

## PRIOR AUTHORIZATION UPDATES

### 8/21/2024

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

#### Marketplace and DSNP plans

Drug/Class	Effective Date	Overview
PEGFILGRASTIM	10/01/2024	Preferred product changed to Neulasta
TRASTUZUMAB	10/01/2024	Preferred products changed to Trazimera and Kanjinti
BEVACIZUMAB	10/01/2024	Preferred products changed to Zirabev and Mvasi
INFLIXIMAB	10/01/2024	Preferred product changed to Inflectra
RITUXIMAB	10/01/2024	Preferred product changed to Ruxience

