

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

12/18/2023

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
Zavzpret	1/1/2024	Adding to formulary with PA
Skytrofa	1/1/2024	Removing step requirement
Sogroya	1/1/2024	Adding to formulary with PA
Vowst	1/1/2024	Adding to formulary with PA
Veozah	1/1/2024	Adding to formulary with PA
Hizentra	1/1/2024	Updating initial approval duration to 1 year for diagnosis of chronic inflammatory demyelinating polyneuropathy
Uceris	1/1/2024	Updating approval duration to 1 year
Cimzia	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
Stelara	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis and ulcerative colitis
Zeposia	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis
Humira biosimilars (adalimumabadaz, adalimumabfkjp, Hadlima), Humira	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis, plaque psoriasis, Hidradenitis suppurativa
Olumiant	1/1/2024	Updating initial approval duration to 1 year for diagnosis of alopecia areata
Enbrel	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis

Simponi subq	1/1/2024	Updating initial approval duration to 1 year
Xeljanz	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis
Rinvoq	1/1/2024	Updating initial approval duration to 1 year for diagnosis of atopic dermatitis and ulcerative colitis
Taltz	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
Skyrizi subq	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
Zoryve	1/1/2024	Updating initial approval duration to 1 year
Opzelura	1/1/2024	Updating initial approval duration to 1 year for diagnosis of nonsegmental vitiligo
Benlysta	1/1/2024	Updating initial approval duration to 1 year for diagnosis of active lupus nephritis

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Marketplace Select Plans

Skyrizi subq	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
Zoryve	1/1/2024	Updating initial approval duration to 1 year
Opzelura	1/1/2024	Updating initial approval duration to 1 year for diagnosis of nonsegmental vitiligo
Benlysta	1/1/2024	Updating initial approval duration to 1 year for diagnosis of active lupus nephritis