Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines

Medical Benefit Drugs

Viscosupplementation for Osteoarthritis

Effective: October 1, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988

☒ Tufts Health Plan Commercial products; Fax 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988

☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; Fax 617-673-0939

☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0939

☐ Tufts Health One Care* – A Medicare-Medicaid Plan (a dual eligible product); Fax 617-673-0956

*The MNG applies to Tufts Health One Care members unless a less restrictive LCD or NCD exists.

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0956

☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0956

☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0956

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Osteoarthritis (OA) is the most common form of arthritis in the United States. Patients with OA have pain that typically worsens with weight bearing and activity and improves with rest, as well as morning stiffness and gelling of the involved joint after periods of inactivity. Although there is no known cure for OA, treatment designed for the individual patient can reduce pain, maintain and/or improve joint mobility and limit functional impairment.

OA is characterized by a loss of articular cartilage, which has a highly limited capacity to heal itself. Along with these cartilage changes, a reduction in the elastic and viscous properties of the synovial fluid occurs. The molecular weight and concentration of the naturally occurring hyaluronic acid decreases. Theoretically, this loss of elastoviscosity decreases the lubrication and protection of the joint tissues and is one postulated mechanism of pain production in osteoarthritis. Pharmacologic treatment generally consists of analgesics and/or nonsteroidal anti-inflammatory drugs. Physical therapy can be used, with exercises to maintain range of motion and strength. Intra-articular corticosteroid injections are often used for transient symptom relief. When conservative measures fail, surgical treatments limited to arthroscopic debridement, osteotomies to redistribute load and total joint replacements have been the only options until recently.

Viscosupplementation involves a series of intra-articular injections of hyaluronic acid into the knee. The exact mechanism of action of viscosupplementation is unclear. Although restoration of the elastoviscous properties of synovial fluid seem to be the most logical explanation; other mechanisms must exist. Approved drugs containing hyaluronic acid derivatives are indicated for treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics: Euflexxa, Durolane, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Hymovis One, Monovisc, Orthovisc, Supartz, Synojoynt, Synvisc, Synvisc One, Triluron, Trivisc, and Visco-3. There is a lack of reliable evidence that any one brand of viscosupplement is superior to other brands for medically necessary indications. There are also lack of studies demonstrating that persons who fail to respond to one brand of viscosupplement will respond to other brands of viscosupplements.

Clinical Guideline Coverage Criteria

Initial Authorization Criteria

Euflexxa

The plan may authorize coverage of Euflexxa for Members when the following clinical criteria are met:

1. Documented diagnosis of Kellgren-Lawrence Scale (Grade 2 or greater) osteoarthritis of the knee confirmed by radiology or documentation of moderate or severe degenerative arthritis

AND

2. Documentation the medical record documents that the Member's condition is affecting activities of daily living

AND

3. The prescribing physician is a rheumatologist, orthopedic specialist, physiatrist, or sports medicine specialist

AND

4. Documented inadequate response, contraindication or inability to tolerate **ALL** of the following treatments:
   a. Non-pharmacologic (e.g., exercise, weight loss if overweight, physical therapy)
   b. Non-steroidal anti-inflammatory drugs
   c. Intra-articular corticosteroids (efficacy lasted less than 6 to 8 weeks)

Durolane, Gel-One, Gel-Syn, GenVisc 850, Hyalgan, Hymovis, Hymovis One, Monovisc, Orthovisc, Supartz, Synojoynt, Synvisc, Synvisc One, Triluron, Trivisc and Visco-3

In addition to the coverage criteria above for Euflexxa:

1. Documentation of **one (1)** of the following:
   a. Failure of a full treatment course of Euflexxa
   b. Intolerance to prior treatment with Euflexxa
   c. Contraindication to the use of Euflexxa

Reauthorization Criteria

Euflexxa

The plan may reauthorize coverage of Euflexxa for Members when the following clinical criteria are met:

1. Documented diagnosis of Kellgren-Lawrence Scale (Grade 2 or greater) osteoarthritis of the knee confirmed by radiology or documentation of moderate or severe degenerative arthritis

AND

2. The prescribing physician is a rheumatologist, orthopedic specialist, physiatrist, or sports medicine specialist

AND

3. Provider attestation the Member has experienced a therapeutic response defined as a significant improvement in **both** of the following:
   a. Knee pain
   b. Function for activities of daily living

Durolane, Gel-One, Gel-Syn, GenVisc 850, Hyalgan, Hymovis, Hymovis One, Monovisc, Orthovisc, Supartz, Synojoynt, Synvisc, Synvisc One, Triluron, Trivisc and Visco-3

In addition to the coverage criteria above for Euflexxa:

1. Documentation of **one (1)** of the following:
   a. Failure of a full treatment course of Euflexxa
   b. Intolerance to prior treatment with Euflexxa
   c. Contraindication to the use of Euflexxa

Limitations

- The preference for hyaluronic acid product(s) that offer the convenience of one-time administration is not considered appropriate rationale for not using Euflexxa.
- Initial coverage of any Viscosupplementation for Osteoarthritis product is limited to one treatment course within a 6-month period.
- Reauthorization for additional courses of treatment will be given no sooner than 6 months apart.
- Coverage requests for any Viscosupplementation for Osteoarthritis product for additional courses beyond 12 months of initial treatment must include clinical notes indicating sustained clinical effectiveness.
- Members new to the plan stable on a Viscosupplementation for Osteoarthritis product should be reviewed against Reauthorization Criteria.

- The plan will not authorize coverage of a Viscosupplementation for Osteoarthritis product for the treatment of osteoarthritis in locations other than the knee because it is considered experimental, investigational or unproven.
- The plan will not authorize coverage of a Viscosupplementation for Osteoarthritis product for the treatment of isolated patella femoral arthritis or patella femoral syndrome because it is considered experimental, investigational or unproven.

Codes

The following code(s) require prior authorization:

Table 1: HCPCS Codes

HCPCS Codes	Description
J7318	Hyaluronan or derivative, durolane, for intra -articular injection, 1 mg
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, hyalgan or supartz or visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg
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
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg

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Approval And Revision History

September 13, 2022: Reviewed by Pharmacy and Therapeutics Committee (P&T)

Subsequent endorsement date(s) and changes made:

- September 21, 2022: Reviewed by the Medical Policy Approval Committee (MPAC)
- December 12, 2023: Minor wording update. Removed the Limitation The plan will not cover other brand hyaluronic acid derivatives for viscosupplementation of the knee unless the Member has met the above criteria AND has either failed a full treatment course of Euflexxa, experienced an intolerance to prior treatment with Euflexxa, or has a contraindication to the use of Euflexxa (effective January 1, 2024).
- February 13, 2024: Administrative update to add the Limitation Members new to the plan stable on a Viscosupplementation for Osteoarthritis product should be reviewed against Reauthorization Criteria. Added Tufts Health Together to the Medical Necessity Guideline (effective March 1, 2024).
- September 10, 2024: No changes. Removed Tufts Health Together from the Medical Necessity Guideline; coverage of Viscosupplements will fall under the Unified Medical Policies (eff 10/1/24).
- September 2024: Administrative Update: Rebranded from Tufts Health Unify to Tufts Health One Care.
- July 2025: Administrative update to remove Harvard Pilgrim Health Care Stride Medicare Advantage from the Medical Necessity Guideline template.
- September 9, 2025: No changes
- January 1st, 2026: Administrative update: Updated J Code J7322 revised descriptor, effective 1/1/26.
- September 15, 2026: Administrative updates: Added Hymovis One to the Medical Necessity Guideline to align with J Code 7322. Updated J Code 7328 descriptor. Template updated to remove CareLink from the Medical Necessity Guideline template. Template updated from “Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans” to “Tufts Health Together- MassHealth Accountable Care Partnership Plans.” (eff 10/1/26)

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.