July 15, 2026

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

BACKGROUND

HHSC added Itvisma (onasemnogene abeparvovec-brve) (procedure code J3405) as a Medicaid and CHIP benefit beginning on July 1, 2026. Community Health Choice requires prior authorization for this medication effective immediately.

KEY DETAILS

HHSC will reimburse Itvisma 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 Itvisma maximum allowable rate on the TMHP Online Fee Lookup Search.

RESOURCES

Attachment:	2026 0625 - mco - Itvisma PA.pdf

QUESTIONS

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