



Prior authorization updates for medications billed under the medical benefit

Louisiana | Healthy Blue | Medicaid Managed Care

Effective for dates of service on or after [Date], the following medication codes will require prior authorization.

Please note, inclusion of a National Drug Code (NDC) on the medical claim is necessary for claims processing.

Visit the *Clinical Criteria* website to search for the specific [*Clinical Criteria*] listed below.

<u><i>Clinical Criteria</i></u>	<u>HCPCS or CPT® code(s)</u>	<u>Drug name</u>
<u>[CC-0264</u>	<u>C9399, J9999</u>	<u>Anktiva (nogapendekin alfa inbekicept-pmln)</u>
<u>CC-0166</u>	<u>J3590</u>	<u>Hercessi (trastuzumab-strf)</u>
<u>CC-0263</u>	<u>C9399, J9999</u>	<u>Imdelltra (tarlatamab-dlle)</u>

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

<https://provider.healthybluea.com>

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