

**Hyaluronic Acid Derivatives:**

**Durolane<sup>®</sup>, Euflexxa<sup>®</sup>, Gel-One<sup>®</sup>, GelSyn-3<sup>™</sup>, GenVisc 850<sup>®</sup>, Hyalgan<sup>®</sup>, Hymovis<sup>®</sup>, Monovisc<sup>®</sup>, Orthovisc<sup>®</sup>, Supartz/Supartz FX<sup>™</sup>, SynoJoynt<sup>™</sup>, Synvisc<sup>®</sup>, Synvisc-One<sup>®</sup>, Triluron<sup>™</sup>, TriVisc<sup>™</sup>, VISCO-3<sup>™</sup>**  
**(Intra-articular)**

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**I. Length of Authorization**

- Initial: Prior authorization validity will be provided initially for 6 months.
- Renewal: Prior authorization validity may be renewed every 12 months thereafter.

**II. Dosing Limits****Max Units (per dose and over time) [HCPCS Unit]:\***

Drug	HCPCS	1 Billable Unit (BU)	BU per Admin	No. Admins (per knee per 180 days)	Max Units (per 180 days)*
Durolane	J7318	1 mg	60	1	120
Euflexxa	J7323	1 dose	1	3	6
Gel-One	J7326	1 dose	1	1	2
GelSyn-3	J7328	0.1 mg	168	3	1008
GenVisc 850	J7320	1 mg	25	5	250
Hyalgan; Supartz; Supartz FX	J7321	1 dose	1	5	10
Hymovis	J7322	1 mg	24	2	96
Monovisc	J7327	1 dose	1	1	2

Orthovisc	J7324	1 dose	1	4	8
SynvJoynt	J7331	1 mg	20	3	120
Synvisc	J7325	1 mg	16	3	96
Synvisc-One	J7325	1 mg	48	1	96
Triluron	J7332	1 mg	20	3	120
TriVisc	J7329	1 mg	25	3	150
VISCO-3	J7321	1 dose	1	3	10

\*Max units are based on administration to both knees

### III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient must try and have an inadequate response, contraindication, or intolerance to Euflexxa

#### Universal Criteria <sup>1-15,23-25</sup>

- Patient does not have any conditions which would preclude intra-articular injections (e.g., active joint infection, unstable joint, bleeding disorders, etc.); **AND**
- 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**

#### Osteoarthritis of the knee † <sup>1-15,23-25,27-29</sup>

- Patient has a radiographically\* confirmed diagnosis of osteoarthritis of the knee; **AND**
- Trial and failure of conservative therapy (including physical therapy AND pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream]) has been attempted and has not resulted in functional improvement after at least 3 months; **AND**
- The patient has failed to adequately respond to aspiration and injection of intra-articular steroids; **AND**
- The patient reports pain which interferes with functional activities (e.g., ambulation, prolonged standing)

\*Note: Imaging is not required to make the diagnosis in patients with a typical presentation of OA<sup>27</sup>

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

### IV. Renewal Criteria <sup>1-15,23-25,27-29</sup>

Coverage can be renewed based upon the following criteria:

- Patient must try and have an inadequate response, contraindication, or intolerance to Euflexxa
- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by improvement in signs and symptoms of pain and a stabilization or improvement in functional capacity during the 6-month period following the previous series of injections as evidenced by objective measures; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe joint swelling and pain, severe infections, anaphylactic or anaphylactoid reactions, etc.

## V. Dosage/Administration (per knee per 180 days)

Drug	Dose
Durolane	60 mg intra-articularly x 1 administration
Euflexxa	20 mg intra-articularly once weekly x 3 administrations
Gel-One	30 mg intra-articularly x 1 administration
GelSyn-3	16.8 mg intra-articularly once weekly x 3 administrations
GenVisc 850	25 mg intra-articularly once weekly x 5 administrations
Hyalgan	20 mg intra-articularly once weekly x 5 administrations
Hymovis	24 mg intra-articularly once weekly x 2 administrations
Monovisc	88 mg intra-articularly x 1 administration
Orthovisc	30 mg intra-articularly once weekly x 4 administrations
SynoJoynt	20 mg intra-articularly once weekly x 3 administrations
Supartz/Supartz FX	25 mg intra-articularly once weekly x 5 administrations
Synvisc	16 mg intra-articularly once weekly x 3 administrations
Synvisc-One	48 mg intra-articularly x 1 administration
Triluron	20 mg intra-articularly once weekly x 3 administrations
TriVisc	25 mg intra-articularly once weekly x 3 administrations
VISCO-3	25 mg intra-articularly once weekly x 3 administrations

## VI. Billing Code/Availability Information

### HCPCS Code & NDC:

Drug	HCPCS Code	1 Billable Unit	Dose per Injection	Injections (per knee per 180 days)	NDC
Durolane	J7318	1 mg	60 mg/3 mL	1	89130-2020-xx
Euflexxa	J7323	1 dose	20 mg/2 mL	3	55566-4100-xx

Gel-One	J7326	1 dose	30 mg/3 mL	1	50016-0957-xx
GelSyn-3	J7328	0.1 mg	16.8 mg/2 mL	3	89130-3111-xx
GenVisc 850	J7320	1 mg	25mg/2.5 ml	5	50653-0006-xx
Hyalgan	J7321	1 dose	20 mg/2 mL	5	89122-0724-xx
Hymovis	J7322	1 mg	24 mg/3 mL	2	89122-0496-xx
Monovisc	J7327	1 dose	88 mg/4 mL	1	59676-0820-xx
Orthovisc	J7324	1 dose	30 mg/2 mL	4	59676-0360-xx
Supartz	J7321	1 dose	25 mg/2.5 mL	5	89130-5555-xx
Supartz FX	J7321	1 dose	25 mg/2.5 mL	5	89130-4444-xx
SynJoynt	J7331	1 mg	20 mg/2 mL	3	82197-0721-xx
Synvisc	J7325	1 mg	16 mg/2 mL	3	58468-0090-xx
Synvisc-One	J7325	1 mg	48 mg/6 mL	1	58468-0090-xx
Triluron	J7332	1 mg	20 mg/2 mL	3	89122-0879-xx
TriVisc	J7329	1 mg	25 mg/2.5 mL	3	50563-0006-xx
VISCO-3	J7321	1 dose	25mg/2.5 mL	3	50016-0957-xx

## VII. References

1. Supartz/Supartz FX [package insert]. Durham, NC; Bioventus LLC; April 2015. Accessed July 2025.
2. Hyalgan [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; August 2017. Accessed July 2025.
3. Euflexxa [package insert]. Parsippany, NJ; Ferring Pharmaceuticals; July 2016. Accessed July 2025.
4. Synvisc/Synvisc-One [package insert]. Ridgefield, NJ; Genzyme Corporation; January 2025. Accessed July 2025.
5. Orthovisc [package insert]. Bedford, MA; Anika Therapeutics, Inc.; July 2023. Accessed July 2025.
6. Gel-One [package insert]. Warsaw, IN; Zimmer Inc.; May 2011. Accessed July 2025.
7. Monovisc [package insert]. Bedford, MA; Anika Therapeutics, Inc.; July 2023. Accessed July 2025.
8. GelSyn-3 [package insert]. Durham, NC; Bioventus LLC; December 2017; Accessed July 2025.
9. GenVisc 850 [package insert]. Doylestown, PA; OrthogenRx, Inc; November 2019; Accessed July 2025.
10. Hymovis [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; June 2021. Accessed July 2025.
11. VISCO-3 [package insert]. Durham, NC; Bioventus LLC; December 2015. Accessed July 2025.
12. Durolane [package insert]. Durham, NC; Bioventus LLC; September 2017. Accessed July 2025.
13. TriVisc [package insert]. Doylestown, PA; OrthogenRx, Inc; December 2017. Accessed July 2025.
14. Triluron [package insert]. Florham Park, NJ; Fidia Pharma USA Inc.; July 2019. Accessed July 2025.
15. SynoJoynt [package insert]. North Wales, PA; Teva Pharmaceuticals USA, Inc.; January 2022. Accessed July 2025.

16. Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res (Hoboken)*. 2012 Apr;64(4):465-74.
17. McAlindon TE, Bannuru RR, Sullivan MC, et al. OARSI guidelines for the non-surgical management of knee osteoarthritis. *Osteoarthritis Cartilage*. 2014 Mar;22(3):363-88. doi: 10.1016/j.joca.2014.01.003. Epub 2014 Jan 24.
18. Brown GA. AAOS clinical practice guideline: treatment of osteoarthritis of the knee: evidence-based guideline, 2<sup>nd</sup> edition. *J Am Acad Orthop Surg*. 2013 Sep;21(9):577-9. doi: 10.5435/JAAOS-21-09-577.
19. Cooper C, Rannou F, Richette P, et al. Use of intra-articular hyaluronic acid in the management of knee osteoarthritis in clinical practice. *Arthritis Care Res (Hoboken)*. 2017 Jan 24.
20. Bhadra AK, Altman R, Dasa V, et al. Appropriate use criteria for hyaluronic acid in the treatment of knee osteoarthritis in the United States. *Cartilage*. 2016 Aug 10.
21. National Institute for Health and Care Excellence. NICE 2014. Osteoarthritis-Care and management in adults. Published Feb 2014. Clinical guideline CG177. <https://www.nice.org.uk/guidance/cg177/evidence/full-guideline-pdf-191761309>. Accessed August 2018.
22. Strand V, Baraf H, Lavin P, et. al. Effectiveness and Safety of a Multicenter Extension and Retreatment Trial of Gel-200 in Patients with Knee Osteoarthritis. *Cartilage*. 2012 Oct; 3(4): 297–304.
23. Gandek B. Measurement properties of the Western Ontario and McMaster Universities Osteoarthritis Index: a systematic review. *Arthritis Care Res (Hoboken)*. 2015 Feb;67(2):216-29. doi: 10.1002/acr.22415.
24. Bannuru RR, Osani MC, Vaysbrot EE, et al. OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. *Osteoarthritis Cartilage*. 2019 Jun;27(11):1578-1589. DOI:<https://doi.org/10.1016/j.joca.2019.06.011>.
25. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee *Arthritis Rheumatol*. 2020 Feb;72(2):220-233. doi: 10.1002/art.41142. Epub 2020 Jan 6.
26. Sakellariou G, Conaghan PG, Zhang W, et al. EULAR recommendations for the use of imaging in the clinical management of peripheral joint osteoarthritis. *Annals of the Rheumatic Diseases* 2017;76:1484-1494.
27. National Institute for Health and Care Excellence. NICE 2022. Osteoarthritis in over 16s: diagnosis and management. Published Oct 2022. Clinical guideline NG226. <https://www.nice.org.uk/guidance/ng226>. Accessed July 2025.
28. Brophy RH, Fillingham YA. AAOS Clinical Practice Guideline Summary: Management of Osteoarthritis of the Knee (Nonarthroplasty), Third Edition. *J Am Acad Orthop Surg*. 2022 May 1;30(9):e721-e729. doi: 10.5435/JAAOS-D-21-01233.

29. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee (NonArthroplasty) Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpq>  
Published August 30, 2021.
30. Palmetto GBA. Local Coverage Article: Billing and Coding: Hyaluronic Acid Injections for Knee Osteoarthritis (A59030). Centers for Medicare & Medicaid Services, Inc. Updated on 07/29/2024 with effective date 08/29/2024. Accessed July 2025.
31. National Government Services, Inc. Local Coverage Article: Billing and Coding: Hyaluronans Intra-articular Injections of (A52420). Centers for Medicare & Medicaid Services, Inc. Updated on 08/04/2024 with effective date 09/01/2024. Accessed July 2025.
32. Wisconsin Physicians Service Insurance Corporation. Local Coverage Article: Billing and Coding: Intraarticular Knee Injections of Hyaluronan (A56157). Centers for Medicare & Medicaid Services, Inc. Updated on 07/24/2024 with effective date 08/01/2024. Accessed July 2025.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD):

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	NCD/LCA/LCD Document (s)	Contractor
J, M	A59030	Palmetto GBA
6, K	A52420	National Government Services, Inc. (NGS)
5, 8	A56157	Wisconsin Physicians Service Insurance Corp (WPS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC