Keystone First | Keystone First Community HealthChoices

PHARMACY FAST FACTS

Important Formulary Update for our Providers

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

Date: **November 5, 2026**

Re: **Update: Formulary Changes**

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 **January 4, 2027**. 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)**
Emverm Oral Tablet Chewable 100 mg	Albendazole oral tablet 200 mg, Ivermectin oral tablet 3 mg, Praziquantel oral tablet 600 mg
Multivitamin/Fluoride Oral Suspension 0.25 MG/ML	Multi-Vitamin/Fluoride Oral Suspension 0.25 MG/ML

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*
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**

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.