

# Provider Update

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

## **Extension of Coverage and Prior Authorization Requirements For Certain Provider-Administered Medications**

**Effective Date:** January 1, 2021

**Health Plan(s) Affected:** Priority Partners

### **Explanation of Change(s):**

Effective January 1, 2021, the following provider-administered medications are now covered by Priority Partners, instead of by the Maryland Department of Health (MDH). These medications will require prior authorization to determine medical necessity. These new requirements impact Priority Partners members of all ages.

### **Prior authorizations are required as of January 1, 2021 for:**

- The spinal muscular atrophy drug Zolgensma<sup>®</sup>
- The medical injectable drugs Cinryze<sup>®</sup> and Spinraza<sup>®</sup>

### **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.

For more information, please see MDH transmittal [PT 22-21\\*](#) and MDH transmittal [PT 25-21\\*](#).

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