

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES

01/25/2024

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 |
|-----------------------------------|----------------|---|
| tetrabenazine | 2/1/2024 | Removing PA |
| Ozobax (baclofen) soln 10 mg/5 mL | 2/1/2024 | Adding to formulary with PA (PA required for members age 9 years or older) |
| Braftovi | 2/1/2024 | Adding indication for non-small cell lung cancer |
| Mektovi | 2/1/2024 | Adding indication for non-small cell lung cancer |
| Zoryve cream | 2/1/2024 | Updating age indication based on FDA-approved age expansion |
| Voxzogo inj | 2/1/2024 | Updating age requirement based on FDA-approved expansion to ages < 5 |
| Tibsovo | 2/1/2024 | Adding indication for use in relapsed or refractory myelodysplastic syndrome (MDS) |
| Zejula | 2/1/2024 | Adding indication for prostate cancer |
| Kerendia tab | 2/1/2024 | Removing SGLT2 requirement |
| Cimzia | 2/1/2024 | Adding Xeljanz/Xeljanz XR and Rinvoq to step therapy options for diagnosis of ankylosing spondylitis and Rinvoq to options for diagnosis of psoriatic arthritis (PsA) |
| Enbrel | 2/1/2024 | Adding diagnosis to continuation criteria for plaque psoriasis |
| Lampit | 2/1/2024 | Removing PA |
| Xalkori oral pellets | 2/1/2024 | Adding to formulary with PA |
| Rozlytrek pak/cap | 2/1/2024 | Adding to formulary with PA (pak only); Updating age requirement based on FDA-approved age expansion to ages >= 1 month old |
| Bosulif tab | 2/1/2024 | Updating age expansion to pediatric patients >= 1 year for the treatment of chronic myelogenous leukemia |

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| Tasigna cap | 2/1/2024 | Simplifying the criteria as Bosulif, Tasigna, and Sprycel now all have pediatric and adult indications |
| Sprycel | 2/1/2024 | Simplifying the criteria as Bosulif, Tasigna, and Sprycel now all have pediatric and adult indications |
| Tezspire | 4/1/2024 | Standardizing step criteria; Updating initial approval duration to 6 months |
| Lenvima | 2/1/2024 | Updating mutation criteria for endometrial carcinoma |
| Braftovi | 4/1/2024 | Removing mutation documentation requirement |
| Mektovi | 4/1/2024 | Removing mutation documentation requirement |
| Tibsovo | 4/1/2024 | Removing mutation documentation requirement |
| Zejula | 4/1/2024 | Removing mutation documentation requirement |
| Rozlytrek cap | 4/1/2024 | Removing mutation documentation requirement |

Marketplace Select Plans

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| Enbrel | 2/1/2024 | Adding diagnosis to continuation criteria for plaque psoriasis |
| Rozlytrek cap | 2/1/2024 | Updating age requirement based on FDA-approved age expansion to ages \geq 1 month old |
| Bosulif tab | 2/1/2024 | Updating age expansion to pediatric patients \geq 1 year for the treatment of chronic myelogenous leukemia |

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