

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## **New Preferred Provider-Administered Medications List and Prior Authorization Process for Priority Partners**

**Effective Date:** April 1, 2024

**Health Plan(s) Affected:** Priority Partners

**Type of Change:** Prior Authorization Drug List; Prior Authorization Process

### **Explanation of Change:**

Effective April 1, 2024, Johns Hopkins Health Plans will require the use of certain preferred medications prior to allowing coverage of non-preferred medications in select drug classes under Priority Partners. These preferred drugs are indicated on the “Preferred Medical Injectable Drug List” included at the below link. Both preferred and non-preferred provider-administered medications may be subject to prior authorization to determine medical necessity. These prior authorization requirements affect members of all ages.

[Priority Partners Prior Authorization Requirements April 1\\*](#)

The comprehensive list of provider-administered medications that require prior authorization under Priority Partners is also available on the [Johns Hopkins Health Plans website](#) for your reference.

**NOTE:** Also effective April 1, 2024, the prior authorization process for provider-administered medications under Priority Partners will be managed by CVS Caremark. These requests will continue to be submitted through the current CVS Caremark NovoLogix platform. Please see below for new submission guidance.

### **Submitting Provider Administered Medical Injectable Prior Authorization Requests:**

#### **Priority Partners:**

- Providers may submit electronic prior authorization requests through NovoLogix using the Priority Partners [Availity\\*\\*](#) secure provider portal.
- If Availity is unavailable for some reason, providers may contact NovoLogix directly for assistance by calling 844-345-2803. Prior Authorization Forms for the provider-administered medical injectables can also be obtained from NovoLogix by calling: 844-345-2803.

\*If the link to this PDF breaks, please visit our Communication Repository

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