

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

9/20/2024

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
Taltz	10/1/2024	Adding information on new pediatric dosage forms
Tyenne	11/1/2024	Adding to formulary with PA
Krazati tab	12/1/2024	Adding colorectal cancer indication
Augtyro cap	12/1/2024	Adding new solid tumor indication
Lokelma pak	12/1/2024	Adding continuation criteria
Veltassa powder	12/1/2024	Adding continuation criteria
Zeposia	10/1/2024	Adding Skyrizi to ulcerative colitis (UC) alternatives
Stelara	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
adalimumab	12/1/2024	Updating approval duration for Crohn's disease to year from lifetime; Adding Crohn's disease continuation criteria; Combining pediatric and adult ulcerative colitis (UC) into 1 set of criteria; Removing age minimum for Crohn's disease
Cimzia	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
Rinvoq	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
Skyrizi	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria

Marketplace Select Plans

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