

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 04/20/2026

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	07/01/2026	Added prucalopride step for Chronic Idiopathic Constipation
VENCLEXTA STARTER PACK	05/01/2026	CLL/SLL expanded indication for use in combination with acalabrutinib and updated AML criteria to allow use for adverse-risk disease
VENCLEXTA TAB	05/01/2026	CLL/SLL expanded indication for use in combination with acalabrutinib and updated AML criteria to allow use for adverse-risk disease
BRAFTOVI CAP 75MG	05/01/2026	Added new mCRC indication

Marketplace Select Plans

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