Synvisc/Synvisc-One [package insert]. Ridgefield, NJ; Genzyme Biosurgery; September 2014.
7. Orthovisc [package insert]. Raynham, MA; DePuy Mitek, Inc.; September 2014.
8. Monovisc [package insert]. Raynham, MA; DePuy Mitek, Inc.; February 2014.
9. GelSyn-3 [package insert]. Durham, NC; Bioventus LLC; December 2017.
10. GenVisc 850 [package insert]. Doylestown, PA; OrthogenRx, Inc; November 2019.
11. Hymovis [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; September 2017.
12. VISCO-3 [package insert]. Durham, NC; Bioventus LLC; December 2015.
13. Durolane [package insert]. Durham, NC; Bioventus LLC; September 2017.
14. Trivisc [package insert]. Doylestown, PA; OrthogenRx, Inc; December 2017.
15. Triluron [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; July 2019.
16. Synjoyn [package insert]. Naples, FL; Arthrex, Inc.; January 2022.
17. Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res (Hoboken)*. 2012 Apr;64(4):465- 74.
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24. Novitas Solutions, Inc. Local Coverage Determination (LCD): Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427). Centers for Medicare & Medicaid Services, Inc. Updated on 01/19/2018 with effective date 1/1/2018. Accessed June 2018.



25. Palmetto GBA. Local Coverage Determination (LCD): Hyaluronate Polymers (L33432). Centers for Medicare & Medicaid Services, Inc. Updated on 04/03/2018 with effective date 04/12/2018. Accessed June 2018.
26. First Coast Service Options, Inc. Local Coverage Determination (LCD): Viscosupplementation Therapy for Knee (L33767). Centers for Medicare & Medicaid Services, Inc. Updated on 02/02/2018 with effective date 02/08/2018. Accessed June 2018.
27. National Government Services, Inc. Local Coverage Article: Hyaluronans (e.g. Hyalgan ®, Supartz ®, Euflexxa™, Synvisc ®, Synvisc-One™, Orthovisc ®, Gel-One® ), Intra-articular Injections of - Related to LCD L33394 (A52420). Centers for Medicare & Medicaid Services, Inc. Updated on 5/4/2018 with effective date 4/1/2018. Accessed June 2018