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State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 26, 2026

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 – April 2026

Effective April 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:

- Brensocatib (Brinsupri™)
- Donidalorsen (Dawnzera™)
- Filgrastim-txid (Nypozi®)
- Gepirone ER (Exxua™)
- Natalizumab-sztn (Tyruko®)
- Nerandomilast (Jascayd®))
- Remibrutinib (Rhapsido®)
- Sebetralstat (Ekterly®)
- Semaglutide (Wegovy®) Tablet
- Sepiapterin (Sephience™)
- Tocilizumab-anoh (Avtozma®)

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

- Asthma/COPD – Immunomodulators – Modified existing clinical criteria to include expanded indication of chronic rhinosinusitis with nasal polyps for tezepelumab-ekko (Tezspire™).
- Beremagene Geperpavec-svdt (Vyjuvek™) – Revised clinical criteria to include the removal of age limitation criterion.
- Cytokine and CAM Antagonists
  - Adalimumab (Humira®) Biosimilars: Amjevita®, Cyltezo®, Hyrimoz®, Simlandi®, and Yuflyma® – Revised clinical criteria to reflect an expanded age indication for treatment of uveitis and hidradenitis suppurativa.
  - Apremilast extended release (Otezla XR™) – Revised clinical criteria to include the extended-release formulation and respective quantity limit of apremilast.
  - Golimumab (Simponi®) – Revised clinical criteria to reflect an expanded age indication for treatment of ulcerative colitis.
  - Guselkumab (Tremfya®) – Revised clinical criteria to reflect an expanded age indication for treatment of plaque psoriasis and psoriatic arthritis.
  - Ixekizumab (Taltz®) – Revised clinical criteria to require step-through therapy with a tumor necrosis factor (TNF) antagonist. *(Implemented 2/1/2026)*
  - Stelara Biosimilars (Preferred) – Revised clinical criteria to require step-through therapy with a tumor necrosis factor (TNF) antagonist. *(Implemented 2/1/2026)*
  - Tocilizumab (Actemra®) – Revised clinical criteria to reflect an expanded age indication for treatment of Coronavirus Disease 2019 (COVID-19).
  - Tofacitinib citrate (Xeljanz®) – Revised clinical criteria to reflect an expanded age indication for treatment of psoriatic arthritis.
- Exagamglogene autotemcel (Casgevy™) – Revised clinical criteria to reflect expanded vaso-occlusive crisis (VOC) criterion to include current chronic transfusion therapy.

- Heart Disease – Hyperlipidemia – Lipotropics (Other) – Modified existing clinical criteria to include expanded indication of hypercholesterolemia as well as removed adjunct to statin therapy criterion for inclisiran (Leqvio®). The existing clinical criteria for evolocumab (Repatha®) were modified to align with FDA-approved indications to reflect updated prescribing information. The clinical criteria for this therapeutic class were also modified to reflect an expanded age indication for evinacumab (Evkeeza®)
- Oncology Agents – Oral – Other – The clinical criteria for selumetinib (Koselugo®) were revised to reflect an expanded age indication for treatment of neurofibromatosis type 1 (NF1) associated with symptomatic, inoperable plexiform neurofibromas (PN) as well as included a quantity limit for a new dosage formulation.
- Pain Management – Antimigraine Agents – Calcitonin Gene-Related Peptide (CGRP) Antagonists – Revised clinical criteria to reflect the new age indication in the preventative treatment of episodic migraines for fremanezumab-vfrm (Ajovy®)
- Pain Management – Skeletal Muscle Relaxants – Non-preferred criteria were modified to include a statement requiring clinical justification for use of an 8mg tizanidine (Zanaflex®) capsule when the tizanidine 4mg formulation can be used instead.
- Tirzepatide (Zepbound®) – Revised clinical criteria to allow clinical justification for the use of tirzepatide therapy without concurrent PAP therapy, clarified sleep study requirements, and removed maintenance dose requirement. *(Implemented 1/1/2026)*
- Semaglutide (Wegovy®) – Modified existing clinical criteria to include expanded indication of metabolic dysfunction associated steatohepatitis (MASH). (Implemented 3/1/2026)
- Semaglutide (Wegovy®) – Point of Sale Therapeutic Duplication of Semaglutide (Wegovy®) tablet with GLP-1 Receptor Agonists and/or DPP-4 Inhibitors was added.
  - An incoming pharmacy claim for semaglutide (Wegovy®) tablet will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a GLP-1 receptor agonist and/or DPP-4 inhibitors and vice versa with the following:

    NCPDP rejection error 75 (THER DUP-PA REQ) mapped to
    EOB Code 502 (THERAPEUTIC DUP, Prior Authorization Required)

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

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:

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Healthy Louisiana MCOs
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