

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

December 27, 2022

Below are upcoming updates to pharmacy benefit medication prior authorization criteria for Community Health Choice's Marketplace plans.

Drug/Class	Effective Date	Overview
DESCOVY TAB	1/1/2023	Add criterion for severe adverse event other than bone or renal AE
OFEV CAP	3/1/2023	Adding step through pirfenidone
CAMZYOS CAP	1/1/2023	Adding to formulary with PA
RADICAVA ORS STARTER KIT	1/1/2023	Adding to formulary with PA
RADICAVA ORS SUSP	1/1/2023	Adding to formulary with PA
ZTALMY SUSP	1/1/2023	Adding to formulary with PA
ACTEMRA SC	3/1/2023	Update maximum approval duration to 12 months per request
AIMOVIG	3/1/2023	Update maximum approval duration to 12 months per request
AJOVY	3/1/2023	Update maximum approval duration to 12 months per request
ambrisentan	3/1/2023	Update maximum approval duration to 12 months per request
ANDROGENS	3/1/2023	Update maximum approval duration to 12 months per request
aripiprazole oral solution	3/1/2023	Update maximum approval duration to 12 months per request
asenapine	3/1/2023	Update maximum approval duration to 12 months per request
AUSTEDO	3/1/2023	Update maximum approval duration to 12 months per request
CARBAGLU	3/1/2023	Update maximum approval duration to 12 months per request
CIMZIA	3/1/2023	Update maximum approval duration to 12 months per request

DESCOVY	3/1/2023	Update maximum approval duration to 12 months per request
dronabinol	3/1/2023	Update maximum approval duration to 12 months per request
ENBREL	3/1/2023	Update maximum approval duration to 12 months per request
FANAPT	3/1/2023	Update maximum approval duration to 12 months per request
FERRIPROX	3/1/2023	Update maximum approval duration to 12 months per request
HUMIRA	3/1/2023	Update maximum approval duration to 12 months per request
JYNARQUE	3/1/2023	Update maximum approval duration to 12 months per request
KERENDIA	3/1/2023	Update maximum approval duration to 12 months per request
KEVZARA	3/1/2023	Update maximum approval duration to 12 months per request
LINZESS	3/1/2023	Update maximum approval duration to 12 months per request
methyltestosterone	3/1/2023	Update maximum approval duration to 12 months per request
MOVANTIK	3/1/2023	Update maximum approval duration to 12 months per request
NATPARA	3/1/2023	Update maximum approval duration to 12 months per request
OCALIVA	3/1/2023	Update maximum approval duration to 12 months per request
OFEV	3/1/2023	Update maximum approval duration to 12 months per request
OLUMIANT	3/1/2023	Update maximum approval duration to 12 months per request
OPSUMIT	3/1/2023	Update maximum approval duration to 12 months per request
ORENCIA	3/1/2023	Update maximum approval duration to 12 months per request
PDE5 INHIBITOR (PAH)	3/1/2023	Update maximum approval duration to 12 months per request
pirfenidone	3/1/2023	Update maximum approval duration to 12 months per request

PROSTACYCLIN ANALOGUES	3/1/2023	Update maximum approval duration to 12 months per request
REXULTI	3/1/2023	Update maximum approval duration to 12 months per request
RINVOQ	3/1/2023	Update maximum approval duration to 12 months per request
SIMPONI	3/1/2023	Update maximum approval duration to 12 months per request
SKYRIZI	3/1/2023	Update maximum approval duration to 12 months per request
SOLIQUA	3/1/2023	Update maximum approval duration to 12 months per request
SOMAVERT	3/1/2023	Update maximum approval duration to 12 months per request
SPIRIVA HANDIHALER	3/1/2023	Update maximum approval duration to 12 months per request
SPIRIVA RESPIMAT	3/1/2023	Update maximum approval duration to 12 months per request
STELARA	3/1/2023	Update maximum approval duration to 12 months per request
STRENSIQ	3/1/2023	Update maximum approval duration to 12 months per request
SYMPROIC	3/1/2023	Update maximum approval duration to 12 months per request
tadalafil 2.5 mg & 5 mg	3/1/2023	Update maximum approval duration to 12 months per request
TALTZ	3/1/2023	Update maximum approval duration to 12 months per request
TIOPRONIN	3/1/2023	Update maximum approval duration to 12 months per request
TRACLEER	3/1/2023	Update maximum approval duration to 12 months per request
TRINTELLIX	3/1/2023	Update maximum approval duration to 12 months per request
TRUVADA	3/1/2023	Update maximum approval duration to 12 months per request
vilazodone	3/1/2023	Update maximum approval duration to 12 months per request
XELJANZ	3/1/2023	Update maximum approval duration to 12 months per request

XULTOPHY	3/1/2023	Update maximum approval duration to 12 months per request
ZEPOSIA	3/1/2023	Update maximum approval duration to 12 months per request