

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

04/25/24

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
Adalimumab	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Cimzia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Zeposia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Orencia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Olumiant	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products; Standardizing alopecia areata language
Simponi	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Kevzara	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Actemra	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Xeljanz/Xeljanz XR	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Rinvoq	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products; Standardizing language for diagnosis of atopic dermatitis
Brukinsa	6/1/2024	Adding indication for treatment of adult patients with relapsed or refractory follicular lymphoma (FL)
Praluent	6/1/2024	Adding indication as an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 8 years and older with HeFH to reduce LDL-C
Livmarli	6/1/2024	Adding indication for treatment of cholestatic pruritis in patients 5 years of age and older with progressive familial intrahepatic cholestasis (PFIC)
Iclusig	6/1/2024	Adding indication for newly diagnosed Ph+ALL; Updating the step requirement to >= 2 alternative kinase inhibitors instead of 4 for diagnosis of chronic phase (CP) chronic myeloid leukemia (CML)
Cholbam	8/1/2024	Removing coverage of peroxisomal disorders due to lack of clinical benefit; Clarifying coverage of specific enzyme defects
Zelboraf	4/1/2024	Removing mutation documentation requirement

Venclexta	6/1/2024	Adding coverage for induction-eligible poor-risk acute myeloid leukemia (AML) and chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) combination with ibrutinib
Promacta	6/1/2024	Adding diagnosis to continuation criteria for diagnosis of chronic immune thrombocytopenia (ITP)

Marketplace Select Plans

Drug/Class	Effective Date	Overview
Adalimumab	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Cimzia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Actemra	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
Rinvoq	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products; Standardizing language for diagnosis of atopic dermatitis
Livmarli	6/1/2024	Adding indication for treatment of cholestatic pruritis in patients 5 years of age and older with progressive familial intrahepatic cholestasis (PFIC)
Iclusig	6/1/2024	Adding indication for newly diagnosed Ph+ALL; Updating the step requirement to >= 2 alternative kinase inhibitors instead of 4 for diagnosis of chronic phase (CP) chronic myeloid leukemia (CML)
vilazodone (generic Viibryd)	6/1/2024	Removing PA
Promacta	6/1/2024	Adding diagnosis to continuation criteria for diagnosis of chronic immune thrombocytopenia (ITP)