

## Medical Policy

Hyaluronate Injections for Osteoarthritis of the Knee	
MEDICAL POLICY NUMBER	MED_Clin_Ops_082a
ORIGINAL EFFECTIVE DATE	11/1/2021
CURRENT VERSION NUMBER	2
CURRENT VERSION EFFECTIVE DATE	1/01/2024
APPLICABLE PRODUCT AND MARKET	Medicare Advantage: ALL*

\*BND members subject to step therapy

**IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY:** *These services may or may not be covered by all Brand New Day/ Central Health Medicare Plan. Please refer to the member’s plan document for specific coverage information.*

*Brand New Day/ Central Health Medicare Plan may use tools developed by third parties, such as MCG™ Care Guidelines and the ASAM Criteria™ to assist in administering health benefits. Brand New Day/ Central Health Medicare Plan Medical Policies, MCG™ Care Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member’s case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.*

*Members may contact Brand New Day/ Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/ Central Health Medicare Plan policy may contact the Health Plan.*

**Before using this policy, please check the member benefit plan document and any federal or state mandates, if applicable. Brand New Day/ Central Health Medicare Plan policies and practices are compliant with all federal and state requirements, including mental health parity laws.**

### PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for Hyaluronate Injections for Osteoarthritis of the Knee.

### POLICY

**Prior Authorization and Medical Review is required.**

Durolane, Genvisc 850, Hyalgan, Supartz, Hymovis, Orthovisc, Synvisc, Synvisc One, Gel-One, Monovisc, Gelsyn-3, Trivisc, Synjoynt, Triluron, and Visco-3 are Non-Preferred products.

**The Preferred product is Euflexxa**

Durolane, Genvisc 850, Hyalgan, Supartz, Hymovis, Orthovisc, Synvisc, Synvisc One, Gel-One, Monovisc, Gelsyn-3, Trivisc, Synjoynt, Triluron, and Visco-3 may be considered medically necessary if:

- The patient has a contraindication or severe intolerance to Euflexxa.

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Coverage will be provided according to the below quantity limitations.

Coverage Quantity Limitations	
Product	Quantity Limit
Euflexxa	20mg once weekly x 3 doses - <b>Maximum 6 injections per 180 days</b>
Gel-One	30mg x 1 dose - <b>Maximum 2 injection per 180 days</b>
Gelsyn-3	16.8 mg once weekly x 3 doses - <b>Maximum 6 injections per 180 days</b>
GenVisc 850	25mg once weekly x 5 doses - <b>Maximum 10 injections per 180 days</b>
Hyalgan	20mg once weekly x 5 doses - <b>Maximum 10 injections per 180 days</b>
Hymovis	24mg once weekly x 2 doses - <b>Maximum 4 injections per 180 days</b>
Monovisc	88mg x 1 dose - <b>Maximum 2 injections per 180 days</b>
Orthovisc	30mg once weekly x 3 or 4 doses - <b>Maximum 8 injections per 180 days</b>
Sodium Hyaluronate 1%	20 mg once weekly x 3 doses - <b>Maximum 6 injections per 180 days</b>
Supartz FX	25mg once weekly x 5 doses - <b>Maximum 10 injections per 180 days</b>
Synvisc	16mg once weekly x 3 doses - <b>Maximum 6 injections per 180 days</b>
Synvisc-One	48mg x 1 dose - <b>Maximum 2 injections per 180 days</b>
Trivisc	25mg once weekly x 3 doses - <b>Maximum 3 injections per 180 days</b>
Durolane	60mg (3mL) x 1 dose - <b>Maximum 2 injections per 180 days</b>
Triluron	20 mg once weekly x 3 doses - <b>Maximum 3 injections per 180 days</b>
Synojynt	1% once weekly x 3 doses - <b>Maximum 3 injections per 180 days</b>
Visco-3	25mg once weekly x 3 doses

### Initial Coverage

- A. Patient does not have any conditions which would preclude intra-articular injections (e.g., active joint infection, unstable joint, bleeding disorders, etc.); **AND**
- B. Patient has not received therapy with intra-articular long-acting corticosteroid type drugs (i.e. Zilretta, etc.) within the previous 6 months of therapy; **AND**
- C. Patient has a documented diagnosis of symptomatic osteoarthritis (OA) of the knee; **AND**
- D. Patient has had a trial and failure to BOTH of the following conservative therapies which have not resulted in functional improvement after at least three (3) months:
  - a. Non-pharmacological therapy including, but not limited to physical therapy, yoga, weight management, cognitive behavioral therapy, knee brace, cane, etc.
  - b. Pharmacological therapy including, but not limited to oral non-steroidal anti-inflammatory drugs (NSAIDs), topical NSAIDs, COX-2 inhibitors, topical capsaicin, acetaminophen, tramadol, duloxetine, etc.; **AND**
- E. Patient has had unsuccessful trials with aspiration and injection of intra-articular steroids; **AND**
- F. Patient reports pain that interferes with functional activities (e.g., ambulation, prolonged standing, etc.).

### Renewal Criteria

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- A. Documentation demonstrating reduction in dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 6-month period following the previous series of injections
- B. Objective documentation of significant improvement in signs and symptoms of pain and improvement in functional capacity following the previous series of injection(s).
- C. 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.

## LIMITATIONS/EXCLUSIONS

1. Any indication other than those listed above due to insufficient evidence of therapeutic value
2. Use to improve the skin's appearance, contour and/or reduce depressions due to acne, scars, injury or wrinkles are considered cosmetic and are not a covered benefit.
3. Patients with known hypersensitivity to hyaluronate derivatives or allergies to avian or avian-derived products (including eggs, feathers or poultry). (EXCLUDING Orthovisc)
4. Do not administer to patients with known hypersensitivity (allergy) to gram positive bacterial proteins (Orthovisc ONLY)

## CODING

Applicable NDC Codes	
89130-2020-01	DUROLANE, hyaluronic acid 20 mg/1 ml, 3 ml
50653-0006-01	GENVISC 850, hyaluronate sodium 10 mg/1 ml, 2.5 ml
89122-072420	HYALGAN, hyaluronate sodium 10 mg/1 ml, 2 ml
89122-072412	HYALGAN, hyaluronate sodium 10 mg/1 ml, 2 ml
89130-4444-01	SUPARTZ FX, hyaluronate sodium 10 mg/1 ml, 2.5 ml
87541-0301-31	VISCO-3, hyaluronate sodium 10 mg/1 ml, 2.5 ml 3s
50016-0957-21	VISCO-3, hyaluronate sodium 10 mg/1 ml, 2.5 ml 3s
89122-0496-63	HYMOVIS, hyaluronic acid 8 mg/1 ml, 3 ml 2s
55566-4100-01	EUFLEXXA, hyaluronate sodium 10 mg/1 ml, 2 ml 3s
59676-0360-01	ORTHOVISC, hyaluronic acid 15 mg/1 ml, 2 ml
58468-0090-01	SYNVISC, hylan polymers a and b 8 mg/1 ml, 2 ml 3s
58468-0090-03	SYNVISC ONE, hylan polymers a and b 8 mg/1 ml, 6 ml
87541-0300-91	GEL-ONE, hyaluronate sodium 30 mg/3 ml, 3 ml
50016-0957-11	GEL-ONE, hyaluronate sodium 30 mg/3 ml, 3 ml
59676-0820-01	MONOVISC, hyaluronic acid 22 mg/1 ml, 4 ml
89130-3111-01	GELSYN-3, hyaluronate sodium 8.4 mg/1 ml, 2 ml
50653-0006-04	TRIVISC, hyaluronate sodium 10 mg/1 ml, 2.5 ml
89122-0879-01	TRILURON, hyaluronate sodium 20 mg/2 ml, 2 ml
57844-0181-21	SODIUM HYALURONATE, hyaluronate sodium 10 mg/1 ml, 2 ml

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Applicable Procedure Code	
J3490	Unclassified drugs
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan or Supartz, or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, hymovis, 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
J7332	Hyaluronan or derivative, Trilon, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, Synjoynt, for intra-articular injection, 1 mg
J7333	Hyaluronan or derivative, (Visco-3), for intra-articular injection

Applicable ICD-10 Codes	
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified

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### EVIDENCE BASED REFERENCES

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## POLICY HISTORY

Revision History	Month Day, Year	Updates
Original Effective Date	November 1, 2021	NA
Revision	April 1, 2023	Updated to include preferred product criteria for Euflexxa
	January 1, 2024	Updated to Brand New Day/Central Health Medicare Plan
P&T Committee Endorsement	November 1, 2021	NA

## DISCLAIMER

*Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies may be updated and therefore are*

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