July 20, 2026

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

BACKGROUND

HHSC added Rethymic (Allogeneic Processed Thymus Tissue-agdc) (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.

ACTION

HHSC approved this updated clinical prior authorization for use by MCOs. HHSC will implement the FFS 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 Rethymic 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:	2026 0629 - Rethymic PA.pdf

QUESTIONS

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