

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

10/25/2023

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
Nexlizet	11/1/2023	Removing ezetimibe step requirement
Nexletol	11/1/2023	Removing ezetimibe step requirement
Ingrezza caps	11/1/2023	Adding initiation pack to formulary with PA, Adding indication of chorea associated with Huntington's disease, Adding diagnosis to continuation criteria
Prevymis	11/1/2023	Updating approval duration for post-HSCT to 200 days
Nitrofurantoin	11/1/2023	Updating PA form to only list the 25 mg strength in the "indicate medication requested" section
Lonsurf	11/1/2023	Adding continuation criteria, Adding indication for use with bevacizumab

Marketplace Select Plans

Drug/Class	Effective Date	Overview
Nexlizet	11/1/2023	Removing ezetimibe step requirement
Nexletol	11/1/2023	Removing ezetimibe step requirement
Prevymis	11/1/2023	Updating approval duration for post-HSCT to 200 days
Nitrofurantoin	11/1/2023	Updating PA form to only list the 25 mg strength in the "indicate medication requested" section