



## Viscosupplementation Medical Policy

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| <b>Drug(s) Applied:</b> | <b>Durolane</b> (hyaluronic acid)<br><b>Gelsyn-3</b> (sodium hyaluronate)<br><b>Euflexxa</b> (sodium hyaluronate)<br><b>Hyalgan</b> (sodium hyaluronate)<br><b>Supartz FX</b> (sodium hyaluronate)<br><b>Visco-3</b> (sodium hyaluronate)<br><b>Orthovisc</b> (sodium hyaluronate)<br><b>Synvisc/Synvisc One</b> (sodium hyaluronate) |
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### Criteria:

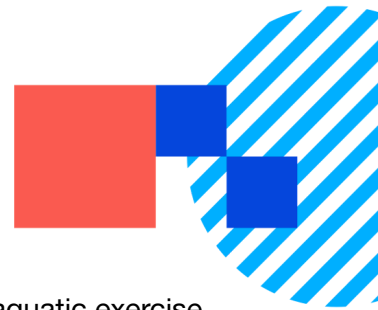
Curative considers Durolane, Gelsyn-3, Euflexxa, Hyalgan, Supartz FX, and Visco-3 to be preferred hyaluronic acid derivatives. Orthovisc, Synvisc, and Synvisc-One will only be considered for coverage after a trial and failure of all preferred hyaluronic acid derivatives: Durolane, Gelsyn-3, Euflexxa, Hyalgan, Supartz FX, and Visco-3. All other hyaluronic acid derivatives are considered not medically necessary including Gel-One, GenVisc 850, Hymovis, Monovisc, Synojoynt, Triluron, and Trivisc viscosupplement products.

Drug(s) Applied are considered medically necessary when the requested drug meets ALL the criteria below:

#### I. Initial Therapy Criteria

##### A. Osteoarthritis of the knee documented by chart notes within past 180 days, and ALL of the following:

1. ONE of the following:
  - a) Diagnosis confirmed by radiographic evidence of the knee (e.g., joint space narrowing, subchondral sclerosis, osteophytes, and sub-chondral cysts) or
  - b) Patient has at least 5 of the following signs/symptoms:
    - (1) Bony enlargement
    - (2) Bony tenderness
    - (3) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr
    - (4) No palpable warmth of synovium
    - (5) Rheumatoid factor less than 1:40 titer (agglutination method)
    - (6) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>) **and**
2. Documented knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) **and**
3. Patient has tried and had an inadequate response with non-pharmacologic



treatment options (e.g., physical therapy, regular exercise, aquatic exercise, weight reduction of  $\geq 5\%$ ) **and**

4. Patient has tried and had an inadequate response to topical or oral NSAIDs for at least 3 consecutive months or patient has an intolerance or contraindication to all preferred NSAIDs **and**
5. Patient has tried and had an inadequate response, intolerance, or contraindication to intraarticular steroid injections for at least 3 consecutive months **and**
6. Patient is not scheduled to undergo a total knee replacement within the next 6 months

**Approval Duration:** 6 months

## II. Continued Therapy Criteria

A. **Osteoarthritis of the knee** documented by chart notes within past 180 days, and ALL of the following:

1. Patient meets the initial therapy criteria above **and**
2. Chart notes confirm patient has experienced improvement in pain and functional capacity following the previous injection(s) **and**
3. At least 6 months has elapsed since the last injection of the prior completed series in the requested knee(s)

**Approval Duration:** 6 months

Curative considers all other indications as experimental and investigational because the effectiveness of viscosupplementation for these indications has not been established.

Ultrasound guidance, fluoroscopic guidance, and knee arthrography for viscosupplement injections is considered experimental and investigational because it has not been established that this approach will improve health outcomes.

### **If submitting for medical billing:**

J7318, hyaluronic acid (Durolane), 1 unit = 1 mg

J7321, sodium hyaluronate (Hyalgan, Supartz FX, Visco-3), 1 unit = 1 dose

J7323, sodium hyaluronate (Euflexxa), 1 unit = 1 dose

J7328, sodium hyaluronate (Gelsyn-3), 1 unit = 0.1 mg

J7324, sodium hyaluronate (Orthovisc), 1 unit = 1 dose

J7325, sodium hyaluronate (Synvisc, Synvisc One), 1 unit = 1 mg