



## Reminder: New Prior Authorization Requirements For Certain Provider-Administered Medications

**Effective Date:** April 10, 2026

**Health Plans Affected:** Priority Partners, US Family Health Plan (USFHP)

**Type of Change:** Process

### Explanation of Change:

Effective April 10, 2026, Johns Hopkins Health Plans will require prior authorization to determine medical necessity for select provider-administered medications under Priority Partners and USFHP. These requirements affect members of all ages.

[Priority Partners Prior Authorization Requirements April 10](#)  
[USFHP Prior Authorization Requirements April 10](#)

For certain drug classes, each of our health plans have preferred drug lists. These preferred drugs are indicated on the “Preferred Medical Injectable Drug List” included at the above links. The comprehensive lists of provider-administered medications that require prior authorization for these health plans are also available on the Johns Hopkins Health Plans website for your reference.

### Submitting Medical Injectable Prior Authorization Requests:

#### Priority Partners

- Providers may submit electronic prior authorization requests through NovoLogix using the [Availity\\*](#) secure provider portal.
- If Availity is not able to be accessed, providers may contact NovoLogix for assistance by calling: 844-345-2803.

#### USFHP

- Providers may request prior authorization by submitting the Medical Injectable Prior Authorization Form along with clinical supporting documentation via fax to 410-424-2801.