

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

6/26/2025

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
CORLANOR SOLN	7/1/2025	Updating PA form for members age 9 years and older
RINVOQ ER TAB	7/1/2025	New indication for GCA reviewed and added to criteria
CABOMETYX TAB	7/1/2025	Added neuroendocrine tumor indication; reviewed for clinical appropriateness
ISTURISA TAB	7/1/2025	Updated indication language to Cushing syndrome due to indication expansion.
RIFATER TAB	7/1/2025	Removing PA

Marketplace Select Plans

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