

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 08/20/2026

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
AVTOZMA INJ	09/01/2026	Added to formulary with PA
nintedanib esylate cap	09/01/2026	Removed tocilizumab or rituximab step from SSc-ILD criteria
TRUQAP TAB	09/01/2026	Added new prostate cancer indication
WELIREG TAB	09/01/2026	Criteria added for advanced RCC
ZORYVE CREAM	09/01/2026	Expanded age to include 2 – 5 years

Marketplace Select Plans

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