

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Hyaluronic acid injections are indicated to treat osteoarthritis pain of the knee when conservative nonpharmacologic therapy and non-steroidal anti-inflammatory drugs (NSAIDs) or simple analgesics, such as acetaminophen, have failed.						
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 1024 1511 1171"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7331</td> <td>Synjoynt (hyaluronan or derivative for intra-articular injection)</td> <td>Billing unit: 1 mg 20 mg/2 mL</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7331	Synjoynt (hyaluronan or derivative for intra-articular injection)	Billing unit: 1 mg 20 mg/2 mL
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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