Subject: Hyaluronic Acid (HA) Injections/Viscosupplementation for Knee OsteoArthritis	**Original Effective Date:** 2/28/2008
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DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP document and provide the directive for all Medicare members.

SUMMARY OF EVIDENCE/POSITION

This policy addresses the coverage of **Hyaluronic Acid (HA) Injections/Viscosupplementatio**n when appropriate criteria are met.

The intent of the policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines, and clinical studies.

- Osteoarthritis (OA) of the knee
  - Characterized by articular cartilage loss, bone remodeling, and periarticular muscle weakness resulting in knee joint pain and instability
  - The most common type of joint disease, affecting more than 30 million individuals in the United States
  - Pathologically in the knee, osteoarthritis is characterized by deterioration and loss of articular cartilage, subchondral sclerosis and osteophyte formation
  - No curative therapy available for osteoarthritis. Therapeutic goals in treatment for patients with knee OA include relief of pain and inflammation, and improvement in or maintenance of mobility, enhancing function (including activities of daily living [ADLs]), and improving health-related quality of life (HRQoL).
  - Non-pharmacological treatments for patients with symptomatic early-stage knee OA include exercise, weight loss, and education. When these interventions are no longer effective, pharmacological treatments may be prescribed, including oral and topical non-steroidal anti-inflammatory drugs (NSAIDS), opioid analgesics, and topical capsaicin. As the disease progresses, intra-articular injections including corticosteroids and hyaluronic acid may be used. Surgery, including arthroscopy, osteotomy, and uni-compartmental and total joint replacement is generally indicted for end-stage knee OA that is resistant to other measures.

- Sodium hyaluronate, also referred to as hyaluronic acid (HA) or hyaluronan
  - Sodium hyaluronate is found in normal synovial fluid in the joints and has mechanical and biologic mechanisms of action, and acts primarily as a joint lubricant and shock absorber. Viscosupplementation

involves the intra-articular injection of exogenous HA into the joint to help replace that which is often lost in the synovial fluid of the intra-articular space. (Hayes, 2014, updated 2016)

- Hyaluronic acid, also known as hyaluronan, is a high molecular weight polysaccharide derived from chicken combs that is used to relieve joint pains. It is necessary for the joint to work properly and it exerts its effect by replacing the depleted hyaluronan, which acts as a lubricant and shock absorber, in arthritic joints.
- Hyaluronic acid is a naturally occurring polysaccharide of the glycosaminoglycan family containing repeating disaccharide units of sodium-glucuronate-N-acetylglucosamine. Hyaluronic acid is derived from chicken combs (Gel-One, Hyalgan, Supartz, Supartz FX, Synvisc, Synvisc-One, Visco-3) or bacterial cells (Euflexxa, Gelsyn-3, Hymovis, Monovisc, Orthovisc).

Hyaluronic Acid (HA) Injections/Viscosupplementation

- Viscosupplementation is a therapeutic modality for the treatment of osteoarthritis based on the physiologic importance of hyaluronan in synovial joints (Bellamy, 2002)
  - Viscosupplements contain hyaluronate. Hyaluronates are also referred to as hyaluronic acid or hyaluronan.
  - Hyaluronic acid is a naturally occurring polysaccharide of the glycosaminoglycan family containing repeating disaccharide units of sodium-glucuronate-N-acetylglucosamine. HA is a large viscoelastic glycosaminoglycan molecule that is found naturally in synovial fluid and cartilage, important for shock absorption, traumatic energy dissipation, protective coating of the articular cartilage surface, and lubrication. Individuals with knee OA tend to have lower concentrations of HA.
  - Its therapeutic goal is to restore the visco-elasticity of synovial hyaluronan, thereby decreasing pain, improving mobility and restoring the natural protective functions of hyaluronan in the joint.
- Clinical studies of sodium hyaluronate and hylan G-F-20 have demonstrated that injection of these agents into the joint space of osteoarthritic knees is sometimes marginally more effective than placebo procedures in reduction of pain and improvement in functional capacity in some patients. These marginal beneficial results are more pronounced with the larger molecular weight compound hylan G-F20.
- **There is no data indicating that these agents reverse or delay the osteoarthritic process in the injected joints. The long-term effects of repeated injections are unknown.**

Professional Guidelines

- The majority of guidelines did not find sufficient evidence to make a recommendation for or against the use of HA for knee OA. [APPENDIX 1: GUIDELINES AND RESOURCES (references as stated in section)]
- There is inconsistent evidence and limited effectiveness data that viscosupplementation, or hyaluronic acid products, produces clinically relevant improvements in pain and functioning for OA of the knee and no evidence to suggest it delays the progression of OA nor the progression to knee replacement.
- Several major practice guidelines have been unable to recommend intraarticular hyaluronan (IA HA), with others recommending against its use with several other major organizations
  - **American Academy of Orthopedic Surgeons (AAOS)** In the second edition of the evidence-based guidelines on treatment of OA of the knee, the AAOS issued a “Strong” recommendation that they could not recommend the use of HA for knee OA due to lack of efficacy (AAOS, 2013).
  - **National Institute for Health and Care Excellence (NICE 2014)** recommended against HA for knee OA
  - **American College of Rheumatology (ACR 2012)** clinical practice guidelines on osteoarthritis indicate they have no recommendations regarding the use of IAHA in the knee. Recommendations for the use of pharmacologic therapies in knee OA include acetaminophen, oral and topical NSAIDs, tramadol and intra-articular corticosteroid injections. The ACR conditionally recommends IA-HA for patients who had inadequate relief with initial treatment for knee OA in evidence-based guidelines (Hochberg et al., 2012). An update of this guideline is anticipated in 2018 (Osteoarthritis: Call for Public Comment on Project Plan).

- **American Medical Society for Sports Medicine (AMSSM)** Based on findings from their systematic review with network meta-analysis, the AMSSM recommended IA-HA for appropriate patients with knee OA. Criteria for appropriate patients were not reported. (Trojian et al., 2016)
- **Osteoarthritis Research Society International (OARSI) 2014** guideline update provided an "uncertain" recommendation for IAHA, indicating an overall small effect size on pain, inconsistent results among the available meta-analyses, and one meta-analysis signaling potential for serious safety concerns, influenced their recommendation.

SUMMARY OF POSITION: Given viscosupplementation has been unable to demonstrate clear, consistent, patient centered outcomes, some health plans have discontinued coverage of these products. Molina Healthcare also recognizes that while the evidence and guidelines offer conflicting recommendations for the use viscosupplementation, these products may provide benefit for some. However, due to inconsistent evidence and limited effectiveness data, intraarticular hyaluronans should be reserved when other conservative options and guideline recommended treatments, both non-pharmacologic and pharmacologic, have been exhausted or are contraindicated.

PREFFERED: Multiple brands of viscosupplementation are commercially available, however there is no evidence, to date, that any specific product or brand have superior efficacy or safety. Molina Healthcare may authorize preferred product(s) when applicable.

FDA INDICATIONS

⌘ **OSTEOARTHRITIS OF THE KNEE** Treatment of pain in osteoarthritis of the knee in patients who have failed non-pharmacologic treatment and simple analgesics or nonsteroidal anti-inflammatory drugs (NSAIDs) (Gel-One)
**The FDA has not approved intra-articular hyaluronan for joints other than the knee.*

Available as: Several HA agents are available, with varying molecular weights, and recommended treatment course. Single injection HAs, and HA agents requiring three to five injections per treatment course are available, including: Durolane; Euflexxa; Gel-One; Gelsyn-3; GenVisc 850; Hyalgan; Hymovis; Monovisc; OrthoVisc; Supartz FX; Supartz [discontinued]; Synvisc; Synvisc One; Visco-3

- In general, the FDA classifies hyaluronic acid products as medical devices, rather than drug products. A medical device is a product that is intended to affect the structure or function of the body, but which does not achieve its primary intended purposes through the chemical action of a drug, nor is it dependent on being metabolized. These products either create volume and shape (e.g., ophthalmic or cosmetic products containing these agents) or relieve pain via viscosity and lubrication (e.g., orthopedic products), and thus products containing this component are considered devices.
- **Hyaluronic acid (HA)** products are regulated by the FDA as **class III devices** and indicated for treatment of osteoarthritis (OA) pain in patients for whom conservative nonpharmacological treatments (e.g., physical therapy) and simple analgesics (e.g., acetaminophen) have failed to provide adequate relief.

Black Box Warning: None at the time of this writing
REMS: None at the time of this writing

CLASSIFICATION: Musculoskeletal Agents; Antirheumatic

COSMETIC USE: NOT A COVERED BENEFIT The FDA has approved several products containing a transparent HA gel to improve the contours of the skin. These products are used to treat acne, scars and wrinkles on the skin by temporarily adding volume to facial tissue and restoring a smoother appearance to the face (may not be an all-inclusive list):

- Restylane injectable gel received Premarket approval (PMA) approval March 25, 2005
- Perlane injectable gel received PMA approval May 2, 2007

- Hylaform received PMA approval April 22, 2004
- Juvéderm 24HV, Juvéderm 30 & Juvéderm 30HV Gel Implants received PMA approval June 2, 2006

RECOMMENDATIONS/COVERAGE CRITERIA

Hyaluronic Acid (HA) Injections/Viscosupplementation may be authorized for members who meet **ALL** of the following criteria **[ALL]**

1. Prescriber specialty [ONE]

❒ Prescribed by, or in consultation with, a board-certified orthopedic surgeon, pain specialist, rheumatologist, or a sports medicine specialist. Submit consultation notes if applicable.

NOTE: Consultation notes must be submitted for initial request and for continuation of treatment requests at least ONCE annually.

2. Diagnosis/Indication [ALL]
Clinical documentation of ALL of the following *(includes clinical notes from the member's medical records, applicable labs and/or relevant tests supporting the diagnosis*): [ALL]

❒ Diagnosis of symptomatic osteoarthritis of the knee **documented** by ONE of the following: [A OR B]

A. Radiologic evidence of osteoarthritis such as joint space narrowing, subchondral sclerosis, osteophytes, and sub-chondral cysts, **OR**

B. Symptomatic osteoarthritis of the knee (at least 5 of the following): **[FIVE]**
**According to the American College of Rheumatology (ACR) clinical and laboratory criteria*
- ❍ Bony enlargement
- ❍ Bony tenderness
- ❍ Crepitus (noisy, grating sound) on active motion
- ❍ Erythrocyte sedimentation rate less than 40 millimeters/hour
- ❍ Less than 30 minutes of morning stiffness (>45 minutes may indicate rheumatoid arthritis)
- ❍ No palpable warmth of the synovium
- ❍ Over 50 years of age
- ❍ Rheumatoid factor less than 1:40 titer (agglutination method)
- ❍ Synovial fluid signs (clear fluid of normal viscosity and white blood cell count less than 2000/millimeters^3

❒ No evidence of inflammatory arthritis* and other causes of musculoskeletal pain, including referred pain, bursitis, and inflammatory rheumatic diseases has been ruled out.
- **Includes (but not limited to) rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis and systemic lupus erythematosus (lupus)*
- *Safety and efficacy in joints with severe inflammation have not been established.*
- *Transient increases in reddening and inflammation, pain, swelling, or sensation of heat in the injected knee following injection have been reported in some patients with inflammatory arthritis. Carefully examine patients prior to administration to determine signs of acute inflammation and evaluate whether to initiate treatment when objective signs of inflammation are present*

❒ Affected knee(s): Left, right or both knees to be treated: Documentation of member's medical records, progress notes, and/or physical examination

*__NOTE:__ Bilateral injections may be allowed only if both knees meet criteria.

❒ Requested product is FDA indicated for intra-articular injection into the targeted joint

3. Age/Gender/Other restrictions [ALL]

❒ 18 years of age or older
- *Safety and efficacy of hyaluronic acid derivatives have not been established in pediatric patients*

4. Step/Conservative Therapy/Other condition Requirements [ALL]

❒ **Ineffectiveness/failure** *(defined as symptoms inadequately controlled after an adherent 3 month trial* of *conservative treatment, including physical therapy and/or pharmacotherapy)*, **clinical intolerance** *(defined as an intolerance to the drug or its excipients, not to the route of administration)*; **FDA-labeled contraindication(s)*** in the affected joint. Documentation required. **[ALL]**

❍ Non-pharmacologic modalities [e.g., weight loss, quadriceps muscle strengthening, other physical therapy modalities, or exercises]

❍ Non-steroidal anti-inflammatory drugs (NSAIDs)
**Contraindications may include: 1) Compromised GI function or at risk of GI bleeding due to the adverse events of NSAIDs, 2) Concomitant anticoagulant therapy for any condition, 3) Cardiovascular or renal risk factors precluding use of COX-2 inhibitors.*

❍ Acetaminophen (up to 1 g 4 times/day)

❍ Corticosteroids (including aspiration and intra-articular injections)
**Contraindications may include: increase in risk of local or systemic bacterial infection, e.g., diabetes mellitus*

MOLINA STAFF: Verify pharmacy claims data for above medications and compliance. For new members to Molina Healthcare, confirm medications use in medical or chart notes. Non-compliance or non-adherence does <u>not</u> constitute therapeutic failure.

❒ Surgical knee replacement is not a planned treatment option at the time the intra-articular viscosupplementation is administered.

5. Contraindications*/Exclusions/Discontinuations

Authorization will <u>not</u> be granted if ANY of the following conditions apply [ANY]

❒ Non-FDA approved indication: Injection of these products for indications other than the diagnosis of osteoarthritis, or use of the requested products for injection into any joint other than the knee

❒ Active inflammatory joint disease or synovitis affecting the knee, such as crystal induced synovitis, rheumatoid arthritis

❒ Knee joint infections (septic arthritis) or a local skin disease or infection in the area of the injection site

❒ Severe hypersensitivity to hyaluronate preparations or allergies to avian or avian-derived products (including eggs, feathers, or poultry) **NOTE:** This contraindication is not applicable to Orthovisc
- *Hyaluronic acid is derived from chicken combs (Gel-One, Hyalgan, Supartz, Supartz FX, Synvisc, Synvisc-One, Visco-3) or bacterial cells (Euflexxa, Gelsyn-3, Hymovis, Monovisc, Orthovisc)*

- ❒ Hypersensitivity to gram positive bacterial proteins. **NOTE:** Contraindication applicable to Orthovisc only
- ❒ Pregnant or nursing women
- ❒ Children under 18 years of age

6. Labs/Reports/Documentation required [ALL]

All documentation for determination of medical necessity must be submitted for review. Prescriber to submit medical records and specific labs, chart notes, and documentation as indicated in the criteria above. Letters of support and/or explanation are often useful, but are not sufficient documentation unless ALL specific information required by this MCP is included.

NOTE: Additional documentation, rationale, and/or supporting evidence may be requested for review as deemed necessary or appropriate by Molina Medical/Pharmacy staff.

CONTINUATION OF THERAPY

Hyaluronic Acid (HA) Injections/Viscosupplementation may be authorized for members who meet ALL of the following criteria [ALL]

1. Initial Coverage Criteria

- ❑ Member currently meets ALL initial coverage criteria

- ❑ Consultation notes must be submitted for initial request and for continuation of treatment requests at least ONCE annually. The prescribing physician should periodically reassess the need for continuation of therapy based on the member's condition and continued need. Continuation of therapy requires submission of relevant medical records or chart notes documenting continued efficacy.

2. Compliance

- ❑ At least six (6) months have elapsed since the initial or prior treatment cycle
  NOTE: Therapy is limited to TWO courses per year with at least four (4) months between courses

3. Labs/Reports/Documentation required [ALL]
Intra-articular injections of sodium hyaluronate has resulted in **clinical improvement** as documented by the following *from baseline***.** Documentation required. [ONE]

- ❒ Member has not had total or partial joint replacement surgery
  - *There are no clinical trials evaluating the use of sodium hyaluronate in persons following total or partial joint replacement surgery.*

- ❒ Positive response after 3 months of therapy indicated by the following: [ALL]

  - ❍ Significant improvement in pain and functional capacity as the result of the previous series of injections as indicated by any type of a quantification method, such as visual analog scale, joint mobility, reduction in effusion, and/or patient-response-based questionnaires

  - ❍ A significant reduction in the dose/utilization of NSAIDs or other analgesics OR a reduction in the number of accompanying intra-articular corticosteroid injections during the six (6) month period following the previous series of injections

NOTE:
- In addition to the documentation required above, the Prescriber additional medical documentation as requested by Medical Reviewer to support the need for repeat courses of treatment may be required.
- If the initial or prior series of injections is not proven or documented as beneficial to the member, it is not considered medically necessary to repeat the therapy and a repeat series of injections will not be authorized.

4. Discontinuation of Treatment [ANY]
Discontinue treatment if ANY of the following conditions applies: [ANY]
- ❑ Intolerable adverse effects or absence of unacceptable toxicity from the drug
- ❑ Persistent and uncorrectable problems with adherence to treatment

- ❑ Poor response to treatment as evidenced by physical findings and/or clinical symptoms

Contraindications/Exclusions to therapy

Authorization will not be granted if ANY of the following conditions apply [ANY]

- ❒ Non-FDA approved indications
- ❒ Active inflammatory joint disease or synovitis affecting the knee, such as crystal induced synovitis, rheumatoid arthritis
- ❒ Knee joint infections (septic arthritis) or a local skin disease or infection in the area of the injection site
- ❒ Severe hypersensitivity to hyaluronate preparations or allergies to avian or avian-derived products (including eggs, feathers, or poultry) **NOTE:** This contraindication is not applicable to Orthovisc
  - *Hyaluronic acid is derived from chicken combs (Gel-One, Hyalgan, Supartz, Supartz FX, Synvisc, Synvisc-One, Visco-3) or bacterial cells (Euflexxa, Gelsyn-3, Hymovis, Monovisc, Orthovisc)*
- ❒ Hypersensitivity to gram positive bacterial proteins **NOTE:** Contraindication applicable to Orthovisc only
- ❒ Pregnant or nursing women
- ❒ Children under 18 years of age

ADMINISTRATION, QUANTITY LIMITATIONS, AND AUTHORIZATION PERIOD

1. **Recommended Dosage [ALL]**

TABLE 1: VISCOSUPPLEMENTATION DOSING	
Drug	**Dose**
Durolane (hyaluronic acid)	3 ml one time injection
Euflexxa (1% sodium hyaluronate)	20 mg once a week (1 week apart) for a total of **3 injections**
Gelsyn-3 (0.84% sodium hyaluronate)	16.8 mg once a week (1 week apart) for a total of **3 injections**
GenVisc 850 (sodium hyaluronate)	25 mg once a week (1 week apart) for a total of **3 to 5 injections**
Hyalgan (sodium hyaluronate)	20 mg once a week (1 week apart) for a total of **5 injections**
Hymovis (high molecular weight hyaluronan)	24 mg (3 ml) once a week (1 week apart) for a total of 2 injections
Monovisc (high molecular weight hyaluronan)	88 mg (4 ml) one time injection
Orthovisc (high molecular weight hyaluronan)	30 mg once a week (1 week apart) for a total of **3 to 4 injections**
Supartz (sodium hyaluronate)	10 mg once a week (1 week apart) for a total of 5 injections
Synvisc One (Hylan G-F 20)	48 mg **ONE time injection**
Synvisc (Hylan G-F 20)	16 mg once a week (1 week apart) for a total of **3 injections**
Gel-One (Cross-linked Hyaluronate)	30 mg (3 ml) **ONE time injection**

A treatment cycle for most hyaluronic acid derivatives involves a series of weekly injections, with the exception of Synvisc One®, Gel One®, and Monovisc®, which require only one injection. Improvements in symptoms can last one to six months.

2. Authorization Limit [ALL]

- ❒ **PREFFERED:** Multiple brands of viscosupplementation are commercially available, however there is no evidence, to date, that any specific product or brand have superior efficacy or safety. Molina Healthcare may authorize preferred product(s) when applicable.

- ❒ **Quantity limit: [ALL]**
  - ❍ Each three (3) or five (5) week series of individual weekly injections is considered to be one treatment cycle
  - ❍ The dose of an injection or the number of injections per treatment cycle which exceeds the FDA recommendations as stated above **(Table 1)** will **not** be authorized.

- ❒ Duration of initial authorization: At least **six (6) months** have elapsed since the initial or prior treatment cycle

- ❒ Continuation of treatment: Re-authorization is required every **6 months** to determine effectiveness of therapy and continued need based on documented positive clinical response. *Refer to 'Continuation of Therapy' section.*

3. **Route of Administration [ALL]**
   - ❒ Intra-articular injections of sodium hyaluronate is considered a **provider-administered**, **outpatient** treatment by health care providers experienced in the administration of Intra-articular injections of sodium hyaluronate

   - ❒ If member meets all criteria and approval for therapy is granted, medication will be dispensed by a specialty pharmacy vendor at the discretion of Molina Healthcare.

COVERAGE EXCLUSIONS

All other uses of intra-articular hyaluronan injections that are not an FDA-approved indication or not included in the 'Coverage Criteria' section of this policy are considered experimental/investigational or not a covered benefit of this policy. This subject to change based on research and medical literature, or at the discretion of Molina Healthcare.

- ❒ Non-FDA approved indications: The use of intra-articular hyaluronan injections into joints other than the knee or any other indication other than osteoarthritis have **not** been medically proven to be effective are considered investigational, including (but not limited to) the following:
  - ❍ Pain due to OA in any joint other than the knee
  - ❍ Post ACL reconstruction, menisectomy, total knee arthroplasty or temporomandibular disorders
  - ❍ Any other form of arthritis, including:
    - Rheumatoid Arthritis (RA)
    - Osteoarthritis of the hand, hip, and temporomandibular joint
    - Treatment of nonradicular pain in the lumbar spine
  - ❍ Following total or partial knee joint replacement

- ❒ Younger than 18 years of age

- ❒ Non-FDA approved dosing regimen(s)

- ❒ Hypersensitivity to hyaluronate preparations or allergies to avian or avian-derived products (including eggs, feathers, or poultry) NOTE: This contraindication is not applicable to Orthovisc

- ❒ Hypersensitivity to gram positive bacterial proteins. NOTE: Contraindication applicable to Orthovisc only

- ❒ Administration in any manner other that which is FDA-approved will not be authorized

DEFINITIONS

N/A

APPENDIX

APPENDIX 1: GUIDELINES AND RESOURCES

Guideline Comparison

- Comparison of 2 guidelines (AAOS 2013, VA/DoD 2014) on nonsurgical management of osteoarthritis of the knee
  Reference: National Guideline Clearinghouse 2016 Jun 13:50210
- Comparison of 16 guidelines on the management of osteoarthritis
  Reference: Semin Arthritis Rheum 2014 Jun;43(6):701

References:

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CODING INFORMATION

The codes listed in the policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is covered or non-covered. Coverage is determined by the benefit document. This list of codes may not be all inclusive.

HCPCS	Description

J7321	Hyaluronan or derivative, Hyalgan®, Supartz®, Supartz FX® for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra- articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, GelSyn-3, for intra-articular injection, 0.1 mg
J7321	Hyaluronan or derivative, Hyalgan®, Supartz®, Supartz FX® for intra-articular injection, per dose--New Code effective 01/01/2016
J7320	Hyaluronan or derivative, GenVisc 850®, for intra-articular injection, 1 mg--New Code effective 01/01/2017

REFERENCES

Package Insert, FDA, Drug Compendia

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Euflexxa [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; August 2011.

Hyalgan [prescribing information]. Parsippany, NJ; Fidia Pharma; June 2011.

Hymovis (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; October 2015.

Gel-One [prescribing information]. Warsaw, IN: Zimmer; May 2011.

Gelsyn-3 (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; 2016.

GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; received September 2015.

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Orthovisc [prescribing information]. Raynham, MA: Anika Therapeutics; June 2005.

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GOVERNMENT AGENCIES, PROFESSIONAL SOCIETIES, OTHER AUTHORITATIVE PUBLICATIONS

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Policy History	MCPC
Policy Developed	2/28/2008
Policy Revised *Peer Review: AMR Peer Review Network. 8/21/2018. Practicing Physician. Board certified in Orthopaedic Surgery*	9/13/2018

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