

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

Date: December 17, 2024

Re: Formulary Changes

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

Members/Participants currently receiving the products listed below will require a new prescription for an alternative product effective **January 1, 2025**. As of **January 1, 2025**, these products are no longer on the **Keystone First and Keystone First Community HealthChoices** 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) |
| Xtampza ER | Fentanyl Patch, Morphine ER, Oxycodone ER, and Tramadol ER |
| Nucynta IR | APAP Codeine, Hydrocodone APAP, Morphine Sulfate, Oxycodone, Tramadol, and Tramadol APAP |
| Nucynta ER | Fentanyl Patch, Morphine ER, Oxycodone ER, and Tramadol ER |

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 |