

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

9/26/2023

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
Austedo XR tab titration pack	10/1/2023	Adding to formulary with PA
Lumryz	10/1/2023	Adding to formulary with PA
Bylvay	10/1/2023	Adding indication for Alagille syndrome
Lynparza	10/1/2023	Adding indication of mCRPC for combination use with abiraterone plus steroid
Gavreto	12/1/2023	Removing medullary thyroid cancer indication (withdrawn)
Alkindi granules	10/1/2023	Removing age requirements from PA form language
Atorvaliq susp	10/1/2023	Removing age requirements from PA form language
Eprontia soln	10/1/2023	Removing age requirements from PA form language
Flolipid soln	10/1/2023	Removing age requirements from PA form language
Zonisade susp	10/1/2023	Removing age requirements from PA form language
clobazam susp	10/1/2023	Removing age requirements from PA form language

Norliqva oral soln	10/1/2023	Removing age requirements from PA form language
Filspari	10/1/2023	Adding to formulary with PA
Hadlima (Humira biosimilar)	10/1/2023	Adding to formulary with PA
adalimumab-adaz (Humira biosimilar)	10/1/2023	Adding to formulary with PA
Cimzia	10/1/2023	Updating preferred adalimumab products
Zeposia	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria
Orencia	10/1/2023	Updating preferred adalimumab products
Olumiant	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria
Simponi auto-injector 100 mg / injection 100 mg	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria
Kevzara	10/1/2023	Updating preferred adalimumab products
Actemra actpen inj / sc inj	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria
Xeljanz / Xeljanz XR	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria

Rinvoq	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria
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Marketplace Select Plans

Drug/Class	Effective Date	Overview
Austedo XR tab titration pack	10/1/2023	Adding to formulary with PA
Lumryz	10/1/2023	Adding to formulary with PA
Lynparza	10/1/2023	Adding indication of mCRPC for combination use with abiraterone plus steroid
Gavreto	12/1/2023	Removing medullary thyroid cancer indication (withdrawn)
Alkindi granules	10/1/2023	Removing age requirements from PA form language
Atorvaliq susp	10/1/2023	Removing age requirements from PA form language
Eprontia soln	10/1/2023	Removing age requirements from PA form language
Flolipid soln	10/1/2023	Removing age requirements from PA form language
Zonisade susp	10/1/2023	Removing age requirements from PA form language
Norliqva oral soln	10/1/2023	Removing age requirements from PA form language
Filspari	10/1/2023	Adding to formulary with PA
Hadlima (Humira biosimilar)	10/1/2023	Adding to formulary with PA

adalimumab-adaz (Humira biosimilar)	10/1/2023	Adding to formulary with PA
adalimumab-fkjp (Humira biosimilar)	10/1/2023	Adding to formulary with PA
Cimzia	10/1/2023	Updating preferred adalimumab products
Actemra actpen inj / sc inj	10/1/2023	Updating preferred adalimumab products, Adding diagnosis to continuation criteria