

GCHP Medi-Cal Clinical Guidelines Hyaluronic Acid Derivatives (Durolan[™], 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)	 Durolane, Euflexxa, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3: Treatment of pain in osteoarthritis of the knee in patients who have failed nonpharmacologic treatment and simple analgesics (e.g., acetaminophen). Gel-One: 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 course of physical therapy for knee osteoarthritis. Documented failure, inadequate response, or intolerance to at least two out of the three below (e.g., i and ii; i and iii, or ii and iii): i. Two 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. One 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 six-month interval from prior hyaluronic acid derivative use. 			
Age Restriction	 18 years of age and older except Durolane, Synojoynt and Visco-3, 22 years of age and older 18 - 21 years of age and older – check for CCS 			



Prescriber Restrictions	Rheumatology, Orthopedics, and pain management.				
Coverage Duration	One treatment series per knee at intervals no more frequent than six months.				
Other Criteria /					
Information	HCPCS	Description	Dosing, Units		
	J7318	Hyaluronan or derivative, for intra- articular injection, 1mg (Durolane™)	60mg once (60 units per dose)		
	J7320	Hyaluronan or derivative, for intra- articular injection, 1mg (GenVisc 850™)	25mg once weekly x five weeks (25 units per dose)		
	J7321	Hyaluronan or derivative, for intra- articular injection, 1mg	20mg once weekly x five weeks		
		(Hyalgan [™]) Hyaluronan or derivative, for intra- articular injection, 1mg	(one unit per dose) 25mg once weekly x five weeks		
		(Supartz FX [™]) Hyaluronan or derivative, for intra- articular injection, 1mg (Visco 3 FX [™])	(one unit per dose) 25mg once weekly x three weeks (one unit per dose)		
	J7322	Hyaluronan or derivative, for intra- articular injection, 1mg (HymovisFX™)	24mg once weekly x two weeks (24 units per dose)		
	J7323	Hyaluronan or derivative, for intra- articular injection, 1mg (Euflexxa™)	20mg once weekly x three weeks (one unit per dose)		
	J7325	Hyaluronan or derivative, for intra- articular injection, 1mg (Syynvisc™)	16mg once weekly x three weeks (16 units per dose)		
		Hyaluronan or derivative, for intra- articular injection, 1mg (Synvisc-One™)	48mg once (48 units per dose)		
	J7326	Hyaluronan or derivative, for intra- articular injection, 1mg (Gel-One [™])	30mg once (one units per dose)		
	J7327	Hyaluronan or derivative, for intra- articular injection, 1mg (Monovisc™)	88mg once (one unit per dose)		
	J7328	Hyaluronan or derivative, for intra- articular injection, 1mg (Gelsyn- 3 [™])	16.8mg once weekly x three weeks (168 units per dose)		
	J7329	Hyaluronan or derivative, for intra- articular injection, 1mg (Trivisc™)	25mg once weekly x three weeks (25 units per dose)		
	J7331	Hyaluronan or derivative, for intra- articular injection, 1mg (Synojoynt™)	20mg once weekly x three weeks (20 units per dose)		



		Hyaluronan or derivative, for intra- articular injection, 1mg (Triluron [™])	20mg once weekly x three weeks (20 units per dose)
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STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	8/5/2024	8/5/2024	Yoonhee Kim, Interim Director of Pharmacy Services	N/A
Approved	N/A	8/15/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025