

To: Keystone First and Keystone First Community HealthChoices (CHC) Providers

Date: April 10, 2024

Re: Update: Formulary Changes

The following products will have new or updated quantity limits.

Members/Participants currently receiving more than the quantity limit, whom it is not medically advisable to change therapy, will require prior authorization effective **June 10, 2024**.

Formulary Limits	
Product List	Daily Quantity Limit
CEQUR SIMPLICITY 2 UNIT PATCH	0.34 units
FASENRA PEN 30 MG/ML	0.04 mL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	0.34 units
OMNIPOD CLASSIC PODS (GEN 3) 5PK	0.34 units
OMNIPOD DASH PODS (GEN 4) 5PK	0.34 units

Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available on-line at:

www.keystonefirstpa.com → Pharmacy → Pharmacy Homepage

www.keystonefirstchc.com → For Providers → Pharmacy services

If you have any questions regarding this notice, please contact Pharmacy Services:

Plan Name	Telephone Number
Keystone First	1-800-588-6767
Keystone First Community HealthChoices	1-866-907-7088