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Policy Number: C14676-A

## Hyaluronic Acid Injections

### PRODUCTS AFFECTED

Durolane (sodium hyaluronate injection), Euflexxa (sodium hyaluronate injection), Gel-One (cross-linked hyaluronate), Gelsyn-3 (sodium hyaluronate injection), GenVisc 850 (sodium hyaluronate injection), Hyalgan (sodium hyaluronate injection), Hymovis (high molecular weight viscoelastic hyaluronan injection), Monovisc (high molecular weight hyaluronan injection), Orthovisc (high molecular weight hyaluronan injection), Sodium Hyaluronate, Supartz FX (sodium hyaluronate), SynoJoynt (sodium hyaluronate injection), Synvisc (hyylan G-F 20 sodium hyaluronate injection), Synvisc-One (hyylan G-F 20 sodium hyaluronate injection), Triluron (sodium hyaluronate injection), TriVisc (sodium hyaluronate injection), Visco-3 (sodium hyaluronate injection)

### COVERAGE POLICY

*Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

### Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

### DIAGNOSIS:

Osteoarthritis (OA) of the Knee

### REQUIRED MEDICAL INFORMATION:

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for

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adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

### A. OSTEOARTHRITIS (OA) OF THE KNEE:

1. Documented diagnosis of osteoarthritis of the knee

AND

2. Documentation of member's affected knee(s): Left, right, or both knees to be treated.

*NOTE: Bilateral injections may be allowed only if both knees meet criteria.*

AND

3. Prescriber attests that member has no evidence of inflammatory arthritis (e.g., rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, systemic lupus erythematosus) and other causes of musculoskeletal pain, including referred pain, bursitis, and inflammatory rheumatic diseases have been ruled out.

*NOTE: Safety and efficacy in joints with severe inflammation have not been established. There are no studies that have evaluated the efficacy of hyaluronate derivatives in patients with OA and coexistent other inflammatory conditions such as rheumatoid arthritis.*

AND

4. Prescriber attests that member has NOT had a history of failure on hyaluronic intra-articular injection (applicable to member's medical history prior to, and as a Molina member). Requests will not be authorized for members who have failed to respond to ANY previous viscosupplementation therapy.

*NOTE: There is a lack of reliable evidence that any one brand of viscosupplement is more effective to other brands for medically necessary indications. There are also a lack of studies demonstrating that individuals who fail to respond to one brand of viscosupplement will respond to other brands of viscosupplements.*

AND

5. Prescriber attests that surgical knee replacement is not a planned treatment option within 6 months of intra-articular viscosupplementation administration

*NOTE: There is no data to suggest efficacy of hyaluronate derivatives in patients who have had total knee arthroplasty in the targeted knee.*

AND

6. Documentation that the member has tried and failed (*defined as symptoms inadequately controlled after an adherent 3-month trial unless specified*), experienced serious side effects, or has FDA-labeled contraindication(s)\* in the affected joint(s) to TWO of the following modalities of therapy [DOCUMENTATION REQUIRED]:

- a. At least one course of physical therapy (PT) for knee osteoarthritis

OR

- b. At least TWO of the following pharmacologic therapies [verification of therapies required]:

- i. Oral Non-steroidal anti-inflammatory drugs [Contraindications may include: Compromised GI function or at risk of GI bleeding due to the adverse events of NSAIDs, Concomitant anticoagulant therapy for any condition, Cardiovascular or renal risk factors precluding use of COX-2 inhibitors]

- ii. Topical NSAIDs

- iii. Acetaminophen (up to 1 g four times/day)

- iv. Tramadol

- v. Duloxetine

OR

- c. At least TWO injections of IA corticosteroids to the affected knee(s) [Contraindications may include: increase in risk of local or systemic bacterial infection]

*MOLINA REVIEWER NOTE: Verify pharmacy claims data for above medications and compliance. For new members to Molina Healthcare, confirm medication use in medical or*

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*chart notes. Non-compliance or non-adherence does not constitute therapeutic failure.*

AND

7. Documentation of prescriber baseline pain and functional capacity assessment by any type of objective/quantification method, such as Visual Analog Scale for pain, joint mobility, effusion, and/or patient-response-based questionnaires [DOCUMENTATION REQUIRED]  
AND
8. IF THIS IS A PHARMACY BENEFIT REQUEST FOR A NON-FORMULARY/NON-PREFERRED PRODUCT: Documentation of CLINICAL MEDICAL rationale for the inability to utilize the preferred formulary hyaluronate product.  
OR  
FOR PHYSICIAN ADMINISTERED MEDICATION REQUESTS: Documentation of CLINICAL MEDICAL rationale for the inability to utilize the preferred hyaluronate product.

## CONTINUATION OF THERAPY:

### A. OSTEOARTHRITIS (OA) OF THE KNEE:

1. Documentation of positive response to therapy documented by ALL of the following [DOCUMENTATION REQUIRED]:
  - a. Significant improvement in pain and functional capacity as the result of the previous series of injections as indicated by any type of objective/quantification method, such as Visual Analog Scale for pain, joint mobility, reduction in effusion, and/or patient-response-based questionnaires  
*NOTE: If the initial or prior series of injections is not proven, or documented as beneficial to the member, it is not considered medically necessary to repeat the therapy and a repeat series of injections will not be authorized.*  
AND
  - b. A significant reduction in the dose/utilization of pharmacologic therapy (NSAIDs or other analgesics or anti-inflammatory medication)  
OR  
*A reduction in the number of accompanying intra-articular corticosteroid injections during the six month period following the previous series of injections*
2. At least six months have elapsed since the initial or prior treatment cycle  
AND
3. Member has not had total or partial joint replacement surgery  
*NOTE: There are no clinical trials evaluating the use of sodium hyaluronate in persons following total or partial joint replacement surgery.*  
AND
4. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

## DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 6 months

## PRESCRIBER REQUIREMENTS:

Prescribed by, or in consultation with, a board-certified orthopedic surgeon, pain management specialist, rheumatologist, physical medicine and rehabilitation specialist, or a sports medicine specialist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

## AGE RESTRICTIONS:

18 years of age and older

## QUANTITY:

**Table 1: FDA Labeled Dosage per Treatment Course per Joint**

Drug	Dose	Total Injections
Durolane (hyaluronic acid)	60 mg (3 ml) intra-articularly <b>once</b>	1 injection
Euflexxa (1% sodium hyaluronate)	20 mg (2 mL) intra-articularly once weekly for 3 weeks	3 injections
Gel-One (Cross-linked Hyaluronate)	30 mg (3 mL) intra-articularly <b>once</b>	1 injection
Gelsyn-3 (0.84% sodium hyaluronate)	16.8 mg (2 mL) intra-articularly once weekly for 3 weeks	3 injections
GenVisc 850 (sodium hyaluronate)	25 mg (2.5 mL) intra-articularly once weekly for 5 weeks. Some patients may benefit from 3 injections given at weekly intervals	3 to 5 injections
Hyalgan (sodium hyaluronate)	20 mg (2 mL) intra-articularly once weekly for 5 weeks. Some patients may benefit with 3 injections given at weekly intervals	3 to 5 injections
Hymovis (high molecular weight hyaluronan)	24 mg (3 mL) intra-articularly once weekly for 2 weeks	2 injections
Monovisc (high molecular weight hyaluronan)	88 mg (4 mL) intra-articularly once	1 injection
Orthovisc (high molecular weight hyaluronan)	30 mg (2 mL) intra-articularly once weekly for 3 or 4 weeks	3 to 4 injections
1% Sodium Hyaluronate	20 mg (2 mL) intra-articularly once weekly for 3 weeks	3 injections
Supartz FX	25 mg (2.5 mL) intra-articularly once weekly for 5 weeks. Some patients may benefit with 3 injections given at weekly intervals	3 to 5 injections
SynoJoynt (sodium hyaluronate)	20 mg (2 mL) intra-articularly once weekly for 3 weeks	3 injections
Synvisc One (Hylan G-F 20)	48 mg (6 mL) intra-articularly once	1 injection
Synvisc (Hylan G-F 20)	16 mg (2 mL) intra-articularly once weekly for 3 weeks	3 injections
Triluron (sodium hyaluronate)	20 mg (2 mL) once weekly for 3 weeks	3 injections
TriVisc (sodium hyaluronate)	25 mg (2.5 mL) once weekly for 3 weeks	3 injections
Visco-3(sodium hyaluronate)	25 mg (2.5 mL) intra-articularly once weekly for 3 weeks	3 injections

**Maximum Quantity Limits** – 1 course per affected joint every 6 months

**PLACE OF ADMINISTRATION:**

The recommendation is that intra-articular injection medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-hospital facility-based location.

**DRUG INFORMATION**

**ROUTE OF ADMINISTRATION:**

Intra-articular injection directly into the knee joint

**DRUG CLASS:**

Antirheumatic Miscellaneous

**FDA-APPROVED USES:**

Indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics

**COMPENDIAL APPROVED OFF-LABELED USES:**

None

**APPENDIX**

**APPENDIX:**

Comparison of OA Management Guidelines

- Comparison of 2 guidelines (AAOS 2013, VA/DoD 2014) on nonsurgical management of osteoarthritis of the knee Reference: [National Guideline Clearinghouse 2016 Jun 13:50210](#)
- Comparison of 16 guidelines on the management of osteoarthritis Reference: [Semin Arthritis Rheum 2014 Jun;43\(6\):701](#)

**BACKGROUND AND OTHER CONSIDERATIONS**

**BACKGROUND:**

Clinical studies of sodium hyaluronate and hylan G-F-20 have demonstrated that injection of these agents into the joint space of osteoarthritic knees is sometimes marginally more effective than placebo procedures in reduction of pain and improvement in functional capacity in some patients. These marginal beneficial results are more pronounced with the larger molecular weight compound hylan G-F20.

**There is no data indicating that these agents reverse or delay the osteoarthritic process in the injected joints. The long-term effects of repeated injections are unknown.**

**Clinical Practice Guidelines**

- The majority of guidelines did not find sufficient evidence to make a recommendation for or against the use of HA for knee OA. Refer to 'Supplemental Information' section for additional references and links for comparisons of guidelines.
- There is inconsistent evidence and limited effectiveness data that viscosupplementation, or HA products, produces clinically relevant improvements in pain and functioning for OA of the knee and no evidence to suggest it delays the progression of OA nor the progression to knee replacement.
- Several major practice guidelines have been unable to recommend intraarticular HA, with others recommending against its use with several other major organizations.

### **National and Specialty Organizations**

**American Academy of Orthopedic Surgeons (AAOS)** In the second edition of the evidence-based guidelines on treatment of OA of the knee, the AAOS issued a “Strong” recommendation against the use of HA for knee OA due to lack of efficacy (AAOS, 2013). The third edition of this guideline (2021) echoes this with a moderate recommendation against its use. Downgrade was due to statistically significant improvements associated with the high molecular cross-linked hyaluronic acid products, but this significance is not maintained for other products.

**National Institute for Health and Care Excellence (NICE 2022)** recommended against HA for knee OA

**American College of Rheumatology (ACR 2019)** clinical practice guidelines on osteoarthritis indicate conditional recommendation against the use of IAHA in the knee. Recommendations for the use of pharmacologic therapies in knee OA include acetaminophen, oral and topical NSAIDs, tramadol and intra-articular corticosteroid injections. The conditional recommendation against is consistent with the use of hyaluronic acid injections, in the context of shared decision-making that recognizes the limited evidence of benefit of this treatment, when other alternatives have been exhausted or failed to provide satisfactory benefit.

**American Medical Society for Sports Medicine (AMSSM)** Based on findings from their systematic review with network meta-analysis, the AMSSM recommended IA-HA for appropriate patients with knee OA. Criteria for appropriate patients were not reported. (Trojan et al., 2016)

**Osteoarthritis Research Society International (OARSI) 2014** guideline update provided an “uncertain” recommendation for IAHA, indicating an overall small effect size on pain, inconsistent results among the available meta-analyses, and one meta-analysis signaling potential for serious safety concerns, influenced their recommendation.

**ECRI Institute. Viscosupplementation for Treating Osteoarthritic Knee Pain** A 2019 ECRI report on viscosupplementation summarized evidence from 8 systematic reviews and 6 RCTs (total patients = 12,775) to be inconclusive for treating knee pain due to OA. While IA HA injections may provide relief in some patients, uncertainty remains about the most effective formulations, which populations benefit most, and whether HA should be combined with other agents to increase efficacy. (ECRI; 2019)

### **CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**

All other uses of sodium hyaluronate are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to sodium hyaluronate include:

1. Hypersensitivity to hyaluronate or hyaluronan preparations
2. Present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis
3. Use in joint other than the knee
4. Hymovis, Monovisc and Orthovisc only: known hypersensitivity to gram positive bacterial proteins  
*Informational note: HA is derived from bacterial cells for certain products (Euflexxa, Gelsyn-3, Hymovis, Monovisc, Orthovisc)*
5. Allergy to avian or avian-derived products (including eggs, feathers, or poultry) NOTE: Review individual product source  
*Informational Note: HA is derived from chicken combs for certain products (Gel-One, Hyalgan, Supartz FX, Synvisc, Synvisc-One, Visco-3)*
6. Monovisc only: known systemic bleeding disorders
7. Active inflammatory joint disease or synovitis affecting the knee, such as crystal induced synovitis, rheumatoid arthritis

### **COSMETIC USE IS NOT A COVERED BENEFIT**

The FDA has approved several products containing a transparent HA gel to improve the contours of the

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skin. These products are used to treat acne, scars and wrinkles on the skin by temporarily adding volume to facial tissue and restoring a smoother appearance to the face (may not be an all-inclusive list):

- Restylane injectable gel
- Perlane injectable gel
- Hylaform
- Juvéderm 24HV, Juvéderm 30 & Juvéderm 30HV Gel Implants

## OTHER SPECIAL CONSIDERATIONS:

None

## CODING/BILLING INFORMATION

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.

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

## AVAILABLE DOSAGE FORMS:

Several HA agents are available, with varying molecular weights and injections per course of treatment (single injection HAs and those requiring 3 to 5 injections per course of treatment). Refer to Table 1 in 'Coverage Policy' section above.

## REFERENCES

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5. Gel-One [prescribing information]. Warsaw, IN: Zimmer; May 2011.
6. Gelsyn-3 (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; December 2017.
7. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; no date.
8. Monovisc [prescribing information]. Bedford, MA: Anika Therapeutics; July 2023.

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SUMMARY OF REVIEW/REVISI	DATE
REVISION- Notable revisions: Required Medical Information References	Q4 2025
REVISION- Notable revisions: Coding/Billing Information Template Update ANNUAL REVIEW COMPLETED- No coverage criteria changes with this annual review.	Q4 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Duration of Approval FDA-Approved Uses Background Contraindications/Exclusions/Discontinuation Coding/Billing Information References	Q4 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Age Restrictions Quantity Compendial Approved Off-Labeled Uses References	Q4 2022
Q2 2022 Established tracking in new format	Historical changes on file