



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](http://www.keystonefirstpa.com) → Pharmacy → Pharmacy Homepage

[www.keystonefirstchc.com](http://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

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