

# PROVIDER NOTICE

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

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

**Effective Date:** Nov. 1, 2024

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

**Type of Change:** Process

### **Explanation of Change:**

Effective Nov. 1, 2024, Johns Hopkins Health Plans will require prior authorization to determine medical necessity for several provider-administered medications under Priority Partners and USFHP. These requirements affect members of all ages.

[Priority Partners Prior Authorization Requirements Nov. 1\\*](#)  
[USFHP Prior Authorization Requirements Nov. 1\\*](#)

For certain drug classes, Priority Partners and USFHP have preferred drug lists. 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 [Availity](#)\*\* secure provider portal.
- If Availity is not able to be accessed, providers may contact NovoLogix for assistance by calling: 844-345-2803.

#### **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.

\*If the link to this PDF breaks, please visit our [Communications Repository](#).

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