Louisiana Medicaid
Levacetylleucine (Aqneursa™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for levacetylleucine (Aqneursa™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient weighs at least 15kg; **AND**
- The recipient has a documented diagnosis of Niemann-Pick disease type C (NPC) confirmed by genetic testing identifying disease-causing alleles in NPC1 or NPC2; **AND**
- The recipient has at least mild disease-related neurological symptoms.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy demonstrated by improvements in neurological symptoms or functional status.

Duration of approval for initiation and continuation of therapy: 12 months

Reference

Aqneursa (levacetylleucine) [package insert]. Austin, TX: IntraBio Inc.; September 2024. https://aqneursa.com/wp-content/aqneursa-prescribing-information.pdf

Revision / Date	Implementation Date
Policy created / November 2024	March 2025