

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

8/21/2024

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
Retevmo	9/1/2024	Removing age limitations
Vonjo	9/1/2024	Removing age from criteria; Removing documentation requirement for platelets; Adding Ojjaara as step option with higher platelets
Jakafi	9/1/2024	Standardizing myelofibrosis (MF) criteria, Adding diagnosis to GVHD continuation criteria; Updating continuation language; Standardizing all approval durations to 1 year
Rezurock	9/1/2024	Removing age from criteria; Updating to 1 year initial approval duration
Imbruvica	9/1/2024	Adding diagnosis to cGVHD continuation criteria; Standardizing indication language
Ingrezza Sprinkle	9/1/2024	Adding to formulary with PA
Vijoice Oral Granules	9/1/2024	Adding to formulary with PA
Skyrizi	9/1/2024	Adding ulcerative colitis (UC) indication
Scemblix	9/1/2024	Adding to formulary with PA
Kevzara	9/1/2024	Adding new polyarticular juvenile idiopathic arthritis (pJIA) indication
Orencia	9/1/2024	Adding Rinvoq as preferred product for polyarticular juvenile idiopathic arthritis (pJIA)

Marketplace Select Plans

Drug/Class	Effective Date	Overview
Vonjo	9/1/2024	Removing age from criteria; Removing documentation requirement for platelets; Adding Ojjaara as step option with higher platelets
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