

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

Date: August 1, 2024

Re: Update: Formulary Changes

Effective September 2, 2024, the following medications will require prior authorization:

- **Ozempic**
- **Trulicity**
- **Victoza**

This update is consistent with Pennsylvania Department of Human Services (DHS) Statewide Preferred Drug List (PA PDL) requirements that will go into effect at that time.

Members/Participants currently receiving these medications, for whom it is not medically advisable to change therapy, will require prior authorization.

Note that Members/Participants with recent fills of another antidiabetic medication may not require the submission of a prior authorization request if these fills are identified within our plans' pharmacy claim system.

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