

## PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

11/25/2023

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
Veltassa	12/1/2023	Removing step through Lokelma
Mekinist oral Solution	12/1/2023	Adding to formulary with PA
Tafinlar tab for oral suspension	12/1/2023	Adding to formulary with PA
Omnitrope	12/1/2023	Adding to formulary with PA Hemlibra
Hemlibra	12/1/2023	Removing step through factor products
Galafold	2/1/2024	Updating PA criteria for consistency with enzyme replacement products (diagnostic confirmation, no combination use, adding continuation criteria)
Tezspire	3/1/2024	Adding indication to continuation criteria

### Marketplace Select Plans

Drug/Class	Effective Date	Overview
Mekinist oral solution	12/1/2023	Adding to formulary with PA
Tafinlar tab for oral suspension	12/1/2	Adding to formulary with PA
Omnitrope	12/1/2023	Adding to formulary with PA

Hemlibra	12/1/2023	Removing step through factor products
Tezspire	12/1/2023	Adding indication to continuation criteria