

August 6, 2021

Dear Health Plan Provider,

**We are resending this letter with a correction. The information in the section titled “Members Currently Using a Preferred Product” has been revised to correctly state that members currently using a preferred viscosupplement product may continue to use the product without prior authorization.**

This notification announces a new Prevea360 Health Plan policy for viscosupplement products. Refer to the medical policy, [Hyaluronic Acid Derivatives \(MB2115\)](#), in our document library for applicable products and exceptions.

Currently, Prevea360 Health Plan does not require prior authorization for any viscosupplement products. Under new policy, authorization will be based on the product’s “preferred” or “non-preferred” status. Prior authorization **will be required** for non-preferred viscosupplement products with effective dates determined by whether a member is currently using a non-preferred product or is new to treatment, as described below in this letter. Prior authorization **will not be required** for preferred viscosupplement products. Viscosupplement products and status are listed in the following grid.

| <b>Preferred Viscosupplement Products<br/>(No prior authorization required)</b> | <b>Non-Preferred Viscosupplement Products<br/>(Prior authorization required)</b> |                    |
|---|--|--------------------|
| Synvisc   | Monovisc   | Sodium hyaluronate |
| Synvisc One   | Durolane   | TriVisc            |
| Hyalgan   | Gel-One  | OrthoVisc          |
| Hymovis   | Euflexxa   | Supartz FX         |
| Triluron  | Gelsyn-3   | GenVisc850         |
|   | Visco-3  |                    |

Authorization requests for non-preferred products must include a trial of preferred product in addition to meeting authorization criteria in the Hyaluronic Acid Derivatives (MB2115) medical policy.

**Members Currently Using a Non-Preferred Product**

Effective January 1, 2022, members currently using a non-preferred viscosupplement product must switch to a preferred viscosupplement product. Refer to the medical policy for exception criteria. Providers will be required to submit a new authorization request using the appropriate prior authorization form and have approval before January 1, 2022, in order to have a member continue using a non-preferred product.

The original letter sent to you included an enclosure listing member(s) associated to your practice who have received a non-preferred product this year and will be affected by this change if treatment is continued into next year.

**Members New to Using Viscosupplement Products**

Effective October 1, 2021, members who are new to using a viscosupplement product must use a preferred viscosupplement product.

**Members Currently Using a Preferred Product**

Members currently using a preferred viscosupplement product may continue to use the product without prior authorization. No provider action is required.

Please email any questions to Pharmacy Services at [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

Pharmacy Services  
Prevea360 Health Plan

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