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State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 4, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Seth Gold, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates – January 2026

Effective January 1, 2026, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement clinical authorization for select medications. The authorization applies to pharmacy claims submitted to Gainwell Technologies for FFS and the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

1.) **<u>Point of Sale Clinical Authorization Requirement</u>**
Pharmacy claims for the following select agents require clinical authorization:

- Deuruxolitinib (Leqselvi™)
- Efbemalenograstim alfa-vuxw (Ryzneuta®)
- Eplontersen (Wainua™)*
- Garadacimab-gxii (Andembry®)
- Metreleptin (Myalept™)
- Nitisinone (Harliku™)
- Patisiran (Onpattro™)*
- Prademagene Zamikeracel (Zevaskyn™)
- Propranolol hydrochloride (Hemangeol®)
- Tirzepatide (Zepbound™)
- Ustekinumab-srlf (Imuldosa®)
- Vutrisiran (Amvuttra™)*

**Point of Sale diagnosis requirement for these agents will be removed and replaced with a clinical authorization requirement.*

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 75** (Prior Authorization Required) mapped to **EOB code 066** (Clinical Authorization Required).

FFS override provisions should be addressed through the Clinical Authorization process.

- Denial from Plan (MCOs Only): The pharmacy claim will deny with an **NCPDP rejection code**.

2.) Clinical Authorization and Point of Sale Updates

- Colony Stimulating Factors – Revised clinical criteria to reflect the new indication of Hematopoietic Subsyndrome of Acute Radiation Syndrome for pegfilgrastim-pbbk (Fylnetra®).
- Cytokine and CAM Antagonists
    - Inebilizumab-cdon (Uplizna™) – Revised clinical criteria to reflect the new indication of Immunoglobulin G4-related disease (IgG4-RD)
    - Upadacitinib (Rinvoq™) – Revised clinical criteria to reflect the removal of previous use of methotrexate in the treatment of rheumatoid arthritis. Also, added the new indication of giant cell arteritis and removed previous use of corticosteroids for treatment of this condition.
    - Ustekinumab (Stelara™) – Modified clinical criteria to require documented treatment failure with an adequate trial (26 weeks) of an FDA-approved biosimilar to ustekinumab (Stelara™) or documented justification why each biosimilar cannot be used.
    - Clinical criteria for select agents were modified to include quantity limits.
- Palivizumab (Synagis®) – Revised clinical criteria and associated form to align with the Updated AAP (American Academy of Pediatrics) Recommendations for the Prevention of RSV (respiratory syncytial virus) Disease in Infants and Children published online July 8, 2025.
- Delandistrogene moxeparvovec-rokl (Elevidys®) – Revised clinical criteria with the reinstatement of ambulatory function requirement criterion. *(Implemented 7/1/2025)*

- Dermatology (Atopic Dermatitis Immunomodulators) Dupilumab (Dupixent®) – Addition of diagnosis codes for two new indications [Bullous Pemphigoid and Chronic Spontaneous Urticaria] along with their respective diagnosis-specific quantity limits and inclusion of these new indications in the clinical criteria document.
- Finerenone (Kerendia®) – Revised clinical criteria to reflect the new indication of heart failure.
- Iptacopan (Fabhalta®) – Revised current POS diagnosis requirement edit to include an additional acceptable diagnosis code of Chronic Nephritic Syndrome with C3 Glomerulonephritis. (N03.A)
- Nedosiran (Rivfloza™) – Revised clinical criteria to reflect expanded indication for treatment of primary hyperoxaluria type 1 (PH1) in recipients 2 years of age and older.
- NSAIDS – Revised quantity limit for diclofenac sodium to align with available dosage formulations. *(Implemented 8/1/2025)*

Additional Information:
FFS and MCO: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, "**03**" can be entered in **NCPDP field 418-DI** (Level of Service).

Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form,* medication list, criteria and diagnosis code list.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to the appropriate PBM.

If you have questions about pharmacy claims billing, you may contact the appropriate MCO at their pharmacy help desk listed in the chart below.

Health Plan	PBM	Provider Claims/Billing Issues
Aetna Better Health	CVS Caremark	1(855) 364-2977
AmeriHealth Caritas	PerformRx	1(800) 684-5502
Healthy Blue	Carelon RX (MCO) Carrier Name: VOYRX-LA Medicaid	1(833)-485-6236
Humana	Humana Pharmacy Solutions Inc.	1(833) 252-1677
Louisiana Healthcare Connections	Express Scripts	1(833) 750-4451
UnitedHealthcare	Optum RX	1(866) 328-3108

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

BB/RB/SF/GJS

cc: Brandon Bueche
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