

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
ADHD/Narcolepsy – Stimulants and Related Agents		
Amphetamine Salt Combo – Adderall® Amphetamine Sulfate – Evekeo® Dextroamphetamine / Amphetamine ER – Adderall XR® Dextroamphetamine Sulfate IR, ER – Dexedrine®, ProCentra®, Zenzedi®	Attention Deficit Hyperactivity Disorders	F90.*
	Narcolepsy	G47.4*
Armodafinil – Nuvigil® Modafinil – Provigil®	Circadian Rhythm Sleep Disorder, Shift Work Type	G47.26
	Narcolepsy	G47.4*
	Obstructive Sleep Apnea	G47.33
Amphetamine ER – Adzenys XR–ODT™, Dyanavel XR® Atomoxetine – Strattera® Clonidine ER Oral Suspension – Onyda™ XR Dextroamphetamine Patch – Xelstrym™ Lisdexamfetamine – Vyvanse® Methamphetamine – Desoxyn® Serdexmethylphenidate and Dexmethylphenidate – Azstarys™ Viloxazine – Qelbree™	Attention Deficit Hyperactivity Disorders	F90.*
Clonidine ER – Kapvay® Guanfacine ER – Intuniv®	Attention Deficit Hyperactivity Disorders	F90.*
	Tics / Tourette's Disorder	F95.*, G25.6*
Clonidine IR – Catapres® Clonidine Patch – Catapres–TTS® Guanfacine IR – Tenex® <i>Diagnosis only required if recipient is younger than 21 years of age</i>	Attention Deficit Hyperactivity Disorders	F90.*
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Hypertension in Congenital Heart Disease	Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.*
	Tics / Tourette's Disorder	F95.*, G25.6*
Dexmethylphenidate – Focalin® Dexmethylphenidate ER – Focalin XR®	Cancer–Related Fatigue	R53.0
	Attention Deficit Hyperactivity Disorders	F90.*
Methylphenidate IR – Methylin®, Ritalin® Methylphenidate ER – Aptensio XR®, Concerta®, Metadate® CD/ER, QuilliChew ER®, Quillivant XR®, Ritalin® LA/SR Methylphenidate Patch – Daytrana®	Cancer–Related Fatigue	R53.0
	Attention Deficit Hyperactivity Disorders	F90.*
	Narcolepsy	G47.4*
Pitolisant – Wakix®	Narcolepsy	G47.4*
Solriamfetol – Sunosi™	Narcolepsy	G47.4*
	Obstructive Sleep Apnea	G47.33

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Antipsychotics		
Aripiprazole Oral – Abilify® Aripiprazole Injection Suspension – Abilify Maintena®, Abilify Asimtufii® Aripiprazole Lauroxil ER Injection Suspension – Aristada®, Aristada® Initio™ Asenapine – Saphris® Brexpiprazole – Rexulti® Cariprazine – Vraylar® Chlorpromazine Oral, Injection Clozapine – Clozaril®, FazaClo®, Versacloz® Fluphenazine Oral, Injection, Decanoate Injection Haloperidol Oral, Decanoate & Lactate Injection – Haldol® Iloperidone – Fanapt®, Fanapt® Titration Pack Loxapine, Breath Activated Aerosol Powder – Adasuve® Loxapine Capsule Lurasidone – Latuda® Olanzapine Oral and Injection – Zyprexa® Olanzapine Injection Suspension – Zyprexa Relprevv™ Paliperidone Oral – Invega® Paliperidone Injection – Invega Hafyera®, Invega Sustenna®, Invega Trinza®, Erzofri® Perphenazine Prochlorperazine Oral and Injection – Compazine® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Risperidone Injection Suspension – Risperdal Consta®, Perseris™, Rykindo®, Uzedy™ Thioridazine Thiothixene Trifluoperazine Ziprasidone Oral and Injection – Geodon® Olanzapine/Fluoxetine – Symbyax®† Perphenazine/Amitriptyline‡	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)/Autistic Disorder † Negative Symptoms of PDD (Description is specific for olanzapine/fluoxetine) ‡ Aggression or Irritability in PDD with Depression (Description is specific for perphenazine/amitriptyline)	F84.*
	Bipolar Disorder, Agitation or Psychoses in Bipolar Disorder, Agitation or Psychoses in Other Episodic Mood Disorders † Bipolar Depression, Negative Symptoms of Psychoses in Bipolar Disorder, Negative Symptoms of Psychoses in Other Episodic Mood Disorders (Description is specific for olanzapine/fluoxetine) ‡ Bipolar Disorder with Depression, Other Episodic Mood Disorders with Depression (Description is specific for perphenazine/amitriptyline)	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Delusions, Dementia, Psychoses or Agitation in Delusions, Dementia, Psychoses † Negative Symptoms of Delusions, Dementia or Psychoses (Description is specific for olanzapine/fluoxetine) ‡ Delusions with Depression, Dementia with Depression, Psychoses with Depression (Description is specific for perphenazine/amitriptyline)	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
	Agitation or Psychoses in Major Depressive Disorder † Major Depressive Disorder, Negative Symptoms of Psychoses in Major Depressive Disorder (Description is specific for olanzapine/fluoxetine) ‡ Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder † Negative Symptoms of Schizophrenia or Schizoaffective Disorder (Description is specific for olanzapine/fluoxetine) ‡ Schizophrenia with Depression, Schizoaffective Disorder with Depression (Description is specific for perphenazine/amitriptyline)	F20.*, F25.*	

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Antipsychotics		
Aripiprazole Oral – Abilify® Olanzapine Oral – Zyprexa® Quetiapine – Seroquel® Quetiapine XR – Seroquel XR® Risperidone Oral – Risperdal® Ziprasidone Oral – Geodon®	Aggression in Conduct Disorder, Disruptive Behavior Disorder, Explosive Personality Disorder, Impulse Control Disorder, Intermittent Explosive Disorder, Isolated Explosive Disorder, Pervasive Developmental Disorder, or Unsocialized Aggression	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9
Risperidone Oral – Risperdal® Ziprasidone Oral – Geodon®	Additional Covered Codes: Borderline Personality Disorder, Depersonalization Disorder, Obsessive–Compulsive Disorder, Paranoid Personality Disorder	F42*, F48.1, F60.0, F60.3
Aripiprazole Oral – Abilify® Haloperidol Oral & Lactate Injection – Haldol® Pimozide – Orap® Quetiapine – Seroquel®, Seroquel XR® Risperidone – Risperdal® (Oral), Risperdal Consta®	Tics/Tourette’s Disorder	F95.*, G25.6*
Chlorpromazine Oral, Injection	Hiccough / Hiccup	R06.6
	Nausea and Vomiting	G43.A0, K91.0, R11.*
	Porphyria	E80.0, E80.1, E80.20, E80.21, E80.29
	Tetanus	A35
Chlorpromazine Oral and Injection Haloperidol Oral – Haldol®	Attention Deficit Hyperactivity Disorder	F90.*
	Severe Behavioral Problems	F43.24, F63.81, F91.1, F91.8, F91.9
Perphenazine Prochlorperazine Oral, Inj, Rectal – Compazine®	Severe Nausea and Vomiting	G43.A0, K91.0, R11.*
Olanzapine/Fluoxetine – Symbyax® Perphenazine/Amitriptyline	Depression	F31.3*, F31.4, F31.5, F31.75, F31.76, F31.81, F31.9, F32.*, F33.*, F34.1
Perphenazine/Amitriptyline Prochlorperazine Oral – Compazine® Trifluoperazine	Anxiety	F06.4, F34.1, F41.*
Pimavanserin – Nuplazid™	Hallucinations and/or Delusions Associated with Parkinson’s Disease Psychosis	G20
Aripiprazole Tablet with Sensor – Abilify® Mycite®	Bipolar Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*
	Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Asenapine Transdermal - Secuado® Xanomeline and Trospium Chloride – Cobenfy™	Schizophrenia	F20.*
Lumateperone – Caplyta®	Schizophrenia	F20.*
	Bipolar Depression	F30*, F31*, F32.8*, F34.8*, F34.9, F39
	Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*
Brexipiprazole – Rexulti®	Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33*
Olanzapine and Samidorphan – Lybalvi™	Bipolar Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
	Schizophrenia or Schizoaffective Disorder	F20.*, F25.*

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Botulinum Toxins		
AbobotulinumtoxinA – Dysport® ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity	Cervical Dystonia	G24.3
	ULS/LLS Associated with Complete Quadriplegia	G82.53
	ULS/LLS Associated with Incomplete Quadriplegia	G82.54
	ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS Associated with Diplegia of Upper Limb	G83.0
	ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.51, I69.52, I69.53, I69.54, I69.59
	ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
	Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
	Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.31, I69.32, I69.33, I69.34, I69.39, I69.41, I69.42, I69.43, I69.44, I69.49
	ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
ULS/LLS Associated with Spastic Hemiplegia	G81.1*	
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5, S14.1•6, S14.1•7	
DaxibotulinumtoxinA-lanm – Daxxify®	Cervical Dystonia	G24.3
IncobotulinumtoxinA – Xeomin® ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity	Blepharospasm	G24.5
	Cervical Dystonia	G24.3
	Chronic Sialorrhea	K11.7
	ULS Associated with Multiple Sclerosis (Relapsing)	G35
	ULS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS Associated with Spastic Hemiplegia	G81.1*
	ULS Associated with C5–C7 Complete Quadriplegia	G82.53
	ULS Associated with C5–C7 Incomplete Quadriplegia	G82.54
	ULS Associated with Diplegia of Upper Limb	G83.0
	ULS Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease	I69.31, I69.32, I69.33, I69.34, I69.39
	ULS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.51, I69.52, I69.53, I69.54, I69.59
	ULS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
	ULS Associated with Monoplegia of Upper Limb	G83.2*
	ULS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5–C7)	S14.0*, S14.1•5, S14.1•6, S14.1•7

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Botulinum Toxins		
OnabotulinumtoxinA – Botox® ULS – Upper Limb Spasticity ULS/LLS – Upper or Lower Limb Spasticity	Axillary Hyperhidrosis	L74.510
	Blepharospasm	G24.5
	Cervical Dystonia	G24.3
	Chronic Migraine (Prophylaxis)	G43.7*
	Overactive Bladder	N32.81
	Strabismus	H49.*, H50.*, H51.*
	ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
	ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
	ULS/LLS Associated with Spastic Hemiplegia	G81.1*
	ULS/LLS Associated with Paraplegia	G82.2*
	ULS/LLS Associated with Quadriplegia	G82.5*
	ULS Associated with Diplegia of Upper Limb	G83.0
	Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
	Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
	ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
	ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
	ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5, S14.1•6, S14.1•7
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9	
RimabotulinumtoxinB – Myobloc®	Cervical Dystonia	G24.3
	Chronic Sialorrhea	K11.7

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Pulmonary Arterial Hypertension (PAH)		
Ambrisentan – Letairis® Bosentan – Tracleer® Epoprostenol Sodium – Veletri®, Flolan® Iloprost – Ventavis® Macitentan – Opsumit® Riociguat – Adempas® Selexipag – Upravi® Treprostinil – Orenitram®, Remodulin®, Tyvaso®, Tyvaso DPI™, Yutrepia™ Macitentan + Tadalafil – Opsyvni® Sotatercept-csrk – Winrevair™	Pulmonary Arterial Hypertension (PAH) <i>Note: Yutrepia™ is also indicated for Pulmonary Hypertension Associated with Interstitial Lung Disease [I27.23], which is included as part of the I27.2 group of codes.</i>	I27.0, I27.2*, I27.89, P29.3* I27.23
Tadalafil – Adcirca®, Tadliq® Sildenafil – Liquev®, Revatio®	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
Benign Prostatic Hyperplasia (BPH)		
Tadalafil – Cialis® 2.5mg, 5mg Finasteride/Tadalafil – Entadfi™	Benign Prostatic Hyperplasia (BPH)	N40.*
Erectile Dysfunction (ED)		
Avanafil – Stendra® Sildenafil – Viagra® Vardenafil – Levitra®, Staxyn®	No Acceptable Diagnosis Code	No Acceptable Diagnosis Code
Hepatitis C		
Elbasvir/Grazoprevir – Zepatier® Glecaprevir/Pibrentasvir – Mavyret® Ledipasvir/Sofosbuvir – Harvoni® Ombitasvir/Paritaprevir/Ritonavir & Dasabuvir – Viekira Pak® Peginterferon Alfa–2B – PegIntron® Ribavirin – Copegus®, Moderiba®, Rebetol®, Ribasphere® Sofosbuvir – Sovaldi® Sofosbuvir / Velpatasvir – Epclusa®	Chronic Hepatitis C	B18.2

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Other Interferons		
Interferon Alfa–2B Recombinant – Intron A®	AIDS–Related Kaposi Sarcoma	C46.*
	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
	External Genital Warts (Condylomata Acuminata)	A63.0
	Follicular Lymphoma	C82.*
	Hairy Cell Leukemia	C91.4*
	Melanoma	C43.*
Interferon Gamma–1B – Actimmune®	Chronic Granulomatous Disease	D71
	Malignant Osteopetrosis	Q78.2
Peginterferon Alfa–2A – Pegasys®	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
Peginterferon Alfa–2B – Sylatron®	Melanoma	C43.*
Hormones		
Goserelin Acetate (1 mo) – Zoladex® 3.6mg	Breast Cancer (Female)	C50.1*
	Dysfunctional Uterine Bleeding	N89.7, N92.5, N93.8
	Endometriosis	N80.*
	Prostate Cancer	C61
Goserelin Acetate (3 mo) – Zoladex® 10.8mg Histrelin Acetate – Vantas® Leuprolide Acetate – Eligard®, Lupron Depot® 7.5mg, 22.5mg (3 mo), 30mg (4 mo), 45mg (6 mo) Leuprolide Mesylate – Camcevi™ Triptorelin Pamoate – Trelstar®	Prostate Cancer	C61
Histrelin Acetate – Supprelin LA® Leuprolide Acetate – Lupron Depot–Ped®, Fensolvi® Triptorelin Pamoate – Triptodur®	Central Precocious Puberty	E30.1, E30.8
Leuprolide Acetate – Lupron®	Central Precocious Puberty	E30.1, E30.8
	Prostate Cancer	C61
Leuprolide Acetate – Lupron Depot® 3.75mg, 11.25mg (3 mo)	Endometriosis	N80.*
	Uterine Leiomyoma	D25.*
Nafarelin Acetate – Synarel®	Central Precocious Puberty	E30.1, E30.8
	Endometriosis	N80.*
Oral Contraceptives <i>Educational alert at Point-of-Sale - Suggests a diagnosis code if one is not submitted on the pharmacy claim</i>	Premenstrual Dysphoric Disorder	F32.81
	Excessive and Frequent Menstruation	N92*
	Encounter for Contraceptive Management	Z30*
Progesterone – Crinone®	Secondary Amenorrhea	N91.1

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Selected Hormonal Agents		
<p>Androgenic Agents – methyltestosterone oral, testosterone cypionate, testosterone enanthate, testosterone nasal, testosterone oral, testosterone transdermal, testosterone pellet implant, testosterone undecanoate</p> <p>Dutasteride (Avodart®)</p> <p>Estrogenic Agents – estradiol (oral, transdermal, vaginal insert), estradiol cypionate, estradiol valerate, estradiol/levonorgestrel patch, estradiol/norethindrone (patch, tablet), estradiol/progesterone oral, conjugated estrogens (oral, injectable) conjugated estrogens/medroxyprogesterone acetate oral, conjugated estrogens/bazedoxifene oral, esterified estrogens oral, ethinyl estradiol/norethindrone acetate oral</p> <p>Finasteride (Proscar®)</p> <p>Oncology, Oral Prostate – bicalutamide, darolutamide, enzalutamide, nilutamide</p> <p>Progestins – hydroxyprogesterone caproate injection, medroxyprogesterone acetate (injection, tablet), norethindrone acetate oral, progesterone (oral)</p> <p>Spironolactone oral</p>	<p>A diagnosis code is required on pharmacy claims for these agents. Pharmacy claims that are submitted with a diagnosis code associated with gender dysphoria or gender reassignment (F64*, Z87.890) will deny.</p>	<p>Diagnosis must be submitted but cannot be F64* or Z87.890</p>
<p>Progesterone (injection)</p>	<p>A diagnosis is required on pharmacy claims. Pharmacy claims submitted with certain diagnosis codes will deny.</p>	<p>Diagnosis must be submitted but cannot be F64*, Z87.890 or N97*</p>
Topical		
<p>Imiquimod – Zyclara® 2.5%</p>	<p>Actinic Keratosis</p>	<p>L57.0</p>
<p>Imiquimod – Zyclara® 3.75%</p>	<p>Actinic Keratosis</p>	<p>L57.0</p>
	<p>External Genital Warts (Condylomata Acuminata)</p>	<p>A63.0</p>
<p>Imiquimod – Aldara® 5%</p>	<p>Actinic Keratosis</p>	<p>L57.0</p>
	<p>External Genital Warts (Condylomata Acuminata)</p>	<p>A63.0</p>
	<p>Superficial Basal Cell Carcinoma</p>	<p>C44.1*</p>
<p>Doxepin – Prudoxin®, Zonalon®</p>	<p>Atopic Dermatitis</p>	<p>L20.*</p>
	<p>Lichen Simplex Chronicus</p>	<p>L28.0</p>

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Triptans/Triptan Combinations Diagnosis only required if recipient is younger than 18 years of age		
Almotriptan – Axert [®] Eletriptan – Relpax [®] Frovatriptan – Frova [®] Meloxicam and Rizatriptan – Symbravo [®] Naratriptan – Amerge [®] Rizatriptan – Maxalt [®] , Maxalt MLT [®] Sumatriptan [Oral, Nasal] – Imitrex [®] , Onzetra Xsail [®] , Tosymra [®] Sumatriptan [Injection] – Zembrace SymTouch [®] Sumatriptan/Naproxen – Treximet [®] Zolmitriptan – Zomig [®] , Zomig ZMT [®]	Migraine	G43.0*, G43.1*, G43.7*
Sumatriptan [Injection] – Imitrex [®] , Sumavel [®]	Migraine	G43.0*, G43.1*, G43.7*
	Cluster Headache, Acute	G44.009
Substance Use Disorder (SUD)		
Buprenorphine HCl – Subutex [®] Buprenorphine HCl / Naloxone HCl – Bunavail [®] , Suboxone [®] , Zubsolv [®] Buprenorphine Implant Kit – Probuphine [®] Buprenorphine Extended-Release Injection – Brixadi [®] , Sublocade [®]	Opioid Type Dependence	F11.2*
Naltrexone – Vivitrol [®] Naltrexone Tablets	Alcohol Dependence	F10.2*
	Opioid Type Dependence	F11.2*
Lofexidine – Lucemyra [®]	Opioid Abuse, Dependence or Use [Unspecified] With Withdrawal	F11.13, F11.23, F11.93

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Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
HIV Agents		
HIV Agents (Except Descovy®, Truvada®, Apretude™ and Vocabria®)	Acute hepatitis B with delta–agent without hepatic coma	B16.1
	Acute hepatitis B without delta–agent with hepatic coma	B16.2
	Acute hepatitis B without delta–agent and without hepatic coma	B16.9
	Chronic viral hepatitis B with delta–agent	B18.0
	Chronic viral hepatitis B without delta–agent	B18.1
	Unspecified viral hepatitis B	B19.1
	Unspecified viral hepatitis B without hepatic coma	B19.10
	Unspecified viral hepatitis B with hepatic coma	B19.11
	Human immunodeficiency virus [HIV] disease	B20
	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	B97.35
	Contact with hypodermic needle	W46.0XXA, W46.0XXD
	Contact with contaminated hypodermic needle	W46.1XXA, W46.1XXD
	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	Z20.2
	Contact with and (suspected) exposure to HIV	Z20.6
	Contact with and (suspected) exposure to other viral communicable diseases	Z20.828
	Contact with and (suspected) exposure to other communicable diseases	Z20.89
	Contact with and (suspected) exposure to unspecified communicable disease	Z20.9
	Asymptomatic human immunodeficiency virus [HIV] infection status	Z21
	High risk sexual behavior	Z72.5
	High risk heterosexual behavior	Z72.51
	High risk homosexual behavior	Z72.52
	High risk bisexual behavior	Z72.53
	Contact with and (suspected exposure to potentially hazardous body fluids	Z77.21
Other contact with and (suspected) exposure hazardous to health	Z77.9	

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Risk Factors Required with Orlistat Recipient must have at least one of these risk factors warranting Orlistat use.		
Orlistat – Xenical®	Atherosclerosis	I70.*
	Cerebrovascular Disease	I60.*, I61.*, I62.*, I63.*, I65.*, I66.*, I67.*, I68.*, I69.*
	Dyslipidemia	E78.0–E78.5
	Gastric Reflux Disease	K21.0, K21.9
	Hyperinsulinemia	E15, E16.1
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Impaired Glucose Tolerance	R73.02
	Ischemic Heart Disease	I21.*, I22.*, I24.*, I25.*
	Osteoarthritis of Hips/Knees	M16.*, M17.*
	Other Peripheral Vascular Diseases	I73.*
	Phlebitis & Thrombophlebitis of Lower Extremities, unspecified	I80.3
	Phlebitis & Thrombophlebitis of Other Deep Vessels	I80.2*
	Phlebitis & Thrombophlebitis of the Femoral Vein	I80.1*
	Phlebitis & Thrombophlebitis of the Superficial Vessels of the Lower Extremities	I80.0*
	Pseudotumor Cerebri	G93.2
	Sleep Apnea	G47.30
	Type 2 Diabetes	E11.*
	Varicose Veins of Lower Extremities, with Inflammation	I83.1*
	Varicose Veins of Lower Extremities, without Mention of Ulcer and Inflammation	I83.9*
	Varicose Veins of Lower Extremities, with Ulcer	I83.0*
Varicose Veins of the Lower Extremities with Ulcer and Inflammation	I83.2*	

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits.</i>		
Proton Pump Inhibitors (PPIs) Dexlansoprazole – Dexilant® Esomeprazole – Nexium® Lansoprazole – Prevacid® Omeprazole – Prilosec® Omeprazole/Sodium Bicarb – Konvomep™ Pantoprazole – Protonix® Rabeprazole – Aciphex® <i>Diagnosis codes submitted on the pharmacy claim will bypass the duration of therapy limit</i>	Abscess of Esophagus	K20.8
	Angiodysplasia of Stomach and Duodenum with OR without Mention of Hemorrhage	K31.81*
	Atrophic Gastritis with Hemorrhage	K29.41
	Barrett's Esophagus	K22.7*
	Cerebral Palsy	G80*
	Chronic Pancreatitis	K86.0, K86.1
	Congenital Tracheoesophageal Fistula	Q39.1, Q39.2
	Cystic Fibrosis	E84.*
	Eosinophilic Esophagitis	K20.0
	Eosinophilic Gastritis	K52.81
	Gastrointestinal Hemorrhage	K92.2
	Gastrointestinal Mucositis (Ulcerative)	K92.81
	Malignant Mast Cell Tumors	C96.2*
	Multiple Endocrine Adenomas	D44.0, D44.2, D44.9
	Tracheoesophageal Fistula	J86.0, J95.04
	Ulcer of Esophagus with OR without Bleeding	K22.1*
Zollinger–Ellison Syndrome	E16.4	

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits.</i>		
Albuterol – ProAir HFA®, ProAir® Digihaler™, ProAir® RespiClick®, Proventil HFA®, Ventolin HFA® YQ Albuterol/Budesonide – AirSupra HFA® YQ Levalbuterol – Xopenex HFA® YQ <i>Yearly Quantity Limit (YQ)</i>	Bronchitis, not specified	J40
	Chronic Airway Obstruction	J44.9
	Cystic Fibrosis	E84.*
	Emphysema	J43.*
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*
Anticonvulsants/Anxiolytics/Sedative Hypnotics Alprazolam IR/ER Tablet* – CU Carbamazepine – Equetro® BH Chlordiazepoxide Oral* – CU Clobazam – Onfi®, Sympazan® BH, CU Clonazepam – Klonopin® BH, CU, QL Clorazepate – Tranxene-T® BH, CU, QL Diazepam Nasal, Rectal – Valtoco®, Diastat® CU Diazepam Tablet – Valium® BH, CU, QL Diazepam Oral Liquid/Inj. – Valium® BH, CU Estazolam* – CU Flurazepam* – CU Lorazepam Injectable – Ativan® BH, CU Lorazepam Tablet* – CU Midazolam Nasal – Nayzilam® BH, CU Oxazepam Capsule* – CU Quazepam Tablet* – CU Temazepam Capsule* – CU Triazolam Tablet* – CU <i>*Seizure-related diagnosis does <u>not</u> allow bypass</i> <i>Behavioral Health Clinical Authorization Required for Children Younger than 7 (BH);</i> <i>Concurrent Use of Opioid and Benzodiazepine Restricted (CU); Quantity Limits (QL)</i>	Seizures/Convulsions – Bypass BH, CU and/or QL	G40*, P90, R56*
	Cancer – Bypasses CU	C00.*–C96.*
	Palliative Care – Bypasses CU	Z51.5
Opioids <i>Quantity Limits (QL) & Maximum Morphine Milligram Equivalent (MME) Limits</i> <i>Long-acting Opioid Not Initial Therapy – Requires Previous Opioid Use (PU) & Concurrent Use of Opioid and Benzodiazepine Restricted (CU)</i>	Cancer – Bypasses CU, PU, QL, MME	C00.*–C96.*
	Palliative Care – Bypasses CU, PU, QL, MME	Z51.5
	Second or Third Degree Burns or Corrosions – Bypasses PU, QL, MME	T20.2*, T20.3*, T20.6*, T20.7*, T21.2*, T21.3*, T21.6*, T21.7*, T22.2*, T22.3*, T22.6*, T22.7*, T23.2*, T23.3*, T23.6*, T23.7*, T24.2*, T24.3*, T24.6*, T24.7*, T25.2*, T25.3*, T25.6*, T25.7*
	Sickle Cell Crisis – Bypasses PU, QL, MME	D57.0*, D57.21*, D57.41*, D57.81*
	Seizures/Convulsions – Bypass CU for Incoming Benzodiazepine, NO Bypass for Incoming Opioid	G40*, P90, R56*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Bypass Diagnoses <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits.</i>		
Dalteparin Sodium – Fragmin® Enoxaparin Sodium – Lovenox® Fondaparinux Sodium – Arixtra® <i>Bypasses duration of therapy (DT) limits</i>	Cancer	C00.*-C96.*
	Pregnancy	O00.*-O9A.*
Cefixime – Suprax® <i>Bypasses PA requirement for non-preferred cefixime</i> <u>Gepotidacin - Blujepa</u> <i>Bypasses clinical requirement for gepotidacin</i>	Unspecified sexually transmitted disease	A64
Sedative/Hypnotics <i>Bypasses quantity limits (QL)</i>	Palliative End-of-Life Care – Bypasses QL	Z51.5
Chlorpromazine, Perphenazine, Prochlorperazine <i>Bypasses Behavioral Health Clinical Authorization Required for Children Younger than 7 (BH)</i>	Severe Nausea or Vomiting	G43.A0, K91.0, R11.*
Ruxolitinib – Opzelura™ <i>Bypasses previous use requirement (PU)</i>	Nonsegmental Vitiligo	L80
Ondansetron Tablet, Ondansetron ODT – Zofran® <i>Bypasses quantity limits (QL)</i>	Cancer	C00.*-C96.*
	Palliative End-of-Life Care	Z51.5
Tapinarof – Vtama® <i>Diagnosis for plaque psoriasis bypasses the previous use requirement for Vtama® when used for atopic dermatitis</i>	Plaque Psoriasis	L40.0
Tazarotene – Tazorac® <i>Diagnosis for psoriatic arthritis bypasses age limit that applies to acne agents</i>	Psoriasis	L40.*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Enzyme Replacement		
Cerliponase alfa – Brineura™	Neuronal ceroid lipofuscinosis	E75.4
Eliglustat tartrate – Cerdelga® Imiglucerase – Cerezyme® Miglustat – Zavesca® Taliglucerase alfa – Elelyso® Velaglucerase alfa – Vpriv®	Gaucher disease	E75.22
Migalastat – Galafold™ Pegunigalsidase alfa-iwxj – Elfabrio® Agalsidase beta – Fabrazyme®	Fabry (-Anderson) disease	E75.21
Asfotase alfa – Strensiq®	Perinatal/infantile-onset and juvenile-onset hypophosphatasia	E83.39
Hemophilia Agents		
Antihemophilic factor [human] – Hemofil-M®, Koate® DVI Antihemophilic factor [recombinant] – Advate®, Adynovate®, Eloctate®, Esperoct®, Jivi®, Kogenate® FS, Kovaltry®, Novoeight®, Nuwiq®, Obizur®, Recombinate™, Xyntha®, Xyntha® Solofuse® Antihemophilic factor [recombinant], Fc-VWF-XTEN fusion protein-ehtl – Altuviiiio™ Antihemophilic factor [recombinant], single chain – Afstyla® Emicizumab-kxwh – Hemlibra®	Hemophilia A	D66
Antihemophilic factor/von Willebrand factor complex [human] – Alphanate®, Humate-P®	Hemophilia A	D66
	Von Willebrand disease	D68.0

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Hemophilia Agents Continued		
Anti-inhibitor coagulant complex – Feiba® NF Coagulation factor VIIa [recombinant]-jncw – Sevenfact®	Hemophilia A	D66
Concizumab-mtci – Alhemo™ Fitusiran – Qfitlia® Marstacimab-hncq – Hympavzi™	Hemophilia B	D67
Coagulation factor VIIa [recombinant] – Novoseven® RT	Hemophilia A	D66
	Hemophilia B	D67
	Factor VII deficiency	D68.2
	Glanzmann’s thrombasthenia	D69.1
	Acquired Hemophilia	D68.311
Coagulation factor IX [human] – AlphaNine® SD, Mononine® Coagulation factor IX [recombinant] – Alprolix®, BeneFIX®, Idelvion®, Ixinity®, Rebinyn®, Rixubis®	Hemophilia B	D67
Coagulation factor X [human] – Coagadex®	Hereditary Factor X deficiency	D68.2
Coagulation factor XIII A-subunit [recombinant] – Tretten®	Factor XIII A-subunit deficiency	D68.2
Factor IX complex – Profilnine® SD	Hemophilia B	D67
Factor XIII concentrate [human] – Corifact®	Factor XIII deficiency	D68.2
von Willebrand factor [recombinant] – Vonvendi®	Von Willebrand disease	D68.0
von Willebrand factor / coagulation factor VIII complex [human] – Wilate®	Hemophilia A	D66
	Von Willebrand disease	D68.0

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Agents with Quantity Limits Based on Diagnosis Code		
<p><u>Diabetic Testing Supplies</u></p> <p>Blood Glucose Test Strips and Lancets</p> <p><i>Quantity is limited based on diagnosis</i></p>	Gestational Diabetes	O24.4*
	Diabetes in Pregnancy	O24*
	Type 1 Diabetes Mellitus	E10*
	Type 2 Diabetes Mellitus	E11*
	Other and Unspecified Diabetes Mellitus	E08*, E09*, E13*
	Long-Term (Current) Use of Insulin [Insulin-treated non-Type 1 Diabetes Mellitus]	Z79.4
Dupilumab Pen – Dupixent®	<u>Allergic Fungal Rhinosinusitis</u>	<u>B49, J30.89, J32*</u>
	Atopic Dermatitis	L20*
	Asthma	J45*
	Bullous Pemphigoid	L12.0
	Chronic Obstructive Pulmonary Disease (COPD)	J44*
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Chronic Spontaneous Urticaria	L50.0, L50.1, L50.8, L50.9
	Eosinophilic Esophagitis	E20.0
	Prurigo Nodularis	L28.1

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Agents with Quantity Limits Based on Diagnosis Code continued		
Benralizumab – Fasenra®	Eosinophilic Asthma	J82.83
	Eosinophilic Granulomatosis with Polyangiitis (EGPA)	M30.1
	Severe Persistent Asthma	J45.50, J45.51
<u>Depemokimab-ulaa - Exdensur</u>	<u>Severe Persistent Asthma</u>	<u>J45.50, J45.51</u>
	<u>Eosinophilic Asthma</u>	<u>J82.83</u>
Lebrikizumab-lbkz – Ebglyss™ Tralokinumab-ldrm – Adbry™	Atopic Dermatitis	L20*
Mepolizumab – Nucala®	Hypereosinophilic Syndrome (HES)	D72.110, D72.111, D72.119
	Severe Persistent Asthma	J45.50, J45.51
	Eosinophilic Asthma	J82.83
	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Eosinophilic Granulomatosis with Polyangiitis (EGPA)	M30.1
Nemolizumab-ilto – Nemluvio®	Atopic Dermatitis	L20*
	Prurigo Nodularis	L28.1
Omalizumab – Xolair®	Chronic Rhinosinusitis with Nasal Polyps	J33*
	Chronic Spontaneous Urticaria	L50.0, L50.1, L50.8, L50.9
	IgE-Mediated Food Allergy	Z91.01*
	Moderate or Severe Persistent Asthma	J45.40, J45.41, J45.50, J45.51
Reslizumab – Cinqair®	Severe Persistent Asthma	J45.50, J45.51
	Pulmonary Eosinophilia	J82.8*
Tezepelumab-ekko – Tezspire™	Severe Persistent Asthma	J45.50, J45.51
	Chronic Rhinosinusitis with Nasal Polyps	J33*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Miscellaneous		
ADAMTS13, recombinant-krhn – Adzynma®	Congenital and hereditary thrombocytopenia purpura	D69.42
Aldesleukin – Proleukin®	Melanoma	C43.*
	Renal Cell Carcinoma	C64.*
Aglucosidase alfa – Lumizyme® Avalglucosidase alfa-ngpt – Nexviazyme™ Cipaglucosidase alfa-atga – Pombiliti™ + Miglustat – Opfolda™	Pompe Disease	E74.02
Alprazolam ODT – Niravam®	Generalized Anxiety Disorder	F41.1
	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Alprazolam XR – Xanax XR®	Panic Disorder with Agoraphobia	F40.01
	Panic Disorder without Agoraphobia	F41.0
Amifampridine – Firdapse®	Lambert-Eaton Myasthenic Syndrome (LEMS)	G70.80, G70.81, G73.1
Amikacin Inhalation Suspension – Arikayce®	<i>Mycobacterium avium</i> complex	A31.0, A31.2
Atrasentan – Vanrafia® Sibeprenlimab-szsi – Voyxact®	Primary Immunoglobulin A Nephropathy (IgAN)	N02.B*
Aztreonam – Cayston®	Cystic Fibrosis with Pseudomonas	E84.*
Tobramycin - Bethkis®, Kitabis Pak®, Tobi®	Cystic Fibrosis with Pseudomonas	E84.*
	Tracheostomy status	Z93.0
Budesonide – Eohilia™	Eosinophilic Esophagitis	K20.0
Buprenorphine – Belbuca®; Butrans®	Diagnosis must be submitted, but cannot be Substance Use Disorder	Diagnosis must be submitted but cannot be F11.2*
Berdazimer – Zelsuvmi™ Cantharidin – Ycanth™	Molluscum Contagiosum	B08.1
Chorionic Gonadotropin (Human) – Novarel®, Pregnyl®	Prepubertal Cryptorchidism	Q53.10, Q53.11*, Q53.12, Q53.20, Q53.21*, Q53.22, Q53.9
	Hypogonadotropic Hypogonadism	E23.0
Crovalimab-akkz – PiaSky™	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Miscellaneous		
Deferiprone - Ferriprox®	Chronic Iron Overload Due to Blood Transfusions	E83.111
Deferasirox – Exjade®, Jadenu® (2 to 9 years of age)		
Deferasirox – Exjade®, Jadenu® (10 years of age and older)	Chronic Iron Overload Due to Blood Transfusions	E83.111
	Chronic Iron Overload Due to Non–Transfusion–Dependent Thalassemias	D56.0, D56.1, D56.5, D56.8, D57.4*
Dexmedetomidine – Igalmi™	Agitation associated with Schizophrenia	F20.*, F25.*
	Agitation associated with Bipolar I or II Disorder	F30.*, F31.*, F32.8*, F34.8*, F34.9, F39
Dornase Alfa – Pulmozyme®	Cystic Fibrosis	E84.*
Eculizumab – Soliris® Ravulizumab - Ultomiris®	Hemolytic–Uremic Syndrome	D59.3
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Myasthenia Gravis	G70.0*
	Neuromyelitis Optica Spectrum Disorder (NMOSD)	G36.0
Eculizumab-aeab – Bkembv™ Eculizumab-aagb – Epysqli®	Hemolytic–Uremic Syndrome	D59.3
	Myasthenia Gravis	G70.0*
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Edaravone – Radicava®; Radicava ORS® Riluzole – Rilutek®; Tiglutik™; Exservan™ Sodium Phenylbutyrate and Taurursodiol – Relyvrio™ Toferson – Qalsody™	Amyotrophic Lateral Sclerosis	G12.21
Efgartigimod alfa / hyaluronidase-qvfc – Vyvgart® Hytrulo	Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81
	Myasthenia Gravis	G70.0*
Efgartigimod alfa-fcab) – Vyvgart® Nipocalimab-aahu – Imaavy™ Rozanolixizumab-noli – Rystiggo® Zilucoplan – Zilbrysq®	Myasthenia Gravis	G70.0*
Fentanyl Buccal/Sublingual – Abstral®, Actiq®, Fentora®, Lazanda®, Subsys®	Cancer	C00.*–C96.*
Ganaxolone – Ztalmy®	Seizures Associated with Cyclin-Dependent Kinase-Like 5 (CDKL5) Deficiency Disorder	G40.42

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Miscellaneous		
Iptacopan – Fabhalta®	Complement 3 Glomerulopathy (C3G)	N00.A, N01.A, N02.A, N03.A, N04.A, N05.A, N06.A, N07.A, N00.6, N01.6, N02.6, N03.6, N04.6, N05.6, N06.6, N07.6
	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Primary Immunoglobulin A Nephropathy (IgAN)	N02.B*
Ivermectin (oral) – Stromectol®	Unspecified Parasitic Disease	B89
Leniolisib – Joenja®	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]	D81.82
Methadone	Diagnosis <i>must</i> be submitted, but <i>cannot</i> be Substance Use Disorder	Diagnosis <i>must</i> be submitted but <i>cannot</i> be F11.2*
Mifepristone – Korlym®	Hyperglycemia Secondary to Hypercortisolism with Endogenous Cushing's Syndrome	E24.0, E24.3, E24.8, E24.9
Misoprostol – Cytotec®	A diagnosis code is required on pharmacy claims. Pharmacy claims submitted with certain diagnosis codes will deny.	Diagnosis <i>must</i> be submitted but <i>cannot</i> be O07* or Z33.2
Mitapivat – Pyrukynd®	Hemolytic Anemia with Pyruvate Kinase (PK) Deficiency	D55.21
Olipudase alfa-rpcp – Xenpozyme™	Acid Sphingomyelinase Deficiency (ASMD)	E75.241, E75.244
Palovarotene – Sohonos™	Fibrodysplasia Ossificans Progressiva	M61.1*
Paroxetine – Brisdelle®	Moderate to Severe Vasomotor Symptoms Associated with Menopause	E28.310, E89.41, N95.1
Pegcetacoplan – Empaveli™	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
	Complement 3 Glomerulopathy (C3G)	N00.A, N01.A, N02.A, N03.A, N04.A, N05.A, N06.A, N07.A, N00.6, N01.6, N02.6, N03.6, N04.6, N05.6, N06.6, N07.6
	Primary Immune-Complex Membranoproliferative Glomerulonephritis (IC-MPGN)	N00.B1, N04.B1
Danicopan – Voydeya™	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava–Micheli)	D59.5
Phenobarbital Sodium IV – Sezaby™	Neonatal Seizures	P90
Pomalidomide – Pomalyst®	Multiple Myeloma	C90.0*
Quinine Sulfate 324mg – Qualaquin®	<i>Plasmodium falciparum</i> malaria, unspecified	B50.9

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
Ropeginterferon alfa-2b-njft – Besremi®	Polycythemia Vera	D45
Miscellaneous		
Sacubitril / Valsartan – Entresto®	Heart Failure	I50*
Tiotropium Bromide – Spiriva® Respimat®	1.25 mcg – Asthma	J45*
	2.5 mcg – COPD	J44*
Trofinetide – Daybue™	Rett Syndrome	F84.2
Velmanase alfa-tycv – Lamzede®	Non-central Nervous System Manifestations of Alpha-mannosidosis	E77.1
Diabetes – Selected Incretin Mimetics/Enhancers		
Dulaglutide – Trulicity® Exenatide – Bydureon BCise® Liraglutide – Victoza® Liraglutide/Insulin Degludec – Xultophy® Lixisenatide – Adlyxin® Lixisenatide/ Insulin Glargine – Soliqua® Semaglutide – Ozempic®, Rybelsus® Tirzepatide – Mounjaro®	Type 2 Diabetes Mellitus	E11*
Chronic GI Motility Agents		
Alosetron – Lotronex® Eluxadoline – Viberzi®	Irritable Bowel Syndrome with Diarrhea	K58.0
Tenapanor – Ibsrela®	Irritable Bowel Syndrome with Constipation	K58.1
Naldemedine – Symproic® Naloxegol – Movantik®	Drug Induced Constipation	K59.03
Prucalopride – Motegrity®	Chronic Idiopathic Constipation	K59.04
Linaclotide – Linzess®	Irritable Bowel Syndrome with Constipation	K58.1
	Chronic Idiopathic Constipation	K59.04
	Functional Constipation	K59.04
Lubiprostone – Amitiza®	Irritable Bowel Syndrome with Constipation	K58.1

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
	Drug Induced Constipation	K59.03
	Chronic Idiopathic Constipation	K59.04

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes

Notes

* – any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD–10–CM diagnosis code

• – any **ONE** number or letter of an assigned ICD–10–CM diagnosis code

BH – one of these diagnoses will bypass the Behavioral Health Clinical Authorization requirement for children younger than 7 years old

CU – one of these diagnoses will bypass the concurrent use restriction

DT – one of these diagnoses will bypass the duration of therapy limit

MME – one of these diagnoses will bypass the maximum Morphine Milligram Equivalent limit

PU – one of these diagnoses will bypass the requirement for previous use of another agent

QL – one of these diagnoses will bypass the quantity limit

From www.lamedicaid.com, follow the Medicaid Programs and Initiatives link to Pharmacy to find all provider notifications regarding Fee–For–Service Pharmacy policies. The posted policies may contain ICD–9–CM diagnosis codes; however, this table may be used to determine applicable ICD–10–CM diagnosis codes for the medications included in these policies.

Other medications may require an ICD–10–CM diagnosis code. All Schedule II narcotics require a diagnosis code. In cases where the monthly prescription limit is exceeded, an ICD–10–CM diagnosis code is required on all prescriptions in excess of the monthly prescription limit.