

Prior authorization updates for medications billed under the medical benefit

Effective [Date], the following medication codes will require prior authorization.

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

Visit the [[Clinical Criteria website or the Louisiana Medicaid Single PDL \(LDH\) here](#)] to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
[CC-0241]	J3490, J3590	Elfabrio (pegunigalsidase alfa-iwxj)
CC-0242	C9399, J3490, J3590, J9999	Epkinly (epcoritamab-bysp)
LDH	J3490, J3590	Vyjuvek (beremagene geperpavec)
CC-0240]	J9999	Zynyz (retifanlimab-dlwr)]

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 call Provider Services at **[844-521-6942]**.

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