

# PROVIDER NOTICE

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

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

**Effective Date:** Oct. 1, 2023

**Health Plan(s) Affected:** Priority Partners, Advantage MD, and US Family Health Plan (USFHP)

**Type of Change:** Process

### Explanation of Change:

Effective Oct. 1, 2023, Johns Hopkins Health Plans will require prior authorization to determine medical necessity for several provider-administered medications under the Priority Partners, Advantage MD and USFHP health plans. These requirements affect members of all ages.

[Priority Partners Prior Authorization Requirements Effective October 1](#)  
[Advantage MD Prior Authorization Requirements Effective October 1](#)  
[USFHP Prior Authorization Requirements Effective October 1](#)

For certain drug classes, Priority Partners, Advantage MD and USFHP have a preferred drug list. 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 Priority Partners HealthLINK secure provider portal.
- If HealthLINK is not able to be accessed, a completed Medical Injectable Drug-specific Prior Authorization Form with supportive clinical documentation may be faxed to Priority Partners at: 866-212-4756.

#### Advantage MD:

- Providers may submit electronic prior authorization requests through NovoLogix using the AMD HealthLINK secure provider portal.
- If HealthLINK is not able to be accessed, contact NovoLogix for assistance by calling: 800-932-7013.

#### 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.