

Reminder: How to Submit Pharmacy Benefit (self-administered) Drug Prior Authorization Requests for USFHP Members

Effective Date: Ongoing

Health Plans Affected: US Family Health Plan (USFHP)

Type of Change: Process

Reminder: USFHP requires prior authorization for certain self-administered medications before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs are subject to specific criteria approved by Department of Defense Pharmacy and Therapeutics Committee. Prior authorization requirements are available on the [TRICARE formulary](#).

To submit a pharmacy benefit prior authorization request to USFHP:

- Providers may complete and fax the [prior authorization form for the specific medication](#) being requested to the Johns Hopkins Health Plans Pharmacy department at 410-424-4037. Supporting clinical documentation is required.
- Note: **Please do not use CoverMyMeds to submit USFHP prior authorizations.** The use of this tool may result in coverage determination delays.

For more information about USFHP pharmacy benefits and additional details about submitting prior authorization requests, please visit the [USFHP Pharmacy and Formulary page](#).