

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

02/25/2025

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
Xphozah	3/1/2024	Adding to formulary with PA
Jaypirca	5/1/2024	Adding indication for chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL); Adding requirement of two (2) prior lines of systemic therapy, which should include a covalent BTK inhibitor and a BCL-2 inhibitor to match FDA approval language
Nexletol/Nexlizet	3/1/2024	Updating criteria to reflect indication expansion
Adbry	3/1/2024	Adding diagnosis to continuation criteria
Welireg	3/1/2024	Adding criteria for advanced renal cell carcinoma (RCC)
Copiktra cap	5/1/2024	Removing follicular lymphoma indication
rufinamide susp/tab	3/1/2024	Including new treatment guideline; Changing approval duration to lifetime from 1 year
Cinryze	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Haegarda	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Berinert	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Ruconest	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Takhzyro	5/1/2024	Updating criteria to exclude any combination prophylaxis use

Marketplace Select Plans

Drug/Class	Effective Date	Overview
Xphozah	3/1/2024	Adding to formulary with PA

Jaypirca	5/1/2024	Adding indication for chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL); Adding requirement of two (2) prior lines of systemic therapy, which should include a covalent BTK inhibitor and a BCL-2 inhibitor to match FDA approval language
Nexletol/Nexlizet	3/1/2024	Updating criteria to reflect indication expansion
Adbry	3/1/2024	Adding diagnosis to continuation criteria
Welireg	3/1/2024	Adding criteria for advanced renal cell carcinoma (RCC)
Copiktra cap	5/1/2024	Removing follicular lymphoma indication
rufinamide susp/tab	3/1/2024	Including new treatment guideline; Changing approval duration to lifetime from 1 year
Cinryze	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Haegarda	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Berinert	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Ruconest	5/1/2024	Updating criteria to exclude any combination prophylaxis use
Takhzyro 150 mg/mL prefilled syringe	5/1/2024	Updating criteria to exclude any combination prophylaxis use