

## PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

06/25/2024

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
Nexletol/Nexlizet	7/1/2024	Removing PA
Repatha	7/1/2024	Removing PA
Fanapt	7/1/2024	Adding indication for acute treatment of manic or mixed episodes associated with bipolar I disorder in adults
Sunosi	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
Wakix	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
sodium oxybate oral soln (generic Xyrem)	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
Lumryz	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
Augtyro	7/1/2024	Adding to formulary with PA
Fruzaqla	7/1/2024	Adding to formulary with PA
Ojjaara	7/1/2024	Adding to formulary with PA
Truqap	7/1/2024	Adding to formulary with PA

# Marketplace Select Plans

Drug/Class	Effective Date	Overview
Nexletol/Nexlizet	7/1/2024	Removing PA
Repatha	7/1/2024	Removing PA
Sunosi	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
sodium oxybate oral soln (generic Xyrem)	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
Lumryz	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
Augtyro	7/1/2024	Adding to formulary with PA
Fruzaqla	7/1/2024	Adding to formulary with PA
Ojjaara	7/1/2024	Adding to formulary with PA
Truqap	7/1/2024	Adding to formulary with PA