

PRIOR AUTHORIZATION UPDATES

April 19th, 2024

Below are upcoming updates to medication prior authorization criteria for Community Health Choice.

STAR and CHIP plans

Background:

Prior authorization criteria for Adzynma (procedure code C9167) and Pombiliti (procedure code J1203) will be added to the Enzyme Replacement Therapy (ERT) policy effective April 1, 2024 for Texas Medicaid.

Key Details:

Adzynma (apadamtase alfa) is indicated in pediatric and adult clients for prophylactic or on demand enzyme replacement treatment for congenital thrombotic thrombocytopenic purpura (cTTP). Procedure code should be submitted with diagnosis code D6942.

Pombiliti (cipaglucoisidase alfa-atga) is indicated to treat adult clients with Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing greater than 40 kg and are not improving on current ERT. Its procedure code should be submitted with diagnosis code E7402.

Refer to the Outpatient Drug Services Handbook Chapter of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.