PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES
10/25/2025
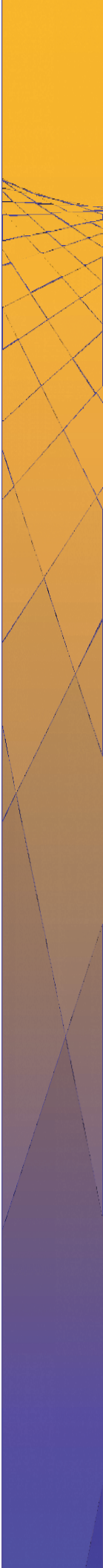
Below are upcoming updates to pharmacy benefit medication prior authorization criteria for Community Health Choice's Marketplace plans.

Marketplace Premier Plans

Drug/Class	Effective Date	Overview
OTEZLA XR TAB	12/1/2025	Adding to formulary with PA
OTEZLA/OTEZLA XR STARTER PACK	12/1/2025	Adding to formulary with PA
ZORYVE CREAM ZORYVE FOAM	12/1/2025	Addition of allergist & immunologist prescriber specialties
KOSELUGO	12/1/2025	Age expansion down to 1 year of age
TREMFYA INJ 200MG/2ML	12/1/2025	Added UC indication
EMPAVELI INJ	12/1/2025	Reviewed new indication for C3 Glomerulopathy and IC-MPGN
Kerendia	12/1/2025	Adding to formulary with PA

Marketplace Select Plans

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