



# Provider Update

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

## Provider-Administered Medications Prior Authorization Clarification

**Effective Date:** March 1, 2020

**Health Plan(s) Affected:** Johns Hopkins US Family Health Plan (USFHP)

### Explanation of Change(s):

Effective March 1, 2020, Johns Hopkins HealthCare LLC will require prior authorization to determine site of service (site of care) necessity for certain provider-administered medications. This requirement is in addition to medical necessity prior authorization. This new requirement affects Johns Hopkins USFHP members of all ages.

This requirement pertains to the following drugs and procedure codes:

Drug Name	Procedure Code
Botox <sup>®</sup>	J0585
Dysport <sup>®</sup>	J0586
Xeomin <sup>®</sup>	J0588
Myobloc <sup>®</sup>	J0587

Submit medical injectable prior authorization requests for USFHP members using the USFHP [Medical Injectable Prior Authorization Form](#), along with clinical supporting documentation, via fax to the **JHHC Pharmacy department at 410-424-2801**.

A [complete list of the HCPCS codes](#) for all specialty medications that require prior authorization is available on the JHHC website, under USFHP.