

Provider Update

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

New Prior Authorization Requirements For Certain Provider-Administered Medications

Effective Date: March 1, 2021

Health Plan(s) Affected: Johns Hopkins US Family Health Plan (USFHP); Priority Partners

Explanation of Change(s):

Effective March 1, 2021, Johns Hopkins HealthCare LLC will require prior authorization to determine medical necessity for certain provider-administered medications (impacted procedure codes are listed below), in addition to the medications already requiring medical necessity review. This new requirement affects Johns Hopkins USFHP and Priority Partners members of all ages.

This requirement pertains to the following drugs and procedure codes and is for medical necessity only (not site of service):

Procedure Code	Drug Name
J0598	Cinryze®*
J1300	Soliris®
J1303	Ultomiris®
J3590	Revcovi®
J9216	Actimmune®
J1322	Vimizim®
J7189	Novoseven®
Q5122	Nyvepria®

*Authorization requirement effective since 1/1/2021 for Priority Partners

To submit medical injectable prior authorization requests:

- Fax the relevant form along with clinical supporting documentation, via fax, to the **JHHC Pharmacy department at 410-424-2801**.
 - Priority Partners: use the [Medical Injectable Prior Authorization Form](#)
 - USFHP: use the [Medical Injectable Prior Authorization Form](#),

Complete lists of HCPCS codes for all specialty medications requiring prior authorization are available on the JHHC website:

- [Priority Partners](#)
- [US Family Health Plan](#)

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