

September 26, 2025

PRIOR AUTHORIZATION CATALOG UPDATES FOR ALL LINES OF BUSINESS **EFFECTIVE IN OCTOBER AND DECEMBER 2025**

SUMMARY OF NOTIFICATION

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

- 1. On October 1, 2025, the following codes will be added to the prior authorization catalog for STAR, STAR+PLUS, and CHIP.
 - J3402 Ryoncil (remestemcel-L-rknd)
 - J3403 Encelto (revakinagene taroretcel-lwey)
- 2. On December 1, 2025, the following codes will be added to the prior authorization catalog for **D-SNP** and **Marketplace**.
 - > J3402 Ryoncil (remestemcel-L-rknd)
 - J3403 Encelto (revakinagene taroretcel-lwey)

KEY DETAILS

Please refer to our Community provider website for the complete October and December 2025 prior authorization catalogs.