

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 06/17/2026

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
SAPHNELO PEN INJ	7/1/2026	Added to formulary with PA
lapatinib ditosylate tab	7/1/2026	Updated criteria to allow NCCN supported utilization
pirfenidone	7/1/2026	Removed restriction against combination use
INLURIYO TAB	7/1/2026	Added to formulary with PA

Marketplace Select Plans

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