# Plan Update

**Notification Date: 6/17/2025**

**To:** **All Providers**

**From:** **MDwise Pharmacy Team**

**Subject:** **Medication Authorization Updates**

**Effective Date:** **8/1/2025**

## Summary

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

As of August 1, 2025, the following medications have been **added to the medical** claim prior authorization (PA) list:

- Ajovy (fremanezumab-vfrm)
- Alyglo (immune globulin)
- Alymsys (bevacizumab-maly)
- Aranesp (darbepoetin alfa)
- Avastin (bevacizumab)
- Aveed (testosterone undecanoate)
- Beovu (brolucizumab-dbll)
- Borozu (bortezomib)
- Byooviz (ranibizumab-nuna)
- Cimerli (ranibizumab-eqrn)
- Darzalex Faspro (daratumumab and hyaluronidase-fjhj)
- Epogen (epoetin alfa)
- Epogen, Procrit, Retacrit (epoetin alfa)
- Evkeeza (evinacumab-dgnb)
- Eylea (aflibercept)
- Eylea HD (aflibercept hd)
- Granix (tbo-filgrastim)
- Imdelltra (tarlatamab-dlle)
- Kisunla (donanemab-azbt)
- Leukine (sargramostim)



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- Lucentis (ranibizumab)
- Mircera (epoetin beta)
- Mvasi (bevacizumab-awwb)
- Neulasta (pegfilgrastim)
- Niktimvo (axatilimab-csfr)
- Nivestym (filgrastim-aafi)
- Nyvepria (pegfilgrastim-apgf)
- Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)
- Pavblu (aflibercept-ayyh)
- Piasky (crovalimab-akkz)
- Reblozyl (luspatercept-aamt)
- Retacrit (epoetin alfa-epbx)
- Rytelo (imetelstat)
- Stimufend (pegfilgrastim-fpgk)
- Tecelra (afamitresgene autoleucel)
- Tecentriq Hybreza (atezolizumab)
- Tevimbra (tislelizumab-jsgr)
- Udenyca (pegfilgrastim-cbgy)
- Vabysmo (faricimab-svoa)
- Vegzelma (bevacizumab-adcd)
- Zarxio (filgrastim-sndz)
- Ziextenzo (pegfilgrastim-bmez)
- Zirabev (bevacizumab-bvzr)
- Zymfentra (infliximab-dyyb)

As of August 1, 2025, the following medications will be moving from being covered on both the medical and pharmacy benefits to **only being covered on the medical benefit** (i.e., pharmacy benefit claims and PA requests will be denied):

- Asceniv (immune globulin)
- Bivigam (immune globulin)
- Botox (onabotulinumtoxina)
- Carimune, Gammagard S/D (immune globulin)
- Dysport (abobotulinumtoxina)
- Evenity (romosozumab-aqqg)
- Flebogamma, Flebogamma DIF (immune globulin)
- GamaSTAN S/D (gamma globulin)
- Gammaplex (immune globulin)
- Gamunex-C, Gammaked (immune globulin)
- Myobloc (rimabotulinumtoxinb)
- Panzyga (immune globulin)
- Privigen (immune globulin)
- Prolia, Xgeva (denosumab)
- Reclast, Zometa (zoledronic acid)
- Rolvedon (eflapegrastim-xnst)
- Spevigo (spesolimab-sbzo)
- Ultomiris (ravulizumab-cwvz)


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- Xeomin (incobotulinumtoxin a)

As of August 1, 2025, the following medications have been added to the MDwise Hoosier Healthwise and Healthy Indiana Plan Medication (HCPCS Codes) Prior Authorization and Exclusion List because they will **only be covered through the pharmacy benefit** (i.e., medical benefit claims and PA requests will be denied):

- Abrilada (adalimumab-afzb)
- Ajovy (fremanezumab-vfrm)
- Auryxia (ferric citrate)
- Belbuca (buprenorphine oral)
- Bplate (romiplostim)
- Calphron, Eliphos, PhosLo, Phoslyra (calcium acetate)
- Cyltezo (adalimumab-adbm)
- Fosrenol (lanthanum carbonate)
- Glucagon (glucagon hydrochloride)
- Hulio (adalimumab-fkjp)
- Idacio (adalimumab-aacf)
- Myhibbin (mycophenolate mofetil)
- Ohtuvayre (ensifentrine)
- Prograf (tacrolimus)
- Renagel (sevelamer hydrochloride)
- Renvela (sevelamer carbonate)
- Simlandi (adalimumab-ryvk)
- Tofidence (tocilizumab-bavi)
- Tyenne (tocilizumab-aazg)
- Vafseo (vadadustat)
- Velphoro (sucroferric oxyhydroxide)
- Ventavis (oliprost)
- Yuflyma (adalimumab-aaty)

As of August 1, 2025, the following medication on the medical claim prior authorization (PA) list will be moving from being covered on both the medical and pharmacy benefits to **only being covered on the pharmacy benefit** (i.e., medical benefit claims and PA requests will be denied):

- Relistor (methylnaltrexone)

## Impact

To see the entire HCPCS Code List, visit the MDwise Hoosier Healthwise and Healthy Indiana Plan Medication (HCPCS Codes) Prior Authorization and Exclusion List effective 8/1/2025 on the MDwise website. https://www.mdwise.org/mdwise/mdwise-prior-authorization-forms


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## Action

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: myMDwise Provider Portal

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.

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