

## PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

1/23/2025

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
lansoprazole ODT	2/1/2025	Adding to formulary with PA
esomeprazole granule pack	2/1/2025	Adding to formulary with PA
Cablivi	4/1/2025	Removed age limits and added documentation to criteria to ensure use follows label.
Tagrisso	2/1/2025	Added new indication for locally advanced, unresectable (stage III) NSCLC
Afinitor	2/1/2025	Reformatted criteria to clearly split out individual dosage forms; simplified criteria based on guideline updates due to low cost

### Marketplace Select Plans

Drug/Class	Effective Date	Overview
lansoprazole ODT	2/1/2025	Adding to formulary with PA
esomeprazole granule pack	2/1/2025	Adding to formulary with PA
Cablivi	4/1/2025	Removed age limits and added documentation to criteria to ensure use follows label.
Tagrisso	2/1/2025	Added new indication for locally advanced, unresectable (stage III) NSCLC
Afinitor	2/1/2025	Reformatted criteria to clearly split out individual dosage forms; simplified criteria based on guideline updates due to low cost