



Provider Update

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

Extension of Prior Authorization Requirements for Certain Provider-Administered Medications for Priority Partners

Effective July 1, 2019, additional provider-administered medications will require prior authorization to determine medical necessity. The procedure codes for these medications are listed in the chart below. These new requirements impact Priority Partners members of all ages.

Prior authorizations are required as of July 1, 2019 for:

Impacted procedure codes

J1555 (Cuvitru®)

J1599 (Panzyga®)

J3358 (Stelara IV®)

Q5107* (Bevacizumab®)

Q5109 (Infliximab®)

*NOTE: These codes require medical necessity authorization only (not site of service).

Prior Authorization Process

For prior authorization requests, submit the [Medical Injectable Prior Authorization](#) form along with clinical supporting documentation via fax to 410-424-2801.

NOTE: A [complete list of the HCPCS Codes](#) for all specialty medications that require prior authorization is available on our website.

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