



Policy Title:	Hyaluronic acid Intra-articular Injection Policy: Durolane, Euflexxa, Gel-One, Gelsyn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synjoynt, Synvisc, Synvisc-One, Triluron, Trivisc, &Visco-3,		
		Department:	PHA
Effective Date:	01/01/2020		
Review Date:	04/19/2019, 09/18/2019, 12/18/2019, 1/15/2020, 7/13/2020, 7/22/2021, 10/21/2021, 2/10/2022, 5/18/2023, 12/14/2023, 01/10/2024		

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

Per §§ 42 CFR 422.101, this clinical medical policy only applies to INTEGRITY in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD).

Billable Units (per dose and over time):

<i>DRUG</i>	<i>HCPCS</i>	<i>1 Billable Unit (BU)</i>	<i>BU per administration</i>	<i>Number of Administrations per knee per 180 days</i>
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	J7321	1 dose	1	3



Synojoynt	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	Synojoynt
J7332	Triluron
J7328	Gel-Syn-3
J7329	Trivisc
J7318	Durolane



References:

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2. Gel-One [package insert]. Warsaw, IN; Zimmer; August 2018. Accessed November 2023.
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4. Supartz/Supartz FX [package insert]. Durham, NC; Bioventus LLC; April 2015. Accessed November 2023.
5. Hyalgan [package insert]. Parsippany, NJ; Fidia Pharma USA Inc.; April 2017. Accessed November 2023.
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8. Monovisc [package insert]. Raynham, MA; DePuy Mitek, Inc.; February 2014. Accessed November 2023.
9. GelSyn-3 [package insert]. Durham, NC; Bioventus LLC; December 2017. Accessed November 2023.
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13. Durolane [package insert]. Durham, NC; Bioventus LLC; September 2017. Accessed November 2023.
14. Trivisc [package insert]. Doylestown, PA; OrthogenRx, Inc; December 2017. Accessed November 2023.
15. Triluron [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; July 2019. Accessed November 2023.
16. Synjoynt [package insert]. Naples, FL; Arthrex, Inc.; January 2022. Accessed November 2023.
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