

Provider Update

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

Updates to Prior Authorization Requirements for Provider Administered Medications (Priority Partners)

Effective Oct. 1, 2019, Johns Hopkins HealthCare will require prior authorization to determine medical necessity for the following newly added provider administered medications (procedure codes are listed below). These new requirements impact members of all ages for Priority Partners.

Prior authorizations are required as of Oct. 1, 2019 for:

Impacted procedure codes

J0800* (H.P. Acthar Gel®)
J1950* (Lupron Depot®)
J9218* (Leuprolide®)
J9217* (Eligard®, Lupron®)
J2796* (Nplate®)
J9226* (Supprelin LA®)
J3316* (Triptodur®)
J9356* (Herceptin Hylecta®)

NOTE: An asterisk (*) indicates that these codes require medical necessity authorization only (not site of service).

Also effective Oct. 1, 2019, Renflexis® (Q5104) will be the preferred agent for members initiated on infliximab therapy. Similarly, Fulphila® (Q5108) and Udenyca® (Q5111) will be preferred agents for members initiated on pegfilgrastim therapy. Renflexis, Fulphila, and Udenyca will continue to require prior authorization for plan coverage.

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 1-888-895-4998 with any questions or concerns