

PRIOR AUTHORIZATION UPDATES

July 3, 2025

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

Background:

STAR, STAR+Plus, CHIP, DSNP, Marketplace

On August 1, 2025, the following code will be added to the prior authorization list for STAR, STAR+Plus, and CHIP:

- J3391 Lenmeldy (atidarsagene autotemcel)
- Q2058 Aucatzyl (obecabtagene autoleucel)
- J9038 Niktimvo (axatilimab-csfr)
- C9175 Grafapex (treosulfan)

On September 1, 2025, the following codes will be added to the prior authorization list for DSNP and Marketplace:

- J3391 Lenmeldy (atidarsagene autotemcel)
- Q2058 Aucatzyl (obecabtagene autoleucel)
- J9038 Niktimvo (axatilimab-csfr)
- C9175 Grafapex (treosulfan)

Key Details:

Please find complete August and September 2025 prior authorization lists on Community Health Choice website [here](#).