

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

Date: February 1, 2024

Re: Formulary Changes

1. 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 **April 1, 2024**.

Formulary Limits	
Product List	Quantity Limit
Erleada Oral Tablet 60 MG	3 tablets/day
Gralise Oral Tablet 600 MG	2 tablets/day
Opzelura External Cream 1.5 %	8.58 grams/day
Airsupra Inhalation Aerosol 90-80 MCG/ACT	1.07 grams/day
Sogroya Subcutaneous Solution Pen-injector 5 MG/1.5ML	0.11 mL/day
Uzedly Subcutaneous Suspension Prefilled Syringe 200 MG/0.56ML	0.01 mL/day
Imcivree Subcutaneous Solution 10 MG/ML	0.3 mL/day
Zejula Oral Tablet 100 MG	1 tablet/day

2. Prior authorization reminders:

- **Acne agents require prior authorization for Members/Participants 21 years and older.**
- **Stimulants and related agents require prior authorization for Members/Participants 18 years and older, and under 4 years of age.**

Members/Participants currently receiving acne agents and/or stimulants and related agents outside of the age requirements will require prior authorization effective **April 1, 2024**.

Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available online at www.keystonefirstpa.com > Pharmacy > Pharmacy Homepage or 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