

Plan Update

Notification Date: 10/1/2025

To: All Providers
From: MDwise Pharmacy Team
Subject: Medication Authorization Updates
Effective Date: 12/1/2025

Summary

The recently updated MDwise Managed Medicaid Pharmacy Prior Authorization Guidelines for Neutral Drugs for HHW and HIP is now available on the MDwise website.

All managed care plans are aligned with the fee for service (FFS) program under the Statewide Uniform Preferred Drug List (SUPDL). This means that MDwise covers the same preferred and nonpreferred drugs and maintains the same clinical criteria requirements as other Indiana Medicaid providers. Agents in drug classes not included on the FFS PDL are considered SUPDL neutral. For neutral drugs not on the SUPDL, MDwise uses its own clinical criteria and coverage policies. To see all criteria for neutral drugs, visit the MDwise Managed Medicaid Pharmacy Prior Authorization Guidelines for Neutral Drugs on the MDwise website at <https://www.mdwise.org/mdwise/managed-medicaid-prior-authorization-guidelines-md>

As of 12/1/2025, prior authorization (PA) will be added to the following neutral medications:

- COMBOGESIC (acetaminophen-ibuprofen)
- AVMAPKI-FAKZYNJA (avutometinib-defactinib)
- ZELSUVMI (berdazimer sodium)
- ENSACOVE (ensartinib hydrochloride)
- ANDEMBRY (garadacimab-gxii)
- HARLIKU (nitisinone)
- EKTERLY (sebetralstat)
- IBTROZI (taletrectinib adipate)

As of 12/1/2025, prior authorization (PA) criteria will be revised for the following neutral medications:

- SUNLENCA, YEZTUGO (lenacapavir sodium)
- REMODULIN (treprostinil)

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.

Certain neutral agents are also available for coverage through the medical benefit. Please reference the MDwise Hoosier Healthwise and Healthy Indiana Plan Medication (HCPCS Codes) Prior Authorization and Exclusion List on the MDwise website for details at <https://www.mdwise.org/mdwise/mdwise-prior-authorization-forms>

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>

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