PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES
01/25/2026

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
LINZESS CAP	3/1/2026	Added new indication (pediatric IBS-C)
ZEJULA TAB	3/1/2026	Added new indication for Akeega - (mCSPC)
RUBRACA TAB	3/1/2026	Updated indication and criteria for prostate cancer with FDA full approval
JAYPIRCA TAB	3/1/2026	Updated CLL/SLL criteria based on full approval language to only requires a cBTKi trial
KERENDIA TAB	3/1/2026	Added criteria for heart failure (LVEF ≥ 40%); verified clinical appropriateness
RETIN-A CREAM	4/1/2026	Removed Actinic keratosis (AK) diagnosis. Added Molluscum contagiosum diagnosis.
tretinoin cream	4/1/2026	Removed Actinic keratosis (AK) diagnosis. Added Molluscum contagiosum diagnosis.
adapalene cream	4/1/2026	Removed Actinic keratosis (AK) diagnosis. Added Molluscum contagiosum diagnosis.
adapalene gel 0.3%	4/1/2026	Removed Actinic keratosis (AK) diagnosis. Added Molluscum contagiosum diagnosis.

Marketplace Select Plans

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