

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

11/25/2025

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
ZELSUVMI GEL	1/1/2026	Adding to formulary with PA
GAVRETO CAP	2/1/2026	Updated guidelines and removed age requirement
FILSPARI TAB	2/1/2026	Updated PA criteria to reflect revised proteinuria cutoff per current KDIGO guidance and restricted concomitant use with atrasentan.

Marketplace Select Plans

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