

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 05/20/2026

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
TRIKAFTA THERAPY PACK	6/1/2026	Added indication related to responsive <i>CFTR</i> gene variants
TRIKAFTA TAB	6/1/2026	Added indication related to responsive <i>CFTR</i> gene variants
LEQEMBI IQLK INJ	6/1/2026	Added initial and continuation criteria.
IMCIVREE INJ	6/1/2026	Added acquired hypothalamic obesity indication

Marketplace Select Plans

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