Aetna Better Health of Texas Provider Notification
Prior Authorization Update: Code J3402- Ryoncil (remestemcel-L-rknd)

Dear Valued Provider,
As part of our ongoing commitment to compliance and quality care, Aetna Better Health of Texas is updating our Prior Authorization requirements. **Effective May 10, 2026**, participating providers will be required to obtain prior authorization for the following code:

Code	Description
J3402	Ryoncil (remestemcel-L-rknd)

Please consult our **provider pre-authorization tool** for the most current listing of codes requiring prior authorization. **https://www.aetnabetterhealth.com/texas/providers/prior-authorization.htm**
Please note: This new process may result in changes to how your practice is reimbursed for these services.
We urge you to thoroughly review the information in this notice.

Prior Authorization Criteria for Ryoncil (J3402)

Ryoncil (remestemcel-L-rknd) is an allogenic bone marrow-derived mesenchymal stromal cell (MSC) therapy approved for treating steroid-refractory acute graft versus host disease (SRaGVHD) in pediatric clients age 2 months and older.

Prior Authorization Requirements

- Client is at least 2 months old.
- Client has a confirmed diagnosis of GVHD (D89.810) following an allogenic hematopoietic stem cell transplant.
- Client has no known hypersensitivity to dimethyl sulfoxide or porcine/bovine proteins.
- Client's aGVHD is steroid refractory, as documented by:
- Progression of acute GVHD within 3 consecutive days of treatment with 2 mg/kg/day of methylprednisolone or equivalent.
- No signs of improvement within 7 days of therapy with 2 mg/kg/day of methylprednisolone or equivalent.

Continuation Therapy Requirements

- Client has received Ryoncil for at least 28 days.
- Partial or mixed response to Ryoncil treatment is documented.
- Client is receiving or has received Ryoncil without any serious or life-threatening reactions.

Refer to the Outpatient Drug Services Handbook for full clinical policy details and prior authorization requirements.

Contact Information

Program	Area	Phone (TTY: 711)
CHIP	Bexar	1-866-818-0959
STAR (Medicaid)	Bexar	1-800-248-7767
CHIP	Tarrant	1-800-245-5380
STAR (Medicaid)	Tarrant	1-800-306-8612
STAR Kids	Dallas & Tarrant	1-844-787-5437

Thank you for your valued partnership in caring for Aetna Better Health of Texas members.

Sincerely,
Provider Services and Chief Medical Officer
Aetna Better Health of Texas