



Coverage Policy/Guideline

Name:	Hyaluronates	Page:	1 of 3
Effective Date:	8/21/2025	Last Review Date:	7/29/2025
Applies to:	☒ Arizona		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for hyaluronates under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

Treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen).

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Gel-One
Visco-3

Note: Products other than Gel-One and Visco-3 are non-preferred

Policy/Guideline:

Coverage Criteria

Osteoarthritis (OA) of the Knee

Authorization of 12 months may be granted for treatment of osteoarthritis (OA) in the knee when all of the following criteria are met:

- The diagnosis is supported by radiographic evidence of osteoarthritis of the knee (e.g., joint space narrowing, subchondral sclerosis, osteophytes and sub-chondral cysts) or the member has at least 5 of the following signs and symptoms:
 - Bony enlargement
 - Bony tenderness
 - Crepitus (noisy, grating sound) on active motion
 - Erythrocyte sedimentation rate (ESR) less than 40 mm/hr
 - Less than 30 minutes of morning stiffness
 - No palpable warmth of synovium
 - Over 50 years of age
 - Rheumatoid factor less than 1:40 titer (agglutination method)

Coverage Policy/Guideline

Name:	Hyaluronates	Page:	2 of 3
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- Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)
- The member has knee pain which interferes with functional activities (e.g., ambulation, prolonged standing).
- The member has experienced an inadequate response or adverse effects with non-pharmacologic treatment options (e.g., physical therapy, regular exercise, insoles, knee bracing, weight reduction).
- The member has experienced an inadequate response or intolerance or has a contraindication to a trial of an analgesic (e.g., acetaminophen up to 3 to 4 grams per day, non-steroidal anti-inflammatory drugs [NSAIDs], topical capsaicin cream) for at least 3 months.
- The member has experienced an inadequate response or intolerance or has a contraindication to a trial of intraarticular steroid injections for at least 3 months.
- The member is not scheduled to undergo a total knee replacement within 6 months of starting treatment.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment of osteoarthritis in the knee when all of the following criteria are met:

- Member meets all requirements in the coverage criteria.
- Member has experienced improvement in pain and functional capacity following the previous injections.
- At least 6 months has elapsed since the last injection in the prior completed series of injections.

Approval Duration and Quantity Restrictions:

Approval: 12 months

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5. GenVisc 850 [package insert]. Doylestown, PA: OrthogenRx, Inc.; November 2019.
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12. Synvisc [package insert]. Ridgefield, NJ: Genzyme Biosurgery; May 2023.
13. Synvisc One [package insert]. Ridgefield, NJ: Genzyme Biosurgery; May 2023.
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Coverage Policy/Guideline

Name:	Hyaluronates	Page:	3 of 3
Effective Date:	8/21/2025	Last Review Date:	7/29/2025
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23. Bannuru RR, Osani MC, Vaysbrot EE, et al. OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. *Osteoarthritis Cartilage*. 2019;27(11):1578-1589.
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