

NOTICE: Preferred Drugs - Hyaluronate knee injection products

February 19, 2021

Dear Provider,

In our efforts to ensure the provision of quality of care and services Health Choice Arizona and Health Choice Pathway is requiring the following physician-administered drugs to be prescribed at a preferred level.

A request for a non-preferred product will require supporting documentation to substantiate the use of a non-preferred product. All products listed below require prior authorization.

Effective 4/1/2021, the following hyaluronate injection drug products **will be preferred**:

Applies to Health Choice Arizona (HCA) and Health Choice Pathway (HCP)	
J7318	Durolane
J7321	Hyalgan, Supartz FX, Visco-3
J7322	Hymovis
J7323	Euflexxa
J7325	Synvisc, Synvisc-One
J7326	Gel-One
J7328	Gelsyn-3
J7329	Trivisc
J7331	Synojoynt
J7332	Triluron

Effective 4/1/2021, the following hyaluronate injection drug products **will be non-preferred**:

Applies to Health Choice Arizona (HCA) and Health Choice Pathway (HCP)	
J7320	Genvisc 850
J7324	Orthovisc
J7327	Monovisc

Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

- HCA: <https://www.healthchoiceaz.com/> -> Provider Tab -> PA Guidelines
- HCP: <https://www.healthchoicepathway.com/> -> Provider Tab -> Provider Information

If you have any questions, please reach out to your Network Service Provider Performance Representative.

To view this notice for embedded links and content specific to education-related material, please visit us online at www.HealthChoiceAZ.com under our "Providers" tab.

