

# Provider Update

*This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.*

## Updates to Prior Authorization Requirements for Provider-Administered Medications (Priority Partners)

Effective January 1, 2020, Johns Hopkins HealthCare will require prior authorization to determine medical necessity for the following newly added provider-administered medications (procedure codes are listed below). These new requirements impact members of all ages for Priority Partners.

**Prior authorizations are required as of January 1, 2020 for:**

### Impacted procedure codes

- J3111 (Evenity®)
- J3031\* (Ajovy®)
- Q5117\* (Kanjinti®)
- Q5112\* (Ontruzant®)
- Q5113\* (Herzuma®)
- Q5114\* (Ogivri®)
- Q5116\* (Trazimera®)
- Q5115 (Truxima®)
- Q5118\* (Zirabev®)
- J7331 (SynoJoynt®)
- J7332 (Triluron®)

*\*NOTE: These codes require medical necessity authorization only (not site of service).*

### Also effective January 1, 2020

- Kanjinti, Ontruzant, Herzuma, Ogivri, and Trazimera, will be the preferred agents for members initiated on trastuzumab therapy.
- Truxima will be the preferred agent for members initiated on rituximab.
- Mvasi® (Q5107) and Zirabev will be the preferred agents for members initiated on bevacizumab therapy
- Kanjinti, Ontruzant, Herzuma, Ogivri, Trazimera, Truxima, Mvasi, and Zirabev will continue to require prior authorization for Plan coverage.

### Prior Authorization Process

For prior authorization requests, submit the [Medical Injectable Prior Authorization form](#) along with clinical supporting documentation via fax to 410-424-2801.

NOTE: A [complete list of the HCPCS Codes](#) for all specialty medications that require prior authorization is available on our website.

*Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns*