



## Drug Coverage Policy

Effective Date .....4/1/2026  
Coverage Policy Number.....IP0322  
Policy Title.....Hyaluronic Acid  
Derivatives

### Hyaluronic Acid Derivatives (Intraarticular)

- Durolane® (sodium hyaluronate injection – Bioventus)
- Euflexxa® (sodium hyaluronate injection – Ferring)
- Gel-One® (sodium hyaluronate injection – Seikagaku/Zimmer)
- Gelsyn-3™ (sodium hyaluronate injection – Bioventus)
- GenVisc® 850 (sodium hyaluronate injection – OrthogenRx)
- Hyalgan® (sodium hyaluronate injection – Fidia/Sanofi)
- Hymovis® (high molecular weight viscoelastic hyaluronan injection – Fidia)
- Hymovis® One (high molecular weight viscoelastic hyaluronan injection – Fidia)
- Monovisc® (high molecular weight hyaluronan injection – Anika)
- Orthovisc® (high molecular weight hyaluronan injection –Anika)
- Supartz FX™ (sodium hyaluronate injection – Seikagaku/Bioventus)
- Sodium hyaluronate 1% injection – Teva
- SynoJoynt™ (sodium hyaluronate injection – Arthrex)
- Synvisc® (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)
- Synvisc-One® (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)
- Triluron® (sodium hyaluronate injection – Fidia)
- TriVisc® (sodium hyaluronate injection – OrthogenRx)
- Visco-3™ (sodium hyaluronate injection – Seikagaku/Zimmer)

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#### **INSTRUCTIONS FOR USE**

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should*

be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

## OVERVIEW

Hyaluronic acid derivatives (intraarticular) are indicated for the treatment of **pain related to knee osteoarthritis** in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics (e.g., acetaminophen).<sup>1-16,43</sup>

The use of intraarticular hyaluronic acid derivative injections is to restore the normal properties (viscosity and elasticity) of the synovial fluid. Gel-One, Hyalgan, Supartz FX, Synvisc/Synvisc-One, Triluron, and Visco-3 are derived from rooster or chicken combs. The remaining products are derived from non-avian sources and may be useful for patients with allergies to eggs or poultry products. GenVisc 850 has data to support similarity to Supartz FX.<sup>9</sup> Although retreatment data are limited, all of these products have data concerning efficacy and/or safety of repeat courses. In many cases, at least 6 months was required or a minimum of 6 months had elapsed prior to injection of a repeat course.

**Table 1. Number of Injections per Course of Therapy for Intraarticular Hyaluronic Acid Derivatives.**<sup>1-16,43, 44\*</sup>

Product	Number of injections per course
Durolane, Gel-One, Hymovis One, Monovisc, Synvisc-One	One injection given one time
Hymovis	Two injections given 1 week apart
Euflexxa, Gelsyn-3, Sodium Hyaluronate, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3	Three injections given 1 week apart
Orthovisc	Three or four injections given 1 week apart
GenVisc 850, Hyalgan, Supartz FX	Five injections given 1 week apart

\* Dose is for one knee. If two knees are being treated, then each knee requires a syringe or vial of product.

## Guidelines

Guidelines for the management of osteoarthritis of the hand, hip, and knee are available from the **American College of Rheumatology** (2019).<sup>17</sup> Pharmacologic therapy for knee osteoarthritis consists of acetaminophen, oral and topical non-steroidal anti-inflammatory drugs (NSAIDs), tramadol, intraarticular corticosteroid injections, duloxetine, and topical capsaicin. There is limited evidence establishing a benefit of hyaluronic acid intraarticular injections, which contributes to the conditional recommendation against use in knee osteoarthritis. However, when other alternatives have been exhausted or have failed to provide satisfactory benefit, use of

intraarticular hyaluronic acid injections may be viewed more favorably than offering no intervention. In the guidelines, no distinction is made between the available intraarticular hyaluronic acid products or between products with various molecular weights.

The **Osteoarthritis Research Society International** also has guidelines for knee osteoarthritis (2019).<sup>19</sup> These guidelines note that use of intraarticular hyaluronic acid injections are conditionally recommended for patients with knee osteoarthritis. The guidelines comment on the long-term treatment effect with intraarticular hyaluronic acid injections which is associated with symptom improvement beyond 12 weeks and a more favorable safety profile than intraarticular corticosteroid injections.

## Coverage Policy

### POLICY STATEMENT

Prior Authorization is required for benefit coverage of hyaluronic acid derivative intraarticular products indicated for knee osteoarthritis. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the number of injections noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with hyaluronic acid derivative intraarticular products as well as the specialized administration technique, approval requires these products to be administered by or under the supervision of a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist).

**Documentation:** Documentation is required where noted in the criteria as [**documentation required**]. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information.

**Intraarticular Hyaluronic Acid products (Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Hymovis One, Monovisc, Orthovisc, sodium hyaluronate 1% injection, Supartz FX, Synjoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) are considered medically necessary when the following are met:**

### FDA-Approved Indication

1. **Osteoarthritis of the Knee.** Approve one course of therapy per knee if the patient meets ONE of the following (A or B):
  - A) **Initial Therapy.** Approve an initial course if the patient meets ALL of the following (i, ii, iii, and iv):
    - i. Diagnosis of affected knee to be treated is confirmed by radiologic evidence of knee osteoarthritis; AND  
Note: Examples of radiographic evidence includes x-ray, magnetic resonance imaging (MRI), computed tomography (CT) scan, ultrasound.
    - ii. Patient has tried at least TWO of the following modalities of therapy for osteoarthritis (a, b, or c):
      - a) At least one course of physical therapy for affected knee osteoarthritis; OR.

- b) At least **TWO** of the following pharmacologic therapies [(1), (2), (3), or (4)]:
  - (1) Oral or topical nonsteroidal anti-inflammatory drug(s) [NSAID(s)]; OR  
 Note: Examples of oral NSAIDs include naproxen, ibuprofen, celecoxib. Examples of topical NSAIDs include diclofenac solution or diclofenac gel. A trial of two or more NSAIDs (oral and/or topical) counts as one pharmacologic therapy.
  - (2) Acetaminophen; OR
  - (3) Tramadol (Ultram/XR, generic); OR
  - (4) Duloxetine (Cymbalta, generic); OR

- c) At least **TWO** injections of intraarticular corticosteroids to the affected knee; AND
- iii. The product is administered by or under the supervision of a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist); AND
- iv. Preferred product criteria are met for the product(s) as listed in the below table(s); OR

**B) Patient has Already Received One or More Courses of Therapy With a Hyaluronic Acid Derivative (Intraarticular) in the Same Knee.** Approve one repeat course if the patient meets ALL of the following (i, ii, iii, and iv):

Note: A repeat course is defined as an affected knee that has been previously treated with one or more courses of therapy with any intraarticular hyaluronic acid derivative.

- i. At least 6 months have elapsed since the last injection with any hyaluronic acid derivative in affected knee; AND
- ii. According to the prescriber, the patient had a response to the previous course of hyaluronic acid derivative therapy for osteoarthritis of the affected knee and now requires additional therapy for osteoarthritis symptoms; AND  
Note: Examples of a response include reduced joint pain, tenderness, morning stiffness, or improved mobility.
- iii. The product is administered by or under the supervision of a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist); AND
- iv. Preferred product criteria are met for the product(s) as listed in the below table(s).

**Dosing.** Approve ONE of the following dosing regimens (A, B, C, D, or E):

Note: Dose listed is for one knee. If two knees are being treated, then each knee requires a syringe or vial of product.

- A) Durolane, Gel-One, Hymovis One, Monovisc, Synvisc-One:** Approve one injection; OR
- B) Hymovis:** Approve up to two injections given 1 week apart; OR
- C) Euflexxa, Gelsyn-3, sodium hyaluronate 1% injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3:** Approve up to three injections given 1 week apart; OR
- D) Orthovisc:** Approve up to 4 injections given 1 week apart; OR
- E) GenVisc 850, Hyalgan, Supartz FX:** Approve up to 5 injections given 1 week apart.

**Employer Group:**

Product	Criteria
<b>Gel-One</b> (cross-linked hyaluronate)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>GenVisc 850</b> (high molecular weight hyaluronan)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>Hyalgan</b> (sodium hyaluronate)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> </ol> </li> </ol>

Product	Criteria
	<p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Hymovis</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Hymovis One</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of</p>

Product	Criteria
	<p>products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Monovisc</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>Orthovisc</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> </li> </ol>

Product	Criteria
	<p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Supartz FX</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A and B):           <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A and B):           <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Orthovisc, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>Synojoynt</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A and B):           <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A and B):           <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>

Product	Criteria
<b>Synvisc</b> (hylan G-F 20)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>Synvisc-One</b> (hylan G-F 20)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Orthovisc, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>Triluron</b> (sodium hyaluronate)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> </ol> </li> </ol>

Product	Criteria
	<p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Trivisc</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Visco-3</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of</p>

Product	Criteria
	<p>products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>

### Individual and Family Plans

Product	Criteria
<p><b>Gel-One</b> (cross-linked hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include, GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>GenVisc 850</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to</li> </ol> </li> </ol>

Product	Criteria
	<p>complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Hyalgan</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>Hymovis</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> </li> </ol>

Product	Criteria
	<p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Hymovis One</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>Monovisc</b> (high molecular weight hyaluronan)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>

Product	Criteria
<b>Orthovisc</b> (high molecular weight hyaluronan)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>Supartz FX</b> (sodium hyaluronate)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<b>Synojoynt</b> (sodium hyaluronate)	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):               <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> </ol> </li> </ol>

Product	Criteria
	<p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Synvisc</b> (hylan G-F 20)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Synvisc-One</b> (hylan G-F 20)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <p>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):</p> <p>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; <b>AND</b></p> <p>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; <b>OR</b></p> <p>2. Patient meets both of the following (A <u>and</u> B):</p> <p>A. The request is for product that requires more than one injection to complete a course; <b>AND</b> <u>Note</u>: Examples of</p>

Product	Criteria
	<p>products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</p> <p>B. Patient has already started a course of injections with one of these agents.</p> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Triluron</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>
<p><b>Trivisc</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B): <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> </li> </ol>

Product	Criteria
	<p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p>
<p><b>Visco-3</b> (sodium hyaluronate)</p>	<p>Patient meets ONE of the following (1 or 2):</p> <ol style="list-style-type: none"> <li>1. Patient has tried at least one course of therapy with BOTH of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] <b>[documentation required]</b>; AND</li> <li>B. Durolane (hyaluronic acid) <b>OR</b> Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] <b>[documentation required]</b>; OR</li> </ol> </li> <li>2. Patient meets both of the following (A <u>and</u> B):           <ol style="list-style-type: none"> <li>A. The request is for product that requires more than one injection to complete a course; AND <u>Note</u>: Examples of products that are given as more than one injection to complete a course include GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3</li> <li>B. Patient has already started a course of injections with one of these agents.</li> </ol> <p><u>Note</u>: If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid derivative, then a Preferred Product must be tried.</p> </li> </ol>

**Conditions Not Covered**

**Intraarticular Hyaluronic Acid products (Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, sodium hyaluronate 1% injection, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **Acute Ankle Sprain.** A randomized, controlled, prospective trial was conducted which assessed the use of intraarticular hyaluronic acid in acute ankle sprains.<sup>20-21</sup> Patients treated with intraarticular hyaluronic acid (n = 79) within 48 hours of injury and again on Day 4 reported a time to pain-free and disability-free return to sport of 11 days (± 8 days) compared with 17 days (± 8 days) for placebo (P < 0.05).<sup>18</sup> All patients were also treated with standard of care (rest, ice, compression, and elevation). At 24 months, the placebo group experienced an increase in repeat sprains when compared with those treated with an intraarticular hyaluronic acid product (21 recurrent ankle sprains in the placebo group compared with 7 recurrent ankle sprains in the intraarticular hyaluronic acid treatment group [P < 0.001]) as well as a significant difference in missed days from participation in sport activity (49 days vs. 12 days for the placebo and hyaluronic acid groups, respectively; P < 0.001).<sup>21</sup> More data are needed to determine the role of intraarticular hyaluronic acid products in the treatment of acute ankle sprains.

**2. Osteoarthritis and Other Pathologic Conditions Involving Joints Other than the Knee.** The prescribing information for these agents state in the precautions section that the safety and effectiveness of hyaluronic acid derivatives injections into joints other than the knee have not been established.<sup>1-16</sup> Due to the absence of evidence to support use of intraarticular hyaluronic acid and potential for harm, the guidelines for the management of hand, hip, and knee osteoarthritis by American College of Rheumatology (2019) do not recommend use of intraarticular hyaluronic acid in patients with hand or hip osteoarthritis.<sup>17</sup> Small trials have also investigated intraarticular hyaluronic acid in other joints, including ankle osteoarthritis and hip osteoarthritis.<sup>23-38</sup> More data are needed to determine if there is a role for intraarticular hyaluronic acid for the treatment of osteoarthritis involving other joints. A small trial (n = 70) found that intraarticular hyaluronic acid did not result in increased benefit for adhesive capsulitis of the shoulder (also known as frozen shoulder) in patients who were already receiving physical therapy.<sup>39</sup> Another small study (n = 159) did not show benefit of intraarticular hyaluronic acid over corticosteroid or placebo injections in patients with subacromial impingement.<sup>40</sup> Note: Examples of other pathologic conditions involving joints other than the knee include hand, hip, ankle, and shoulder osteoarthritis, temporomandibular joint [TMJ] disorder, adhesive capsulitis of the shoulder, subacromial impingement.

**3. Pathologic Conditions of the Knee Other than Osteoarthritis.** Intraarticular hyaluronic acid derivatives are indicated in knee osteoarthritis.<sup>1-16</sup> Adequate, well-designed trials have not clearly established the use of these products in other conditions of the knee.<sup>41-42</sup>

Note: Examples of pathologic conditions of the knee other than osteoarthritis include chondromalacia patellae, osteochondritis dissecans, patellofemoral syndrome, post-anterior cruciate ligament [ACL] reconstruction.

## Coding Information

- Note:** 1) This list of codes may not be all-inclusive.  
 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

HCPCS Codes	Description
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis or Hymovis One, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg

HCPCS Codes	Description
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg

## References

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2. Euflexxa® intraarticular injection [prescribing information]. Parsippany, NJ: Ferring; July 2016.
3. Gel-One® intraarticular injection [prescribing information]. Warsaw, IN: Zimmer; May 2011.
4. Gelsyn-3® intraarticular injection [prescribing information]. Durham, NC: Bioventus; 2016.
5. GenVisc® 850 intraarticular injection [prescribing information]. Doylestown, PA: OrthogenRx; not dated.
6. Hyalgan® intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; May 2014.
7. Hymovis® intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; October 2015.
8. Monovisc® intraarticular injection [prescribing information]. Bedford, MA: Anika; not dated.
9. Orthovisc® intraarticular injection [prescribing information]. Bedford, MA: Anika; September 2014.
10. Sodium hyaluronate 1% intraarticular injection [prescribing information]. North Wales, PA: Teva; March 2019.
11. Supartz® FX™ intraarticular injection [prescribing information]. Durham, NC: Bioventus; April 2015.
12. Synvisc® intraarticular injection [prescribing information]. Ridgefield, NJ: Genzyme; September 2014.
13. Synvisc-One® intraarticular injection [prescribing information]. Ridgefield, NJ: Genzyme; September 2014.
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## Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	<p>No criteria changes</p> <p><b>Updated</b> HCPCS Coding:  <b>Added</b> HCPCS J7318, J7323, J7328, J7329</p>	12/15/2024
Annual Revision	<p><b>Initial Therapy:</b>  <b>Added</b> <u>Note</u>: Examples of radiographic evidence includes x-ray, magnetic resonance imaging (MRI), computed tomography (CT) scan, ultrasound” to “Diagnosis of affected knee to be treated is confirmed by radiologic evidence of knee osteoarthritis.”</p> <p><b>Updated</b> criterion <b>from</b> requiring “At least six weeks of provider-directed conservative management program consisting of physical therapy or home exercises” <b>to</b> “At least one course of physical therapy for affected knee osteoarthritis.”</p> <p><b>Updated</b> criterion <b>from</b> requiring “At least ONE injection of intraarticular corticosteroids to the affected knee” <b>to</b> requiring “At least TWO injections of intraarticular corticosteroids to the affected knee.”</p> <p><b>Added</b> Note: Examples of oral NSAIDs include naproxen, ibuprofen, celecoxib. Examples of topical NSAIDs include diclofenac solution or diclofenac gel. A trial of two or more NSAIDs (oral and/or topical) counts as one pharmacologic therapy.</p> <p><b>Removed</b> criterion “Documented contraindication or intolerance to ALL of the following modalities of therapy for osteoarthritis: 1. Provider-directed conservative management program consisting of physical therapy or home exercises 2. Pharmacologic therapies for knee osteoarthritis 3. Intraarticular corticosteroids.”</p>	3/1/2026

	<p><b>Added</b> criterion requiring “The product is administered by or under the supervision of a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist).”</p> <p><b>Reauthorization Criteria:</b>  <b>Replaced</b> reauthorization criteria <b>with</b> “Patient Has Already Received One or More Courses of Therapy With a Hyaluronic Acid Derivative (Intraarticular) in the Same Knee.”</p> <p><b>Added</b> criterion “At least 6 months have elapsed since the last injection with any hyaluronic acid derivative in affected knee.”</p> <p><b>Added</b> criterion “According to the prescriber, the patient had a response to the previous course of hyaluronic acid derivative therapy for osteoarthritis of the affected knee and now requires additional therapy for osteoarthritis symptoms; AND  <u>Note:</u> Examples of a response include reduced joint pain, tenderness, morning stiffness, or improved mobility.”</p> <p><b>Added</b> criterion “the product is administered by or under the supervision of a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist).”</p> <p><b>Hymovis One:</b> This product was added to the policy.</p> <p><b>Dosing: Added</b> Hymovis One to “Approve one injection” dosing criteria.</p> <p><b>Preferred Product Tables:</b>  <b>Added</b> documentation requirements <b>to</b> Euflexxa and Durolane.</p> <p><b>Added</b> <u>Note:</u> Examples of products that are given as more than one injection to complete a course include, GenVisc 850, Hyalgan, Hymovis, Orthovisc, Supartz FX, Sodium hyaluronate injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3” <b>to</b> “The request is for product that requires more than one injection to complete a course.”</p> <p><b>Added</b> <u>Note:</u> If a course of therapy has already been started, the patient can continue with the same product to complete the entire course. After completing this course, if further therapy is required with an intraarticular hyaluronic acid</p>	
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	<p>derivative, then a Preferred Product must be tried”  <b>to</b> “Patient has already started a course of injections with one of these agents.”</p> <p><b>Added</b> Hymovis One <b>to</b> Preferred Product Table with the same criteria as the other drug products.</p> <p><b>Removed</b> the following note: “In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.”</p> <p><b>Conditions Not Covered</b>  <b>Osteoarthritis and Other Pathologic Conditions Involving Joints Other than the Knee</b>  <b>Updated</b> note <b>from</b> “(e.g., hand, hip, ankle, shoulder osteoarthritis, temporomandibular joint [TMJ], adhesive capsulitis of the shoulder, subacromial impingement)” <b>to</b> “<u>Note</u>: Examples of other pathologic conditions involving joints other than the knee include hand, hip, ankle, and shoulder osteoarthritis, temporomandibular joint [TMJ] disorder, adhesive capsulitis of the shoulder, subacromial impingement.”</p> <p><b>Pathologic Conditions of the Knee Other than Osteoarthritis</b>  <b>Updated</b> note <b>from</b> “(e.g., chondromalacia patellae, osteochondritis dissecans, patellofemoral syndrome, post-anterior cruciate ligament [ACL] reconstruction)” <b>to</b> “<u>Note</u>: Examples of pathologic conditions of the knee other than osteoarthritis include chondromalacia patellae, osteochondritis dissecans, patellofemoral syndrome, post-anterior cruciate ligament [ACL] reconstruction.”</p> <p><b>Removed</b> non-covered criterion “The combination of any other product, (for example, platelet rich plasma (PRP), stem cell products, amniotic products, corticosteroids) with a viscosupplement injection.”</p>	
Selected Revision	<p><b>Osteoarthritis of the Knee:</b> Patient has Already Received One or More Courses of Therapy With a Hyaluronic Acid Derivative (Intraarticular) in the Same Knee:  <b>Added</b> “Preferred product criteria are met for the product(s) as listed in the below table(s).”</p>	4/1/2026

The policy effective date is in force until updated or retired.

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