



<b>Policy Title:</b>	Hyaluronic acid Intra-articular Injection Policy: Hyalgan, Euflexxa, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc-One, Genvisc, Visco-3, Hymovis, Gel-one, Gelysn, Synjoynt, Triluron		
		<b>Department:</b>	PHA
<b>Effective Date:</b>	07/01/2019		
<b>Review Date:</b>	04/19/2019, 09/18/2019, 12/18/19		
<b>Revision Date:</b>	04/19/2019, 09/18/2019		

**Purpose:** To support safe, effective and appropriate use of Hyaluronic acid Intra-articular Injections.

**Scope:** Medicaid\*, Exchange, Medicare-Medicaid Plan (MMP)

\*(Medication only available on the Medical Benefit)

**Policy Statement:**

Hyaluronic acid Intra-articular Injections are covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process. Euflexxa is the preferred Hyaluronic acid Intra-articular Injection.

***Procedure:***

Coverage of Hyaluronic acid Intra-articular Injections will be reviewed prospectively via the prior authorization process based on criteria below.

***Initial Criteria :***

- Documented symptomatic osteoarthritis of the knee; AND
- Trial and failure of conservative therapy (including physical therapy, 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); AND



- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder); AND
- Requests for non-Euflexxa Hyaluronic acid intra-articular injections require that a patient must have a documented failure, intolerance or contraindication to Euflexxa. Patients that are currently on treatment with non-Euflexxa Hyaluronic acid intra-articular injections can remain on treatment.

***Continuation of Therapy Criteria:***

- Meets all initial criteria; AND
- The medical record demonstrates a reduction in the dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 6-month period following the previous series of injections; AND
- The medical record objectively documents significant improvement in pain and functional capacity as the result of the previous injections; AND
- 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.

***Coverage durations:*** one series per knee for 6 months

\*\*\* Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. \*\*\*

**Billable Units (per dose and over time):**

<b><i>DRUG</i></b>	<b><i>HCPCS</i></b>	<b><i>1 Billable Unit (BU)</i></b>	<b><i>BU per administration</i></b>	<b><i>Number of Administrations per knee per 180 days</i></b>
Euflexxa	J7323	1 dose	1	3
Gel-One	J7326	1 dose	1	1
GelSyn-3	J7328	0.1 mg	168	3
Gen-Visc 850	J7320	1 mg	25	5
Hyalgan; Supartz; Supartz FX	J7321	1 dose	1	5
Hymovis	J7322	1 mg	24	2
Monovisc	J7327	1 dose	1	1
Orthovisc	J7324	1 dose	1	4
Synvisc	J7325	1 mg	16	3
Synvisc-One	J7325	1 mg	48	1
Visco-3	J7321	1 dose	1	3
Synjoynnt	J7331	1 mg	20	3



Triluron	J7332	1 mg	20	3
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**Investigational Use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug Information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

#### Applicable Codes:

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
J7320	Genvisc
J7321	Hyalgan or Supartz or Visco-3
J7322	Hymovis
J7323	Euflexxa
J7324	Orthovisc
J7325	Synvisc/Synvisc-One
J7326	Gel-One
J7327	Monovisc
J7331	Synjoynt
J7332	Triluron
J7328	Gel-Syn-3

#### References:

1. Euflexxa [package insert]. Parsippany, NJ; Ferring Pharmaceuticals; July 2016. Accessed April 2018.
2. Gel-One [package insert]. Warsaw, IN; Zimmer; May 2011. Accessed April 2018.

3. 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.
4. 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.
5. Brown GA. AAOS clinical practice guideline: treatment of osteoarthritis of the knee: evidence-based guideline, 2nd edition. *J Am Acad Orthop Surg*. 2013 Sep;21(9):577-9. doi: 10.5435/JAAOS-21-09-577.
6. 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.
7. 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.
8. 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 November 2017.
9. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD): Intra-articular Injections of Hyaluronan (L34525). Centers for Medicare & Medicaid Services, Inc. Updated on 3/20/2018 with effective date 04/01/2018. Accessed June 2018.
10. Novitas Solutions, Inc. Local Coverage Determination (LCD): Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427). Centers for Medicare & Medicaid Services, Inc. Updated on 01/19/2018 with effective date 1/1/2018. Accessed June 2018.
11. Palmetto GBA. Local Coverage Determination (LCD): Hyaluronate Polymers (L33432). Centers for Medicare & Medicaid Services, Inc. Updated on 04/03/2018 with effective date 04/12/2018. Accessed June 2018.
12. First Coast Service Options, Inc. Local Coverage Determination (LCD): Viscosupplementation Therapy for Knee (L33767). Centers for Medicare & Medicaid Services, Inc. Updated on 02/02/2018 with effective date 02/08/2018. Accessed June 2018.
13. National Government Services, Inc. Local Coverage Article: Hyaluronans (e.g. Hyalgan®, Supartz®, Euflexxa™, Synvisc®, Synvisc-One™, Orthovisc®, Gel-One®), Intra-articular Injections of - Related to LCD L33394 (A52420). Centers for Medicare & Medicaid Services, Inc. Updated on 5/4/2018 with effective date 4/1/2018. Accessed June 2018