

Hyaluronic Acid

Euflexxa, Durolane, Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Synjoynt, Supartz FX, Synvisc, Synvisc-One, Triluron, Visco-3
 HCPCS: See Other Information

LOB:	MCAL
Duration of Approval:	One treatment per six months
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	No
DHCS Drug Policy:	No

Requires Prior Authorization (PA)			
▪ Euflexxa ▪ Durolane ▪ GelOne ▪ Gel-Syn-3	▪ Genvisc 850 ▪ Hyalgan ▪ Hymovis/Hymovis One ▪ Monovisc	▪ Orthovisc ▪ Synjoynt ▪ Supartz FX ▪ Synvisc	▪ Synvisc-One ▪ Triluron ▪ Visco-3

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication **AND**
2. Clinical diagnosis is supported by ONE of the following (**a or b**):

- a) Radiologic evidence confirming osteoarthritis of the knee, such as degenerative joint disease, joint space narrowing, subchondral sclerosis, osteophytes, bone-on-bone contact or subchondral cysts

(Note: Degenerative changes alone are not confirmation of osteoarthritis)

- b) Documentation of at least four of the following:

- Bony enlargement
- Bony tenderness
- Joint line tenderness
- Limited range of motion
- Crepitus (noisy, grating sound) on active motion
- Less than 30 minutes of morning stiffness
- No palpable warmth of synovium
- The member is over 50 years of age

AND

3. The medication is prescribed or recommended by a rheumatologist, orthopedic specialist, physiatrist (physical medicine and rehabilitation) or pain management specialist **AND**
4. The member has a history of failure, contraindication or reasons for intolerance to TWO alternative analgesics such as: acetaminophen (APAP), oral nonsteroidal anti-inflammatory drugs (NSAIDs) (e.g., (celecoxib, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen) or diclofenac 1% gel **AND**
5. The member has a history of failure, contraindication or reasons for intolerance to cortisone injection (e.g., triamcinolone, methylprednisolone) **AND**
6. Documentation that member has an inadequate response to physical therapy **AND**
7. The member does not have a history of total knee arthroplasty in the targeted knee **AND**
8. Knee surgery is not planned within the next six months (as documented by chart notes, stated on the fax or caller confirmed). If the chart note does not mention knee surgery, it is OK to assume no surgery is planned **(Note: If knee surgery is planned within the next six months, please defer and ask for reasons why therapy with hyaluronic acid is needed when knee surgery is planned)**

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Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication **AND**
2. The medication is prescribed or recommended by a rheumatologist, orthopedic specialist or physiatrist (physical medicine and rehabilitation) or pain management specialist **AND**
3. Chart notes showing positive response to therapy with hyaluronic acid **AND**
4. Previous treatment was at least six months from the plan treatment date **AND**
5. Knee surgery is not planned within the next six months (as documented by chart notes, stated on the fax or caller confirmed). If the chart note does not mention knee surgery, it is OK to assume no surgery is planned.

OTHER INFORMATION:

HCPCS	Description	Brand name
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL and Supartz dose is 25 mg/2.5 mL) (Note: Total dose regimen = three to five injections)	Hyalgan Supartz Visco-3
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = three injections)	Euflexxa
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = three to four injections)	Orthovisc
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Synvisc Synvisc-One
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (Dose 88 mg/4 mL) (Note: Total dose regimen = one dose)	Monovisc
J7326	Hyaluronan or derivative, Gel-One, per dose	Gel-One
J7320	Hyaluronan or derivative, Genvisc 850, 1 mg	Genvisc 850
J7318	Hyaluronan or derivative, Durolane, 1 mg	Durolane
J7322	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	Hymovis/Hymovis One
J7328	Hyaluronan or derivative, GelSyn-3, 0.1 mg	GelSyn-3
J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Synjoynt (sodium hyaluronate)
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Triluron

REFERENCES:

1. American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the Knee (Non-Arthroplasty). 2021. pubmed.ncbi.nlm.nih.gov/35383651/
2. Bhatia D, Bejarano T, Novo M. Current Interventions in the Management of Knee Osteoarthritis. J Pharm Bioallied Sci. 2013. Jan-Mar; 5 (1): 30-38. www.ncbi.nlm.nih.gov/pmc/articles/PMC3612336/
3. Euflexxa Prescribing Information. d2hu1op93domjx.cloudfront.net/wp-content/uploads/sites/12/2021/06/24085313/EuflexxaPI-07-2016.pdf. 07/2016.
4. Hyalgan Prescribing Information. www.hyalgan.com/wp-content/uploads/2016/02/hyalgan_pi.pdf. 05/2014.
5. Durolane Prescribing Information. www.oakneepainrelief.com/wp-content/uploads/2019/09/DUROLANE-IFU.pdf. 09/2017.
6. Gel-One Prescribing Information. www.accessdata.fda.gov/cdrh_docs/pdf8/p080020s020d.pdf. 05/2011.

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HCPCS: See Other Information

7. GelSyn-3 Prescribing Information. www.accessdata.fda.gov/cdrh_docs/pdf11/P110005d.pdf. 12/2017.
8. GenVisc Prescribing Information. www.accessdata.fda.gov/cdrh_docs/pdf14/P140005d.pdf. 11/2019.
9. Supartz FX Prescribing Information. www.oakneepainrelief.com/wp-content/uploads/2019/09/Supartz_FX_IFU.pdf. 04/2015.
10. Synjoynnt Prescribing Information. www.accessdata.fda.gov/cdrh_docs/pdf17/P170016D.pdf
11. Hymovis Prescribing Information. hymovis.com/wp-content/uploads/2017/04/HYMOVIS_PI.pdf. 10/2015.
12. Hymovis One Prescribing Information. https://www.accessdata.fda.gov/cdrh_docs/pdf15/P150010S005D.pdf 03/2025.
13. Monovisc Prescribing Information. www.accessdata.fda.gov/cdrh_docs/pdf9/P090031c.pdf. 12/2013.
14. Orthovisc Prescribing Information. sservices.trialcard.com/mwi/dupuy/OrthoviscPrescribing.pdf. 09/2018.
15. Synvisc Prescribing Information. products.sanofi.us/synvisc/synvisc.pdf
16. Synvisc-One Prescribing Information. products.sanofi.us/synviscone/synviscone.html. 09/2014.
17. Triluron Prescribing Information. triluron.com/wp-content/uploads/2020/06/Leaflet-TRILURON-Medico-USA.pdf. 07/2019.
18. Visco-3 Prescribing Information. zimmer.aspnprograms.com/siteforms/VISCO-3%20-%20Package%20Insert.pdf.

P&T APPROVAL HISTORY:

February 2018 P&T Drug Review.

UMC REVIEW:

4/2026