

Aetna Medicare Part B Drug Step Criteria

Viscosupplements

Preferred product(s):

Single injection

Durolane
Synvisc-One

Multiple injections

Euflexxa
Synvisc

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. [Find Aetna Medicare Part B Drug Criteria documents.](#)

This program applies to viscosupplements as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For all Part B requests (new starts only):

TABLE. Single injection viscosupplements

Status	Product(s)
Preferred*	Durolane – no prior authorization required Synvisc-One – no prior authorization required
Non-preferred (targeted)	Gel-One Hymovis One Monovisc

*Preferred products do not require prior authorization

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented intolerable adverse event to two or more of the preferred products, and the adverse event was not an expected adverse event attributed to the sodium hyaluronate as described in the prescribing information (documentation required upon request)

TABLE. Multiple injection viscosupplements

Status	Product(s)	
Preferred*	Euflexxa – no prior authorization required Synvisc – no prior authorization required	
Non-preferred (targeted)	Gelsyn-3 GenVisc 850 Hyalgan Hymovis Orthovisc	Supartz FX Synojoynt Triluron TriVisc Visco-3

*Preferred products do not require prior authorization

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented intolerable adverse event to two or more of the preferred products, and the adverse event was not an expected adverse event attributed to the sodium hyaluronate as described in the prescribing information (documentation required upon request)

REFERENCES

1. American Academy of Orthopaedic Surgeons. AAOS clinical practice guideline on osteoarthritis of the knee. Rosemont (IL): American Academy of Orthopedic Surgeons; 2003.
2. American College of Rheumatology 2012 Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee. Arthritis Care and Research. Vol. 64, No. 4, April 2012, pp 465-474.
3. AHFS Drug Information. American Society of Health-System Pharmacists, Inc. Bethesda, MD 2019.
4. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; 2019. Available at <http://www.micromedexsolutions.com/micromedex2/librarian>. Updated periodically. Accessed October 2019.
5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at <http://www.clinicalpharmacology-ip.com/default.aspx>. Updated periodically. Accessed October 2019.

DOCUMENT HISTORY

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. The formulary may change at any time. You will receive notice when necessary.