

Medical Policy

Hyaluronic Acid Derivatives (HAD)

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Euflexxa (1% sodium hyaluronate)	Orthovisc (hyaluronan)
Durolane (hyaluronic acid)	Supartz FX (sodium hyaluronate)
Gel-One (cross-linked hyaluronate)	Synjoynt (1% sodium hyaluronate)
Gelsyn-3 (sodium hyaluronate)	Synvisc / Synvisc-One (Hylan g-f 20)
GenVisc 850 (hyaluronic acid)	Triluron (sodium hyaluronate)
Hyalgan (hyaluronate)	TriVisc (sodium hyaluronate)
Hymovis (hyaluronan)	VISCO-3 (sodium hyaluronate)
Monovisc (cross-linked hyaluronate)	

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Diagnosis of osteoarthritis of the knee; **AND**
- Trial and failure of conservative therapy for at least 3 months:
 - Non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen; **AND**
 - Intra-articular corticosteroid injections; **AND**
- Patient reports pain which interferes with functional activities; **AND**
- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder); **AND**
- Trial and failure, intolerance, or a contraindication to the Monovisc, Orthovisc, and Synvisc/Synvisc One

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Chart documentation that patient has had an improvement in pain and functional capacity as the result of the previous injections; **AND**
- Absence of unacceptable toxicity

Length of Authorization

6 Months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.