July 20, 2026

PRIOR AUTHORIZATION FOR HIGH-COST CLINICIAN ADMINISTERED DRUG KEBILIDI EFFECTIVE JULY 1, 2026

BACKGROUND

HHSC added Kebilidi (Eladocagene exuparvovec-tneq) (procedure code J3590) as a Medicaid and CHIP benefit beginning on July 1, 2026. Community Health Choice requires prior authorization for this medication effective immediately.

KEY DETAILS

Kebilidi (eladocagene exuparvovec-tneq) is an adeno-associated virus (AAV) vector-based gene therapy indicated to treat adult and pediatric patients with aromatic L-amino acid decarboxylase (AADC) deficiency.

HHSC will reimburse Kebilidi as non-risk and designate it as a high-cost clinician-administered drug (HCCAD). The HHSC-approved clinical prior authorization is mandatory for MCOs.

ACTION

HHSC approved this updated clinical prior authorization for use by MCOs. HHSC will implement the Fee For Service criteria on Sept. 1, 2026.

ADDITIONAL INFORMATION

Refer to the Outpatient Drug Services Handbook Chapter of the Texas Medicaid Provider Procedure Manual for the current HCCADs list and for more details on the clinical policy and prior authorization requirements. HHSC will publish the Kebilidi maximum allowable rate on the Static Fee Schedule. Users should scroll down the page to the National Drug Codes section for more information.

RESOURCES

Attachment:	kebilidi prior authorization.pdf

QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative). E-mail: ProviderRelationsInquiries@CommunityHealthChoice.org