



Hoosier Alliance

Hoosier Alliance Is An AmeriHealth Mercy Company

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Dear MDwise Hoosier Alliance Provider,

This memo clarifies the process for authorization of claims for Hemophilia/Bleeding Disorder products. These products require prior authorization as specified by the MDwise Hoosier Alliance Prior Authorization List. In an effort to be good stewards of state funds, MDwise Hoosier Alliance, through its Pharmacy Benefit Manager PerformRx, has partnered with selected vendors to manage the distribution of specialty drug products.

Effective August 15, 2008, all prior authorization requests for Anti-Hemophilia Factors (AHF) products must be faxed to PerformRx at 866-227-5764. Please note that requests will only be accepted from physician offices. Approved requests will be directed to the requesting physician and to the contracted specialty pharmacy approved for the distribution of AHF products by Perform Rx.

PRIOR AUTHORIZATION PROCESS for Anti-Hemophilia Factor (AHF):

1. Complete the prior authorization form available on the MDwise Hoosier Alliance website at <http://www.hoosieralliance.org/provider/provcom/forms/>. To request a faxed copy of the form please contact PerformRx at 800-558-1655.
2. Fax completed form to 866-227-5764.
3. PerformRx clinical staff will review the PA request.
4. Providers will be notified within 24 hours of the coverage determination.
5. PerformRx, will notify the specialty pharmacy for immediate distribution of the anti-hemophilia factor product.

If providers have questions or need additional information relating to the coverage determination process or distribution of AHF products, please call PerformRx at 800-558-1655, select option 2, then option 5.

MDwise Hoosier Alliance would like to thank you for your support in our efforts to streamline the processes associated with the punctual review and distribution of Anti-Hemophilia Factors products.

Sincerely

David Testerman
Senior Pharmacy Director, RPh, MBA