



Texas Medicaid Prior Authorization Update for Onasemnogene Abeparvovec-xioi (Zolgensma) Effective April 1, 2026

Last updated on 3/6/2026

Effective for dates of service on or after April 1, 2026, Texas Medicaid will update the prior authorization requirements for onasemnogene abeparvovec-xioi (*Zolgensma*) (procedure code J3399).

Prior authorization requests must include the client's baseline platelet counts. The provider must assess the client's safety by continually checking weekly counts for the first month and then every other week for the second and third months until platelet counts return to baseline.

Providers must document results from the post-monitoring requirements (liver function tests and platelet counts) in the client's medical record. These records are subject to retrospective review.

Providers can refer to the current *Texas Medicaid Provider Procedures Manual (TMPPM)*, *Outpatient Drug Services Handbook*, subsection 6.93.2, "Documentation Requirements," for additional prior authorization requirements for onasemnogene abeparvovec-xioi (*Zolgensma*).

For more information, call the TMHP Contact Center at 800-925-9126.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the member's specific MCO for details.