

PRIOR AUTHORIZATION UPDATES

January 31, 2024

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

Marketplace plans

Drug/Class	Effective Date	Overview
bevacizumab	04/1/2024	Adding product to prior authorization list with preferred product criteria
rituximab	04/01/2024	Adding product to prior authorization list with preferred product criteria
trastuzumab	04/01/2024	Adding product to prior authorization list with preferred product criteria
Elevidys	04/01/2024	Adding product to prior authorization list
infliximab	04/01/2024	Adding product to prior authorization list with preferred product criteria
Clinician-administered drugs approval	04/01/2024	Implement approval policy for clinician-administered drugs

Medicare plan

Drug/Class	Effective Date	Overview
bevacizumab	04/1/2024	Adding additional HCPCS codes to prior authorization list, and add preferred product criteria
rituximab	04/01/2024	Adding preferred product criteria
trastuzumab	04/01/2024	Adding preferred product criteria
Elevidys	04/01/2024	Adding product to prior authorization list
infliximab	04/01/2024	Adding preferred product criteria
Clinician-administered drugs approval	04/01/2024	Implement approval policy for clinician-administered drugs