

Plan Update

Notification Date: 12/13/2023

To: All Providers
From: MDwise Pharmacy Team
Subject: Weight Loss Medication Coverage
Effective Date: October 31, 2023

Summary

The Indiana Health Coverage Programs (IHCP) has announced the coverage of FDA-approved weight loss medications [Wegovy® (semaglutide) and Saxenda® (liraglutide)] for eligible Medicaid members under the age of 21 through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

Medical necessity determinations will be made for eligible members on a case-by-case basis using peer-reviewed literature. Although covered medications will be made available to members via the pharmacy benefit, prior authorization (PA) requests should be submitted according to the medical benefit process as follows. Appropriate requests should include a diagnosis of morbid obesity with comorbid conditions and documentation of nutritional counseling and/or weight-loss programs and any pharmacological agents or interventions that have been used by the member. All medical PA requests should be submitted using the Indiana Health Coverage Programs (IHCP) Universal Prior Authorization Form.

Impact

Requests are to be submitted using the generic codes J3490, J3590, or C9399 with the name of the requested medication clearly specified. Prior Authorization requests may be submitted via fax, email, or via our Authorization Portal.

Fax MDwise Hoosier Healthwise (HHW) Excel: [\(888\) 465-5581](tel:(888)465-5581)

Fax MDwise Healthy Indiana Plan (HIP) Excel: [\(866\) 613-1642](tel:(866)613-1642)

Email: padept@mdwise.org

Portal <https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

Upon authorization, the prescriber may submit a prescription through the normal pharmacy ordering process. Although the PA is to be requested through the medical benefit process, a prescription will need to be written for the member to pick up the medication from an in-network pharmacy. Reassessments of medical necessity for continued authorization will occur every 6 months and should follow the same process outlined above.

Action

For more information, please refer to IHCP bulletin BT2023148. If you have any questions about this announcement, please call the MDwise Provider Customer Service Unit at [\(833\) 654-9192](tel:(833)654-9192).

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