



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.

Commented [LT1]: Date will be filled in by BO when ready for publication.

Please note, inclusion of a national drug code (NDC) on your medical claim is necessary for claims processing.

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

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
[Immune Globulin (Human) Criteria]	J1599	Alyglo (immune globulin intravenous, human-stwk)
[Cytokine and CAM Antagonists]	J3590	Simlandi (adalimumab-ryvk)
[CC-0261]	C9399, J3590	Winrevair (sotatercept-csrk)]

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

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or contact Provider Services at [844-521-6942.]



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form: <https://bit.ly/signup-hlb-la>.

<https://provider.healthybluela.com>

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LAHB-CD-072523-24-CPN72394 V2 [rdate]