

## PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

April 24th, 2023

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

### Marketplace Premier Plans

Drug/Class	Effective Date	Overview
lubiprostone (generic Amitiza)	5/1/2023	Add to formulary with PA
Purixan	5/1/2023	Adding to formulary with PA (PA required for members age 9 years or older)
Aimovig	5/1/2023	Updating criteria related to concurrent use with any botulinum toxin product
Ajovy	5/1/2023	Updating criteria related to concurrent use with any botulinum toxin product
Linzess	7/1/2023	Adding generic lubiprostone step requirement
Vyndaqel	5/1/2023	Updating diagnostic criteria requirements
Vyndamax	5/1/2023	Updating diagnostic criteria requirements

### Marketplace Select Plans

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