

## PRIOR AUTHORIZATION UPDATES

April 8th, 2024

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

### STAR and CHIP plans

Drug/Class	Effective Date	Overview
HEMGENIX	06/15/2024	Add prior authorization requirement under medical benefit
LAMZEDE	06/15/2024	Add prior authorization requirement under medical benefit
IXINITY	06/15/2024	Add prior authorization requirement under medical benefit
AMONDYS-45	06/15/2024	Add prior authorization requirement under medical benefit
ELEVIDYS	06/15/2024	Add prior authorization requirement under medical benefit
ADUHELM	06/15/2024	Add prior authorization requirement under medical benefit
ROCTAVIAN	06/15/2024	Add prior authorization requirement under medical benefit
SEVENFACT	06/15/2024	Add prior authorization requirement under medical benefit
YESCARTA	06/15/2024	Add prior authorization requirement under medical benefit
VILTEPSO	06/15/2024	Add prior authorization requirement under medical benefit
TZIELD	06/15/2024	Add prior authorization requirement under medical benefit
VYJUVEK	06/15/2024	Add prior authorization requirement under medical benefit

### Marketplace plans

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VILTEPSO	06/15/2024	Add prior authorization requirement under medical benefit
TZIELD	06/15/2024	Add prior authorization requirement under medical benefit
VYJUVEK	06/15/2024	Add prior authorization requirement under medical benefit

### Medicare plan

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