Medication Policy Manual

Policy No: dru351

Topic: Intra-articular Hyaluronic Acid Derivatives:  
- 1% sodium hyaluronate (Euflexxa®)  
- high molecular weight hyaluronan (Hymovis®)  
- high molecular weight hyaluronan (Orthovisc®)  
- hylan G-F 20 (Synvisc®, Synvisc-One®)  
- sodium hyaluronate (Gel-One®)  
- sodium hyaluronate (Gel-Syn™)  
- sodium hyaluronate (GenVisc® 850)  
- sodium hyaluronate (Monovisc®)  
- sodium hyaluronate (Hyalgan®)  
- sodium hyaluronate (Supartz®)

Date of Origin: May 09, 2014

Committee Approval Date: April 8, 2016

Next Review Date: April 2017

Effective Date: May 1, 2016

IMPORTANT REMINDER
This Medication Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medication policy is to provide a guide to coverage. Medication Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description
High molecular weight hyaluronan (Orthovisc®), high molecular weight hyaluronan (Hymovis®), sodium hyaluronate (Gel-One®), sodium hyaluronate (Gel-Syn), sodium hyaluronate (GenVisc 850), sodium hyaluronate (Monovisc®), sodium hyaluronate (Hyalgan®), sodium hyaluronate (Supartz®), 1% sodium hyaluronate (Euflexxa®), and hylan G-F 20 (Synvisc®/Synvisc-One®) are hyaluronic acid derivatives that are injected directly into the knee joint to help improve the pain associated with osteoarthritis of the knee.
Policy/Criteria

I. Hyaluronic acids are considered not medically necessary for osteoarthritis of the knee.

II. Hyaluronic acids are considered not medically necessary for skin wrinkles or other cosmetic indications.

III. Hyaluronic acids are considered investigational when used for all other conditions, including but not limited to:
   A. Osteoarthritis in joints other than the knee
   B. Temporomandibular joint degenerative disorders
   C. Trigger finger

Position Statement

- Hyaluronic acids are used as viscosupplementation and are injected directly into the knee joint to improve lubrication and reduce the pain associated with osteoarthritis of the knee.
- The American Academy of Orthopaedic Surgeons (AAOS) cannot recommend the use of hyaluronic acid for patients with symptomatic osteoarthritis of the knee. [1]
- There is limited evidence demonstrating that hyaluronic acids are more effective than placebo or non-pharmacologic therapy at increasing mobility and reducing pain associated with osteoarthritis of the knee.
- There are inadequate data to determine the benefit of multiple treatment courses of hyaluronic acids.
- There is inadequate evidence to support the use of hyaluronic acids in temporomandibular joint degenerative disorders or trigger finger.

CLINICAL EFFICACY

- Hyaluronic acids have not been proven in reliable clinical studies to be more effective than non-pharmacologic or generic analgesics such as acetaminophen and NSAIDs.
  * Systematic reviews of randomized controlled trials evaluating viscosupplementation in patients with osteoarthritis of the knee conclude that there are low quality data available to determine efficacy and safety.
  * Clinical trials studying the effect of viscosupplementation on knee pain and functional outcomes have reported inconsistent results.
  * Several studies have reported no improvement in pain or mobility compared to placebo, simple analgesics, or exercise. [2-5]
- There is no reliable evidence, based on two comparative trials identified, to differentiate between hyaluronic acid products used for viscosupplementation in terms of safety or efficacy.
* One randomized controlled trial in 660 patients with osteoarthritis of the knee did not demonstrate a difference in efficacy or safety of Synvisc compared with Orthovisc. [6]

* A randomized trial comparing the effectiveness of Synvisc and Hyalgan is unreliable due to uncertain blinding which may have influenced patient reported outcomes. [7]

- Systematic reviews and clinical guidelines have concluded that there is limited evidence to support subsequent treatment courses with hyaluronic acids; however, individual patients may benefit from additional courses of hyaluronic acids. [1,8]

- Hyaluronic acids have been studied in the treatment of osteoarthritis of joints other than the knee, including the hip, shoulder, and ankle.

* Small studies in patients with osteoarthritis of the ankle demonstrated that hyaluronic acid may be an effective treatment option; however several larger, well-controlled trials have concluded that hyaluronic acid is not effective in this setting (no different than saline). [9-12]

* A randomized trial found hyaluronic acid to be no more effective than placebo in the treatment of osteoarthritis of the hip. [13]

* A randomized trial in patients with osteoarthritis of the shoulder did not demonstrate a significant difference in pain on movement between patients treated with sodium hyaluronate or placebo. [14]

- The American Academy of Orthopaedic Surgeons cannot recommend the use of hyaluronic acid for patients with symptomatic osteoarthritis of the knee. The AAOS graded the recommendation as “Strong,” which means that the strength of the supporting evidence is high. Guidelines state that “Practitioners should follow a Strong recommendation unless a clear and compelling rationale for an alternative approach is present.” [1]

SAFETY

- The most common adverse events reported with hyaluronic acids include joint pain, stiffness and swelling, as well as injection site reactions. [15-24]

INVESTIGATIONAL USES

Temporomandibular Joint (TMJ) degenerative disorders

- Several small studies have evaluated hyaluronic acids in the treatment of symptoms of TMJ degenerative disorders (pain, range-of-motion, chewing efficiency). Larger, well-controlled studies are needed to confirm the benefit of hyaluronic acids and to determine the optimal frequency, dose, and product. [25-28]

Trigger finger

- One small randomized, controlled trial (N=36) evaluated patients with a diagnosis of trigger finder. Patients were randomized to hyaluronic acid or steroid injections, after the months of follow-up the percent of patients without triggering effect was numerically lower in the hyaluronic acid group, but not statistically significant. While promising the results must be confirmed in larger studies. Additional the optimal frequency, dose, and hyaluronic acid product has not been determined. [29]
Cross References

Intra-articular Hyaluronan Injections for Osteoarthritis, BlueCross BlueShield Association Medical Policy, 2.01.31, Issue 08:2010

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<thead>
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<th>Number</th>
<th>Description</th>
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<td>HCPCS</td>
<td>J7323</td>
<td>Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose</td>
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<td>ICD-10</td>
<td>M17.0</td>
<td>Bilateral primary osteoarthritis of knee</td>
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References


21. Gel-One (sodium hyaluronate) [Prescribing Information]. Tokyo, Japan: Seikagaku Corporation; March 2011.


<table>
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<tr>
<th>Revision Date</th>
<th>Revision Summary</th>
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<tbody>
<tr>
<td>4/8/2016</td>
<td>Added temporomandibular joint disorders and trigger finger as investigational uses</td>
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