Plan Update

Notification Date: 09/12/2024

To: All Providers
From: MDwise Pharmacy Team
Subject: Medication Authorization Updates
Effective Date: October 1, 2024

Summary

The recently updated HCPCS Code List (previously referred to as the Medical Prior Authorization and Exclusion List) for Hoosier Healthwise and HIP is now available on the MDwise website.

As of October 1, 2024, the following medications have been **added to the medical** claim prior authorization (PA) list:

- Aphexda (motixafortide)
- Brixadi (buprenorphine)
- Columvi (glofitamab-gxbm)
- Cosentyx (secukinumab)
- Elfabrio (pegunigalsidase alfa-iwxj)
- Elrexfio (elranatamab-bcmm)
- Epkinly (epcoritamab-bysp)
- Kanjinti (trastuzumab-anns)
- Loqtorzi (toripalimab-tpzi)
- Ogivri (trastuzumab-dkst)
- Omvoh (mirikizumab-mrkz)
- Ontruzant (trastuzumab-dttb)
- Pombiliti (cipaglucosidase alfa-atga)
- Qalsody (tofersen)
- Rystiggo (rozanolixizumab-noli)
- Spravato (esketamine)
- Talvey (talquetamab-tgvs)
- Trazimera (trastuzumab-qyyp)
- Veopoz (pozelimab-bbfg)
- Vyvgart Hytrulo (efgartigimod alfa/ hyaluronidase-qvfc)
- Ycanth (cantharidin)

Impact

All medical PA requests should be submitted using the Indiana Health Coverage Programs (IHCP) Universal Prior Authorization Form. Prior Authorization requests can be submitted via fax, email, or via our Authorization Portal.

Fax MDwise Hoosier Healthwise (HHW) Excel: (888) 465-5581
Fax MDwise Healthy Indiana Plan (HIP) Excel: (866) 613-1642
Email: padept@mdwise.org
Portal https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin

Action

All pharmacy PA requests should be submitted to the MDwise Pharmacy Benefit Manager (PBM), MedImpact. Prior Authorization requests can be submitted via fax to (858) 790-7100.
To see the entire HCPCS Code List, visit the Medical Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP effective 10/1/2024 on the MDwise website.

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