Keystone First | Keystone First Community HealthChoices

PHARMACY FAST FACTS
Important Formulary Update for our Providers

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

Date: **October 8, 2025**

Re: **Update: Formulary Changes**

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

Members/Participants currently receiving the products listed below will require a new prescription for an alternative product effective **October 1, 2025**. As of **October 1, 2025**, these products are no longer on the **Keystone First and Keystone First CHC** drug formulary. According to the Centers for Medicare & Medicaid Services 55 PA Code Section 1121.54(17) and 42 U.S. Code Section 1396r-8(a)(1), the products listed below are not Medicaid covered drugs.

Formulary Removals	
Product List	**Alternative Product(s)**
Altreno External Lotion 0.05 %	Tretinoin External Cream
Aplenzin Oral Tablet Extended Release 24 Hour 174 MG, 348 MG, and 522 MG	Bupropion Hcl Er (XL) Extended Release 24 Hour Oral Tablet
Apriso Oral Capsule Extended Release 24 Hour 0.375 GM	Mesalamine ER Extended-Release Capsule
Arazlo External Lotion 0.045 %	Adapalene-Benzoyl Peroxide External Gel, Adapalene External Gel, Adapalene External Cream, Clindamycin-Benzoyl Peroxide 1%-5% Gel (generic Benzaclin) and Clindamycin-Benzoyl Peroxide 1.2%-5% Gel (generic Duac, Neuac)
Ativan Oral Tablet 1 MG and 2 MG	Lorazepam Oral Tablet
Cabtreo External Gel 0.15-3.1-1.2 %	Adapalene-Benzoyl Peroxide External Gel, Adapalene External Gel, Adapalene External Cream, Clindamycin-Benzoyl Peroxide 1%-5% Gel (generic Benzaclin) and Clindamycin-Benzoyl Peroxide 1.2%-5% Gel (generic Duac, Neuac)
Childrens Animal Shapes Oral Tablet Chewable 18 MG	Cerovite Jr 18 Mg Oral Chewable Tablet
Cromolyn Sodium Nasal Aerosol Solution 5.2 MG/ACT	Saline Nasal Spray, Ketotifen Fumarate Ophthalmic Solution, Cetirizine Oral Tablet
diazePAM Rectal Gel 2.5 MG	Valtoco Nasal Liquid, DIAZEPAM 10MG RECTAL GEL (2PK) and DIAZEPAM 20MG RECTAL GEL (2PK)
Diuril Oral Suspension 250 MG/5ML	Hydrochlorothiazide Oral Capsule and Tablet
Elidel External Cream 1 %	Tacrolimus Ointment
Jublia External Solution 10 %	Ciclopirox External Solution, Terbinafine Oral Tablet
Magonate Oral Liquid 54 (Mag Equiv) MG/5ML	Magnesium Oxide Oral Tablet

Mestinon Oral Solution 60 MG/5ML	Pyridostigmine Bromide Oral Solution
Migranal Nasal Solution 4 MG/ML	Sumatriptan Nasal Solution
Mysoline Oral Tablet 250 MG	Primidone Oral Tablet
Noritate External Cream 1 %	Metronidazole External Cream
Ocean Nasal Spray Nasal Solution 0.65 %	Saline Nasal Spray Nasal Solution
Plenvu Oral Solution Reconstituted 140 GM	PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM
Relistor Oral Tablet 150 MG Relistor Subcutaneous Solution 12 MG/0.6ML and 8 MG/0.4ML	Lubiprostone Oral Capsule, Movantik Oral Tablet
Retin-A External Cream 0.025 %, 0.05 %, and 0.1 % Retin-A External Gel 0.01 % and 0.025 % Retin-A Micro Pump External Gel 0.06 %	Tretinoin External Cream
Theophylline ER Oral Tablet Extended Release 12 Hour 100 MG and 200 MG	Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG
Trulance Oral Tablet 3 MG	Lubiprostone Oral Capsule, Linzess Oral Capsule
Wellbutrin XL Oral Tablet Extended Release 24 Hour 150 MG and 300 MG	Bupropion Hcl Er (XL) Extended Release 24 Hour Oral Tablet
Xerese External Cream 5-1 %	Docosanol External Cream, Valacyclovir Oral Tablet
Xifaxan Oral Tablet 550 MG	Lactulose Oral Solution and Capsule, Dicyclomine Oral Capsule

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**