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State of Louisiana

Louisiana Department of Health Bureau of Health Services Financing

MEMORANDUM

DATE: June 15, 2026

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Seth Gold, Medicaid Executive Director Initial
SG

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

Effective July 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 to the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, and Louisiana Healthcare Connections).

1.) Point of Sale Clinical Authorization Requirement

Pharmacy claims for the following select agents require clinical authorization:

- Aficamten (Myqorzo™)
- Copper Histidinate (Zycubo®)
- Depemokimab-ulaa (Exdensur™)
- Elamipretide (Forzinity™)
- Elinzanetant (Lynkuet®)
- Gepotidacin (Blujepa™)*
- Mitapivat (Aqvesme™)
- Narsoplimab-wuug (Yartemlea™)
- Onasemnogene Abeparvovec-brve (Itvisma®)
- Plozasiran (Redemplo®)
- Sulopenem Etzadroxil/Probenecid (Orlynvah®)
- Ustekinumab-hmny (Starjemza™)
- Zopapogene Imadenovec-drba (Papzimeos™)

**Pharmacy claims submitted with a diagnosis code for unspecified sexually transmitted disease (A64) will bypass the clinical authorization requirement for this agent.*

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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**

- ADD/ADHD – Stimulants and Related Agents
 - Viloxazine (Qelbree) – Modify quantity limits
- Antipsychotic Agents
 - Lumateperone (Caplyta) – Expanded existing list of appropriate diagnosis codes to include additional diagnosis codes associated with Major Depressive Disorder (*Implemented 2/1/2026*)
 - Cariprazine (Vraylar) – Modify aged-based maximum daily doses for expanded indications.
- Cytokine and CAM Antagonists
 - Inebilizumab-cdon (Uplizna) – Revise clinical criteria to reflect new indication of Generalized Myasthenia Gravis.
- Dermatology – Atopic Dermatitis Immunomodulators
 - Dupilumab Pen (Dupixent®) – Modify existing diagnosis-specific quantity limit and clinical criteria to include new indication of Allergic Fungal Rhinosinusitis (B49, J30.89, J32*) with corresponding quantity limit.
- Gepirone (Exxua™) – Modify existing POS quantity limit edit to include limit of one (1) titration pack per 365 days
- GLP-1 Receptor Agonists
 - Tirzepatide (Mounjaro) – Modified POS age edit to include 10 years of age and older. (*Implemented: 2/1/2026*)
- Hereditary Angioedema
 - Berotralstat (Orladeyo) – Modify existing clinical criteria to expand the age to include adults and pediatric patients 2 years and older.
- Heart Disease – Hyperlipidemia – Lipotropics (Other)
 - Inclisiran (Leqvio®) – Modify existing clinical criteria to expand the age to include pediatric patients aged 12 years and older for select FDA approved indications.

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- Lomitapide (Juxtapid®) – Modify existing clinical criteria to expand the age to include patients aged 2 years and older
- Multivitamins – Modify existing prior authorization criteria for non-preferred agents.
- Nonsteroidal Anti-inflammatory Agents – Modify existing prior authorization criteria for non-preferred agents.
The approval criteria were revised to include language specific to celecoxib oral suspension (Vyscoxa™). A prior authorization request for this agent must include patient-specific, clinically significant justification explaining why generic celecoxib capsules are not an appropriate option.
- Pediatric Multivitamins – Modify existing prior authorization criteria for non-preferred agents.
- Sedative Hypnotics – Modify existing prior authorization criteria for non-preferred agents.
- Skeletal Muscle Relaxants – Modify existing prior authorization criteria for non-preferred agents.

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.

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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

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.

SY/SF/RB/GJS

cc:

Gainwell Technologies
 Healthy Louisiana MCOs
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 Sharon Yeske
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