EVH Clinical Guideline 5014.CC for Hyaluronic Acid Derivatives

Guideline Number: EVH_CG_5014.CC	**Applicable Codes**	
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Original Date: May 2022	**Last Revised Date:** October 2025	**Implementation Date:** December 2025

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STATEMENT

General Information

- *It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.*
- *If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.*

Purpose

The purpose of this guideline is to define the prior authorization process for hyaluronic acid injections.

Scope

This guideline applies to all practitioners who are involved in providing the requested drug. This guideline is specific to the Health Plan's medical benefit.

Plan Design Summary

Requests for hyaluronic acid products are subject to the preferred medical drug list program. This program applies to the products specified in this guideline and only to indications that are FDA-approved for the preferred product (as applicable). Coverage for non-preferred products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made.

Preferred Drugs	Non-Preferred Drugs
Single Injection	
Durolane (J7318) Synvisc-One (J7325)	Gel-One (J7326) Monovisc (J7327)
Multiple Injections	
Euflexxa (J7323) Gelsyn-3 (J7328) Hyalgan (J7321) Supartz (J7321) Visco-3 (J7321)	Genvisc 850 (J7320) Hymovis (J7322) Orthovisc (J7324) Synvisc (J7325) Triluron (J7332) Trivisc (J7329)

INITIAL REVIEW CRITERIA

The request must meet all of the criteria listed below

- Must have a diagnosis of mild-to-moderate osteoarthritis or degenerative joint disease of the knee supported by imaging (e.g., MRI, x-ray)
- Must have documentation of a previous trial and failure of ONE of the following for at least 3 months **OR** have a contraindication or intolerance to both of the following:
  - Simple analgesics (such as acetaminophen-containing products)
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
- Must have documentation of a trial of steroid injections and aspiration for effusion without success, or have a documented medical reason to not utilize steroid injections
- Must have documentation of a trial and failure of physician-directed exercise or a physical therapy program
- Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling, **including** a dosing frequency of no more than every-6-months
- **For non-preferred products:** Must have documentation of a previous trial and failure, contraindication, or intolerance to at least TWO of the same type of preferred product(s) (e.g., if requesting a single injection series non-preferred product, the member must try and fail the preferred single injection products)

REAUTHORIZATION CRITERIA

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. The request must meet all of the criteria listed below.

- Must have chart documentation of significant improvement in pain and functional capacity following previous series
- Must be at least 6 months since the prior treatment series was administered in the respective joint
- Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling, **including** a dosing frequency of no more than every-6-months
- **For non-preferred products:** Must have documentation of a previous trial and failure, contraindication, or intolerance to at least TWO of the same type of preferred product(s) (e.g., if requesting a single injection series non-preferred product, the member must try and fail the preferred single injection products)

APPROVAL DURATIONS

Initial Authorization	1 year
Reauthorization	Same as initial

CODING AND STANDARDS

Codes

Code	Brand	Description
J7318	DUROLANE	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7320	GENVISC 850	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7321	HYALGAN, SUPARTZ, VISCO-3	HYALURONAN OR DERIVATIVE HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7322	HYMOVIS	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG

Code	Brand	Description
J7323	EUFLEXXA	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7324	ORTHOVISC	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7325	SYNVISC, SYNVISC-ONE	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7326	GEL-ONE	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7327	MONOVISC	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7328	GELSYN-3	HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA-ARTICULAR INJECTION, 0.1 MG
J7329	TRIVISC	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7332	TRILURON	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☐	Commercial
☐	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

BACKGROUND

Hyaluronic acid products improve elasticity and viscosity of synovial fluid. They are indicated to relieve pain associated with osteoarthritis of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics.

For reference purposes only:

- Durolane® course – 1 single injection
- Euflexxa® course – 3 injections 1 week apart
- Gel-One® course – 1 single injection
- Gelsyn-3® course – 3 injections 1 week apart
- Genvisc 850® course – 3 to 5 injections 1 week apart
- Hyalgan® course – 3 to 5 injections 1 week apart
- Hymovis® course – 2 injections 1 week apart
- Monovisc® course – 1 single injection
- Orthovisc® course – 3 to 4 injections 1 week apart
- Supartz® course – 3 to 5 injections 1 week apart
- Synvisc® course – 3 injections 1 week apart
- Synvisc-One® course – 1 single injection
- Triluron® course – 3 injections 1 week apart
- Trivisc® course – 3 injections 1 week apart
- Visco-3® course – 3 injections 1 week apart

POLICY HISTORY

Date	Summary
October 2025	• Added dosing criterion to both initial and reauthorization sections • Added non-preferred criterion to reauthorization section • Added requirement for imaging to support diagnosis
April 2024	• Added Durolane & Gelsyn-3 as preferred agents • Updated criteria to only require ONE trial of APAP/NSAIDs
March 2022	• New Guideline

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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