



Keystone First



Keystone First
Community HealthChoices



PHARMACY FAST FACTS
Important Formulary Update for our Providers

Update: Quantity Limits

The following products will have a quantity limit on the Keystone First and Keystone First Community HealthChoices drug formulary.

Members/Participants currently receiving more than the quantity limit for whom it is not medically advisable to change therapy will require prior authorization before **January 3, 2022**.

Formulary Limits	
Product List	Quantity Limit
ivermectin (Stromectol®) 3mg tablets	Quantity limit: 10 tablet per 30 days without prior authorization

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

www.keystonefirstpa.com → Providers → Pharmacy Services

www.keystonefirstchc.com → 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

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week. Secure and confidential. You may remain anonymous.

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