

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

12/25/2026

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
LEQEMBI IQLK INJ	2/1/2026	Added to formulary with PA
SUBVENITE SUSP	2/1/2026	Added to formulary with PA
RINVOQ ORAL SOLN RINVOQ ER TAB	3/1/2026	Updated criteria for Crohn's and UC due to updated FDA indication phrasing
KOSELUGO CAP KOSELUGO CAP 10MG	2/1/2026	Removed the age striction from the UM due to age expansion
KOSELUGO SPRINKLE CAP KOSELUGO SPRINKLE CAP 5MG	2/1/2026	Removed the age striction from the UM due to age expansion
TEZSPIRE INJ	2/1/2026	Reviewed & added criteria for CRSwNP indication
LORBRENA TAB 25MG LORBRENA TAB 100MG	2/1/2026	Reviewed for clinical accuracy, updated guidelines, and updated ROS1+ NSCLC criteria
ERGOMAR SL TAB	2/1/2026	Removed Reyvow as required trial due to product discontinuation

Marketplace Select Plans

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