

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

Date: September 16, 2026

Re: Update: Formulary Changes

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

Members/Participants currently receiving the product listed below will require a new prescription for an alternative product before **November 16, 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)
Urea External Cream 40 %	Ammonium lactate cream, Ammonium lactate lotion, Salicylic acid solution
Pharmacist Choice Lancets	Accu-Check, Advocate, Microlet, TRUEplus, OneTouch, and Easy Touch

2. 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 **November 16, 2026**.

Formulary Limits	
Product List	Quantity Limit
ARYNTA 10 MG/ML ORAL SOLUTION	7 ML per day
AQVESME 100 MG TABLET	2 tablets per day
ATMEKSI 750 MG/5 ML SUSPENSION	32.34 ML per day
BREKIYA 1 MG/ML AUTOINJECTOR	0.86 ML per day
CARDAMYST 70 MG NASAL SPRAY	2 devices per day
CETIRIZINE HCL 1 MG/ML SOLN	10 ML per day
CRENESSITY 100 MG CAPSULE	4 capsules per day
CRENESSITY 25 MG CAPSULE	2 capsules per day
CRENESSITY 50 MG CAPSULE	2 capsules per day
CRENESSITY 50 MG/ML SOLUTION	8 ML per day
DOPTLET SPRINKLE 10 MG CAP	2 capsules per day
ENSACOVE 100 MG CAPSULE	2 capsules per day
ENSACOVE 25 MG CAPSULE	9 capsules per day
ESCITALOPRAM 15 MG CAPSULE	1 capsule per day
FORZINITY 280 MG/3.5 ML VIAL	0.5 ML per day
HYMOVIS ONE 32 MG/4 ML SYRINGE	0.05 ML per day



HYRNUO 10 MG TABLET	4 tablets per day
ICOTYDE 200 MG TABLET	1 tablet per day
KOMZIFTI 200 MG CAPSULE	3 capsules per day
LIFYORLI 125 MG DOSE PACK	0.86 capsules per day
LIFYORLI 150 MG DOSE PACK	1.29 capsules per day
METHADONE INTENSOL 10 MG/ML	2 ML per day
MYQORZO 10 MG TABLET	1 tablet per day
MYQORZO 15 MG TABLET	1 tablet per day
MYQORZO 20 MG TABLET	1 tablet per day
MYQORZO 5 MG TABLET	1 tablet per day
OMVOH 200 MG DOSE - 2 PENS	0.08 ML per day
OMVOH 200 MG DOSE - 2 SYRINGES	0.08 ML per day
OMVOH 200 MG/2ML PEN	0.08 ML per day
OMVOH 200 MG/2 ML SYRINGE	0.08 ML per day
ONTRALFY 2 MG/5 ML SOLUTION	90 ML per day
REDEMPLO 25 MG/0.5 ML SYRINGE	0.01 ML per day
RHAPSIDO 25 MG TABLET	2 tablets per day
SIMLANDI(CF) 20 MG/0.2 ML SYRG	0.08 ML per day
SIMLANDI(CF) 80 MG/0.8 ML SYRG	0.15 ML per day
SIMLANDI(CF) AI 80 MG/0.8 ML	0.15 ML per day
TONMYA 2.8 MG TABLET SL	2 tablets per day
WEGOVY 1.5 MG TABLET	1 tablet per day
WEGOVY 4 MG TABLET	1 tablet per day
WEGOVY 9 MG TABLET	1 tablet per day
WEGOVY 25 MG TABLET	1 tablet per day
WAYRILZ 400 MG TABLET	2 tablets per day
YUWIWEL 1.3 MG VIAL	0.15 ML per day
YUWIWEL 2.8 MG VIAL	0.15 ML per day
YUWIWEL 5.5 MG VIAL	0.29 ML per day
ZANAFLEX 8 MG CAPSULE	4 capsules per 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