

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 09/22/2026

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
tofacitinib citrate tab	10/01/2026	Removing PA
tofacitinib citrate oral soln	10/01/2026	Removing PA
LEQEMBI IQLK INJ	10/01/2026	Updated criteria to allow for initiation with SC formulation
FILSPARI TAB	10/01/2026	Added indication for focal segmental glomerulosclerosis (FSGS)
everolimus tab (ZORTRESS equiv)	10/01/2026	Updated guidelines
XPHOZAH TAB	10/01/2026	Removed calcium acetate as a step through requirement

Marketplace Select Plans

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