

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Gel-One Hyaluronate is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to non-pharmacologic therapy, non-steroidal anti-inflammatory drugs (NSAIDs) or simple analgesics, e.g., acetaminophen.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Other Criteria	Must follow LCD L39529 (Intraarticular Knee Injections of Hyaluronan). https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39529						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	One treatment series every six months. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1026 1513 1171"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7326</td> <td>Gel-One (hyaluronan/ hyaluronic acid) for intra-articular injection</td> <td>Billing unit: per dose 30 mg/3 mL SD syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7326	Gel-One (hyaluronan/ hyaluronic acid) for intra-articular injection	Billing unit: per dose 30 mg/3 mL SD syringe
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025