

Gold Coast Health Plan (GCHP) Medi-Cal Clinical Guidelines
Hyaluronic Acid Derivatives (Durolane™, Euflexxa™, Gel-One™, Gelsyn-3™, GenVisc 850™, Hyalgan™, Hymovis™, Monovisc™, Orthovisc™, Supartz-FX™, Synvisc™, Synvisc-One™, Triluron™, TriVisc™, Visco-3™)

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	<i>Durolane, Euflexxa, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3:</i> Treatment of pain in osteoarthritis of the knee in patients who have failed nonpharmacologic treatment and simple analgesics (e.g. acetaminophen). <i>Gel-One:</i> Treatment of pain in osteoarthritis of the knee in patients who have failed nonpharmacologic treatment, nonsteroidal anti-inflammatory drugs (NSAIDs) or simple analgesics, e.g. acetaminophen.						
Exclusion Criteria	Treatment for pain in the knee due to causes other than osteoarthritis, such as gout, rheumatoid arthritis. Treatment for pain management for area(s) other than knee. Active joint infection Bleeding disorder						
Required Medical Information	Initial Therapy • Documented clinical diagnosis of osteoarthritis of the knee. • At least one (1) course of physical therapy for knee osteoarthritis. • Documented failure, inadequate response, or intolerance to at least two (2) out of the three (3) below (e.g. i and ii; i and iii, or ii and iii): i. 2 oral or topical [e.g., oral non-steroidal anti-inflammatory drugs (NSAIDs), COX-2 inhibitors, or topical NSAIDS (e.g., diclofenac 1 percent gel)], ii. Acetaminophen, iii. 1 or more trial in the last 12 months of intra-articular steroid injections unless intolerant or contraindicated. Continuation • Documentation of positive clinical outcome from previous use of hyaluronic acid derivative At least 6-month interval from prior hyaluronic acid derivative use						
Age Restriction	18 years and older except Durolane, Synjoynt and Visco-3, 22 years and older 18 - 21 years of age – check for CCS						
Prescriber Restrictions	Rheumatology, Orthopedics, and pain management						
Coverage Duration	One treatment series per knee at intervals no more frequent than 6 months						
Other Criteria/Information	<table><tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr><tr><td></td><td></td><td></td></tr></table>	HCPCS	Description	Dosing, Units			
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	J7318	Hyaluronan or derivative, for intra-articular injection, 1mg (Durolane TM)	60mg once (60 units per dose)
	J7320	Hyaluronan or derivative, for intra-articular injection, 1mg (GenVisc 850 TM)	25mg once weekly x 5 weeks (25 units per dose)
	J7321	Hyaluronan or derivative, for intra-articular injection, 1mg (Hyalgan TM)	20mg once weekly x 5 weeks (1 unit per dose)
	J7321	Hyaluronan or derivative, for intra-articular injection, 1mg (Supartz FX TM)	25mg once weekly x 5 weeks (1 unit per dose)
	J7322	Hyaluronan or derivative, for intra-articular injection, 1mg (HymovisFX TM)	24mg once weekly x 2 weeks (24 units per dose)
	J7323	Hyaluronan or derivative, for intra-articular injection, 1mg (Euflexxa TM)	20mg once weekly x 3 weeks (1 unit per dose)



	J7325	Hyaluronan or derivative, for intra-articular injection, 1mg (Synvisc TM)	16mg once weekly x 3 weeks (16 units per dose)
	J7325	Hyaluronan or derivative, for intra-articular injection, 1mg (Synvisc-One TM)	48mg once (48 units per dose)
	J7326	Hyaluronan or derivative, for intra-articular injection, 1mg (Gel-One TM)	30mg once (1 units per dose)
	J7327	Hyaluronan or derivative, for intra-articular injection, 1mg (Monovisc TM)	88mg once (1 unit per dose)
	J7328	Hyaluronan or derivative, for intra-articular injection, 1mg (Gelsyn-3 TM)	16.8mg once weekly x 3 weeks (168 units per dose)
	J7329	Hyaluronan or derivative, for intra-articular injection, 1mg (Trivisc TM)	25mg once weekly x 3 weeks (25 units per dose)

	J7331	Hyaluronan or derivative, for intra-articular injection, 1mg (Synojoynt TM)	20mg once weekly x 3 weeks (20 units per dose)
	J7332	Hyaluronan or derivative, for intra-articular injection, 1mg (Triluron TM)	20mg once weekly x 3 weeks (20 units per dose)

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	Aug. 5, 2024	Aug. 5, 2024	Yoonhee Kim, Interim Director of Pharmacy Services	N/A
Approved	N/A	Aug. 15, 2024	Pharmacy & Therapeutics (P&T) Committee	March 1, 2025