Pennsylvania's Children's Health Insurance Program We Cover All Kids.

Keystone First

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

PHARMACY FAST FACTS

Important Formulary Update for our Providers

To: **Keystone First – CHIP Providers**

Date: **July 8, 2026**

Re: **Update: Formulary Changes**

1. The following products will be removed from the Keystone First – CHIP drug formulary.

Enrollees currently receiving the product listed below will require a new prescription for an alternative product before **September 7, 2026.** Enrollees 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
Saxenda
Fidanacogene elaparvovec-dzkt (Beqvez)
Valoctocogene roxaparvovec-rvox (ROCTAVIAN)
Benzonatate 150 mg capsules
Pharmacist Choice Lancets

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

Enrollees 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 **September 7, 2026.**

Formulary Limits	
Product List	**Quantity Limit**
Trikafta Oral Tablet Therapy Pack 100-50-75 & 150 MG	90/30 days
Trikafta Oral Tablet Therapy Pack 50-25-37.5 & 75 MG	90/30 days
Trikafta 100-50-75 mg/75 mg packet, oral granules	60/30 days
Trikafta 80-40-60 mg/59.5 mg packet, oral granules	60/30 days
Kalydeco 150 mg tablet	60/30 days
Kalydeco 5.8 mg oral granules	60/30 days
Kalydeco 13.4mg oral granules	60/30 days
Kalydeco 25 mg oral granules	60/30 days
Kalydeco 50 mg oral granules	60/30 days
Kalydeco 75 mg oral granules	60/30 days
Orkambi 100-125 mg granule packet	60/30 days
Orkambi 150-188 mg granule packet	60/30 days
Orkambi 100-125 mg tablet	120/30 days
Orkambi 200-125 mg tablet	120/30 days
Symdeko 50-75 mg tablets	120/30 days
Symdeko 100-150 mg tablets	120/30 days
Alyftrek (vanzacaftor/tezacaftor/deutivacaftor) 4-20-50 mg: 90/30 mg tablets	60/30 days
Alyftrek (vanzacaftor/tezacaftor/deutivacaftor) 10-50-125 mg tablets	60/30 days
Neffy 2 mg/0.1 mL	4/30 days

3. The following products will require prior authorization.

Effective September 7, 2026, Enrollees currently receiving the product listed below will require prior authorization.

Formulary Prior Authorizations	
Product List	
Redemplo	Xpovio (selinexor (80 mg once weekly) oral tablet therapy pack 80 mg)
Voyxact	Daybue (trofinetide oral packet 5000 mg)
Jascayd 9mg	Daybue (trofinetide oral packet 6000 mg)
Jascayd 18mg	Daybue (trofinetide oral packet 8000 mg)
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5mL	Gammagard ERC (immune globulin infusion- human injection solution 5 gm/50 mL)
ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/mL	Gammagard ERC (immune globulin infusion- human injection solution 10 gm/100 mL)
Tyvaso DPI institutional kit inhalation powder 80 mcg	Perampanel (perampanel oral suspension 0.5 mg/mL)
Tyvaso DPI maintenance kit inhalation powder 80 mcg	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 2.5 mg/0.6 mL)
Tyvaso DPI maintenance kit inhalation powder 112 x 32mcg & 112 x64mcg	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 5 mg/0.6 mL)
Tyvaso DPI maintenance kit inhalation powder 112 x 48mcg & 112 x64mcg	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 7.5 mg/0.6 mL)
Pokona (potassium chloride oral packet 15 meq)	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 10 mg/0.6 mL)
Vraylar (cariprazine oral capsule 0.5 mg	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 12.5 mg/0.6 mL)
Vraylar (cariprazine oral capsule 0.75 mg)	Zepbound Kwikpen (tirzepatide subcutaneous solution pen-injector 15 mg/0.6 mL)
Wegovy Subcutaneous Solution Auto-Injector 0.25 Mg/0.5Ml	Wegovy Subcutaneous Solution Auto-Injector 0.5 Mg/0.5Ml
Wegovy Subcutaneous Solution Auto-Injector 1.7 Mg/0.75Ml	Wegovy Subcutaneous Solution Auto-Injector 1 Mg/0.5Ml
Wegovy Subcutaneous Solution Auto-Injector 2.4 Mg/0.75Ml	

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Effective September 7, 2026, GLP-1RA such as Saxenda, Wegovy, and Zepbound will not be covered for a primary purpose of weight loss. Other FDA approved medical uses may be covered as described in pharmacy prior authorization criteria.

Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available online at: www.keystonefirstchip.com → *Pharmacy → Pharmacy Prior Authorization.*

If you have any questions regarding this notice, please contact Pharmacy Services:

Plan Name	**Telephone Number**
Keystone First – CHIP	**1-844-472-2447**