JOHNS HOPKINS MEDICINE / JOHNS HOPKINS HEALTHCARE	Johns Hopkins HealthCare LLC **Pharmacy Public** **Medical Management Drug Policies**	*Policy Number*	MMDP001
		Effective Date	01/01/2006
		Review Date	10/19/2022
	Subject **Hyaluronic Acid, Euflexxa, Hyalgan, Orthovisc, Supartz, Synvisc, Monovisc, Gel-one, Gel-Syn 3, Genvisc 850, Supartz FX, Visco 3, Hymovis, Durolane, TriVisc, Synojoynt, Triluron**	*Revision Date*	10/19/2022
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This document applies to the following Participating Organizations:

US Family Health Plan

Keywords: durolane, euflexxa, gel-one, gel-syn, genvisc 850, hyalgan, hymovis, monovisc, orthovisc, supartz, SynoJoynt, synvisc, Triluron, trivisc, visco 3

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I. POLICY

A. Hyaluronic Acid, Euflexxa, Hyalgan, Orthovisc, Supartz, Synvisc, Monovisc, Gel-one, Gel-Syn 3, Genvisc 850, Supartz FX, Visco 3, Hymovis, Durolane,TriVisc, SynoJoynt and Triluron will require prior-authorization for medical benefit coverage to ensure appropriate use. The process for initiating a prior authorization can be found in policy PHARM 20.

II. POLICY CRITERIA

A. Hyaluronic acid products may be approved if ALL the following have been met:
   1. Patient is 22 years of age or older (18 years of age or older if request is for Euflexxa, Hyalgan, Orthovisc, Supartz, Supartz FX, Gel-Syn 3, or Triluron)
   2. Patient has a documented diagnosis of osteoarthritis of the knee
   3. Documented trial and inadequate response to at least two non-pharmacological interventions (e.g. physical therapy exercises, a weight loss program (if patient is overweight), tai chi, or a group-based self-management program)
   4. Documented trial and inadequate response to at least a one-month trial each of the following:
      1. A formulary topical nonsteroidal antiinflammatory drugs (NSAID) [such as diclofenac 1% gel]
      2. A dose optimized regimen of a formulary oral NSAID, or acetaminophen (if the use of NSAIDs is contraindicated)
   5. Documented trial and inadequate response or intolerance to intra-articular glucocorticoid injection

III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial authorization will be limited to three to five weeks depending on the hyaluronic acid product
B. Authorization for re-treatment may be granted under the following criteria:
   1. A minimum of 26 weeks has elapsed since the initial treatment
   2. Documentation has been provided showing a beneficial response to initial treatment, evidenced by both of the following:
      a. Improvement in pain and joint movement
      b. Reduction in the dosing of NSAIDs, or other analgesics

IV. EXCLUSIONS

A. Hyaluronic Acid products will not be approved for the following (not an all-inclusive list):
   1. Pediatric patients
   2. Patients who are pregnant, or nursing
   3. Patients with documented skin diseases, or infection, at the injection site
   4. Concurrent use with another hyaluronic acid product
   5. Any other indications or uses that are not FDA-approved, or guideline-supported

B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. RECOMMENDED DOSAGE

Please refer to the FDA-approved prescribing information for product-specific dosing details.

VI. CODES

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage.

Medication	HCPCS/CPT Code
Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL)	J7323
Hyaluronan or derivative, Hyalgan or Supartz or Visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL)	J7321
Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL)	J7324
Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	J7325
Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	J7327
Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	J7326
Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	J7328
Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg	J7320
Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	J7322

Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	J7318
Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	J7329
Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	J7331
Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	J7332

VII. REFERENCES

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VIII. APPROVALS

Signature on file at JHHC

JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE	Johns Hopkins HealthCare LLC **Pharmacy Public** **Medical Management Drug Policies**	*Policy Number*	MMDP001
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DATE OF REVISION	SUMMARY OF CHANGE
04/20/2016	Removed background information and added Monovisc/ Gel-One to criteria review, removed process of initiation of request
10/19/2016	Added new formulation Gel-Syn
07/25/2017	Policy section- language update to match operational processes
07/27/2017	Updated Exclusions section regarding physician samples
07/01/2018	Removed EHP Line of Business
12/19/2018	Updated layout, and clarified applicable drugs
01/16/2019	Added Durolane and TriVisc as applicable drugs
10/16/2019	Added SynoJoynt and Triluron as applicable drugs
01/15/2020	No policy changes- Presented policy for USFHP adoption effective 3/1/2020
07/15/2020	Updated policy criteria and limitations based on 2019 OA treatment guidelines, and FDA-approved drug-specific prescribing information
10/21/2020	Removed single treatment cycle limitation for specific drugs
11/09/2021	Removed Priority Partners as an applicable LOB
10/19/2022	Clarified criteria

Review Dates: 04/20/2016,10/19/2016, 12/19/2018, 01/16/2019, 10/16/2019, 01/15/2020, 07/15/2020, 10/21/2020, 10/19/2022

Revision Dates: 1/16/2008, 01/13/2009, 03/01/2014, 10/19/2016, 07/25/2017, 07/27/2017,07/01/2018, 12/19/2018, 01/16/2019, 10/16/2019, 06/02/2020, 07/15/2020, 10/21/2020, 11/09/2021, 10/19/2022