

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

Date: June 25, 2026

Re: Update: Formulary Changes

1. The following products will be removed from the Keystone First and Keystone First Community HealthChoices drug formulary.

Members/Participants currently receiving the product listed below will require a new prescription for an alternative product before **August 24, 2026**. Members/Participants for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the formulary changed products.

Formulary Removals	
Product List	Alternative Product(s)
Nardil oral tablet	Phenelzine tablet

2. The following products will have new or updated age limits.

Members/Participants currently under the age limit(s) listed below, for whom it is not medically advisable to change therapy, will require prior authorization effective **August 24, 2026**.

Formulary Limits	
Product List	Age Limit
Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML	6 years of age and older
Diabetic Siltussin-DM Oral Liquid 100-10 MG/5ML	6 years of age and older
guaifENesin-DM Oral Syrup 100-10 MG/5ML	6 years of age and older
M-End DMX Oral Liquid 20-0.667-10 MG/5ML	6 years of age and older
Promethazine-DM Oral Syrup 6.25-15 MG/5ML	6 years of age and older
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	6 years of age and older
Robafen DM Cgh/Chest Congest Oral Liquid 10-100 MG/5ML	6 years of age and older
Tusnel Diabetic Oral Liquid 10-100 MG/5ML	6 years of age and older
Tussin DM Oral Liquid 100-10 MG/5ML	6 years of age and older
Tussin DM Oral Syrup 100-10 MG/5ML	6 years of age and older
Chest Congestion Relief Oral Liquid 100 MG/5ML	6 years of age and older
ED Bron GP Oral Liquid 5-100 MG/5ML	6 years of age and older
guaifENesin Oral Liquid 100 MG/5ML	6 years of age and older
GoodSense Mucus Relief Child Oral Liquid 2.5-5-100 MG/5ML	6 years of age and older
Robafen Mucus/Chest Congestion Oral Liquid 200 MG/10ML	6 years of age and older
Tussin Mucus & Chest Congest Oral Liquid 100 MG/5ML	6 years of age and older
Tussin Mucus+Chest Congestion Oral Liquid 100 MG/5ML	6 years of age and older

Mucus Relief Multi Symptom Oral Liquid 2.5-5-100 MG/5ML	6 years of age and older
Benzonatate Oral Capsule 100 MG	10 years of age and older
Benzonatate Oral Capsule 200 MG	10 years of age and older
GNP Mucus ER Oral Tablet Extended Release 12 Hour 1200 MG	12 years of age and older
GoodSense Tussin CF Oral Liquid 5-10-100 MG/5ML	12 years of age and older
guaifENesin ER Oral Tablet Extended Release 12 Hour 1200 MG	12 years of age and older
Mucus Relief Max St Oral Tablet Extended Release 12 Hour 1200 MG	12 years of age and older
Robafen CF Multi-Symptom Cold Oral Liquid 5-10-100 MG/5ML	12 years of age and older
Tussin CF Cough & Cold Oral Liquid 5-10-100 MG/5ML	12 years of age and older
Mucinex DM Oral Tablet Extended Release 12 Hour 30-600 MG	12 years of age and older
Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG	12 years of age and older
Pseudoephedrine-guaiFENesin ER Oral Tablet 12 Hour 60-600 MG	12 years of age and older
SudoGest Sinus/Allergy Oral Tablet 4-60 MG	12 years of age and older

3. The following products will have new or updated quantity limits.

Members/Participants currently receiving more than the quantity limit(s) listed below, for whom it is not medically advisable to change therapy, will require prior authorization effective **August 24, 2026**.

Formulary Limits	
Product List	Quantity Limit
Cetirizine 5 mg/5 mL	10mL/day
Cetirizine 1 mg/mL	10mL/day

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