

PRIOR AUTHORIZATION UPDATES

October 13th, 2026

Below are upcoming updates to medication prior authorization criteria for Community Health Choice's plans:

STAR, STAR+Plus, and CHIP plans

HCPCS code	Effective Date	Description
C9313	11/1/2026	Injection, pivekimab sunirine-pvzy, 0.01 mg
C9311	11/1/2026	Injection, eplontersen, 1 mg
J9334	12/1/2026	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9332	12/1/2026	Injection, efgartigimod alfa-fcab, 2mg

The Texas Medicaid Provider Procedures Manual is posted online at www.tmhp.com/resources/provider-manuals/tmppm

Marketplace plans

Drug/Class	Effective Date	Overview
C9313	1/1/2027	Injection, pivekimab sunirine-pvzy, 0.01 mg
C9311	1/1/2027	Injection, eplontersen, 1 mg
J9334	1/1/2027	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9332	1/1/2027	Injection, efgartigimod alfa-fcab, 2mg

Medicare plan

Drug/Class	Effective Date	Overview
C9313	1/1/2027	Injection, pivekimab sunirine-pvzy, 0.01 mg
C9311	1/1/2027	Injection, eplontersen, 1 mg

J9334	1/1/2027	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9332	1/1/2027	Injection, efgartigimod alfa-fcab, 2mg

Key Details:

Please find complete prior authorization lists on Community Health Choice website at
<https://provider.communityhealthchoice.org/resources/prior-authorization-information/>