COMMUNITY HEALTH CHOICE

PHARMACY BENEFIT PRIOR AUTHORIZATION UPDATES 07/21/2026

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
rufinamide susp	8/1/2026	Removing PA for 9 and under
SOGROYA INJ	8/1/2026	Idiopathic short stature clarified as not covered, added Noonan Syndrome, added small gestational age
VENCLEXTA STARTER PACK	8/1/2026	Updated decitabine/cedazuridine indication expansion for use with venetoclax in AML
VENCLEXTA TAB	8/1/2026	Updated decitabine/cedazuridine indication expansion for use with venetoclax in AML
LINZESS CAP	8/1/2026	Updated functional constipation age range to include 2-5 years
VONJO CAP	8/1/2026	Simplified criteria for Myelofibrosis

Marketplace Select Plans

Drug/Class	Effective Date	Overview
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