Aetna Better Health of Texas
PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective September 23, 2025, Aetna Better Health of Texas ***will require prior authorization*** for the codes listed below for participating providers. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html

Background:
On April 1, 2025, Tecelra became a benefit of Medicaid and CHIP. HHSC requires prior authorization for Tecelra (procedure code Q2057) for Medicaid and CHIP, effective for dates of service on or after July 18, 2025.

Key Details:
Tecelra (afamitresgene autoleucel) is a melanoma-associated antigen A4 (MAGE-A4)-directed genetically modified autologous T-cell immunotherapy indicated to treat adult clients with unresectable or metastatic synovial sarcoma who have received prior chemotherapy, are HLAA* 02:01P, HLA-A*02:02P, HLA-A*02:03P, or HLA-A*02:06P positive, and whose tumor expresses the MAGE-A4 antigen as determined by FDA-approved or cleared companion diagnostic devices.

Action:
Prior authorization approval for a one-time Tecelra (afamitresgene autoleucel) Q2057 infusion therapy will be considered when the following criteria are met:

- The client is 18 years or older.
- The client has a diagnosis of unresectable or metastatic synovial sarcoma. The client

has one of the following diagnosis codes:

Table A: Diagnosis Codes
C38.0 C38.1 C38.2 C38.3 C38.4 C38.8 C48.1
C48.2 C48.8 C49.0 C49.10 C49.11 C49.12 C49.20
C49.21 C49.22 C49.3 C49.4 C49.5 C49.6 C49.8
C49.9

- The tumor is positive for human leukocyte antigen HLA-A*02:01P, HLA-A*02:02P, HLAA*

02:03P, and/or HLA-A*02:06P.

- The tumor expresses the MAGE-A4 antigen (as determined by an FDA-approved or

cleared companion diagnostic device).

- The client is not heterozygous or homozygous for HLA-A*02:05P.
- The client has experienced disease progression following at least one or more prior

systemic chemotherapy.

- The client has not received prior treatment with CAR-T therapy.

- The client has not had a prior hematopoietic stem cell transplant (HSCT).
- The client does not have any active or clinically significant infections and/or inflammatory

disorders.

Tecelra (afamitresgene autoleucel), Q2057 is limited to one transfusion treatment per lifetime.

Required Monitoring Parameters
The client must be monitored for the following parameters for at least seven days following afamitresgene autoleucel (Tecelra) treatment, with continued monitoring for at least four weeks:

- Signs and symptoms of cytokine release syndrome (CRS)
- Signs and symptoms of immune effector cell-associated neurotoxicity syndrome (ICANS)

Additional Information:
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.

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP
Bexar area
1-866-818-0959 **(TTY: 711)**
Tarrant area
1-800-245-5380 **(TTY: 711)**

STAR (Medicaid)
Bexar area
1-800-248-7767 **(TTY: 711)**
Tarrant area
1-800-306-8612 (TTY: 711)

STAR Kids
Dallas and Tarrant areas
1-844-787-5437 **(TTY: 711)**

Thank you for your valued partnership in caring for our Aetna Better Health Members.
Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas