



MEMORANDUM

TO: Valued STAR and CHIP Providers

FROM: El Paso Health

DATE: 4/25/2024

RE: Prior Authorization Criteria for Adzynma (Apadamtase alfa) and Pombiliti (Cipaglicosidase alfa-atga)

HHSC added prior authorization criteria for Adzynma (procedure code C9167) and Pombiliti (procedure code J1203) to the Enzyme Replacement Therapy (ERT) policy, effective April 1, 2024.

Adzynma (apadamtase alfa) is indicated in pediatric and adult clients for prophylactic or on demand enzyme replacement treatment for congenital thrombotic thrombocytopenic purpura (cTTP). Procedure code should be submitted with diagnosis code D6942.

Pombiliti (cipaglicosidase alfa-atga) is indicated to treat adult clients with Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing greater than 40 kg and are not improving on current ERT. Its procedure code should be submitted with diagnosis code E7402.

Refer to the [Outpatient Drug Services Handbook Chapter](#) of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderRelationsDG@elpasohealth.com