

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

June 26th, 2023

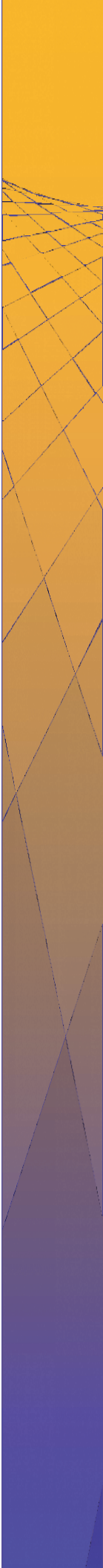
Below are upcoming updates to pharmacy benefit medication prior authorization criteria for Community Health Choice's Marketplace plans.

Marketplace Premier Plans

| Drug/Class | Effective Date | Overview |
|---|----------------|---|
| Strensiq | 9/1/2023 | Limiting initial approvals to 6 months, and 1 year on continuation approvals. Previous approval length was lifetime |
| Kevzara | 7/1/2023 | Adding indication for the treatment of polymyalgia rheumatica (PMR) |
| Imbruvica tab (420 mg, 560 mg), cap (70 mg, 140 mg), susp | 9/1/2023 | Removing withdrawn indications of mantle cell lymphoma (MCL) and marginal zone lymphoma (MZL) |
| Trikafta granules | 7/1/2023 | Adding to formulary with PA |
| Trikafta tab | 7/1/2023 | Updating age requirements down to 2 years old |
| Lytgobi | 7/1/2023 | Adding to formulary with PA |
| Krazati | 7/1/2023 | Adding to formulary with PA |
| Rezlidhia | 7/1/2023 | Adding to formulary with PA |
| Relyvrio | 7/1/2023 | Adding to formulary with PA |
| Nexletol | 7/1/2023 | Adding to formulary with PA |
| Nexlizet | 7/1/2023 | Adding to formulary with PA |

Marketplace Select Plans

| Drug/Class | Effective Date | Overview |
|---|----------------|---|
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