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September 2026

Commercial and Other Pharmacy Program Updates
Effective October 1, 2026

The following changes to our pharmacy programs become effective **October 1, 2026**. These changes affect our preferred drug lists and medication guides, including prior authorization requirements, the Responsible Quantity Program, Responsible Steps, and the Pharmacy Coverage Exclusions List.

Responsible Quantity Program

We will add the following drugs and drug-dispensing limits to the Responsible Quantity Program effective October 1, 2026. This applies only to members whose plans are part of the Responsible Quantity Program.

Please note: Responsible Quantity Program limits also apply to generic drugs.

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month** (unless noted otherwise)
Armlupeg	2 syringes / 28 days
Atoncy (atomoxetine soln 4 mg/mL)	700 mL / 28 days
Auvelity titration pack	1 pack (51 tablets) / 180 days
Besremi	2 pens / 28 days
bosutinib 100 mg tablet	120 tabs
bosutinib 400 mg, 500 mg tablet	30 tabs
Breztri aerosphere	1 inhaler
Bysanti titration pack A	8 tabs / 180 days
Bysanti titration pack B	12 tabs / 180 days
Bysanti titration pack C	8 tabs / 180 days
Bysanti 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tabs
Cardamyst nasal spray	3 cartons / 180 days
Cavhanza	112 tabs / 28 days
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	60 caps
Duloxetine 80 mg, 90 mg, 120 mg	30 caps
Foundayo 0.8 mg, 2.5 mg†	60 tabs / 180 days
Foundayo 5.5 mg, 9 mg, 14.5 mg, 17.2 mg†	30 tabs

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Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month** (unless noted otherwise)
Hympavzi 75 mg/0.5 mL pen	4 pens / 28 days
Idvynso 100-0.25 mg tab	30 tabs
Ilet insulin infusion kit	1 kit / 30 days
Jakafi XR	30 tabs
Jideytro 25 mg	90 tabs
Jideytro 100 mg	30 tabs
Leqembi IQLIK 250 mg / 1.25 mL pen	8 pens / 28 days
Lerochol 300 mg	1 syringe / 28 days
Leucovorin 5 mg, 10 mg, 15 mg	180 tabs
Leucovorin 25 mg	360 tabs
Lipfendra 20 mg	30 tabs
macitentan 10 mg tablet	30 tabs
mirabegron granules for oral extended release susp 8 mg/mL	300 ml / 28 days
oxybutynin 2.5 mg tablet	90 tabs
Pellix	120 mL
Pivya 185 mg tablet	21 tabs / 90 days
Rezonopy	4 devices
Saphnelo	4 syringes or pens / 28 days
sitagliptin phosphate tab 25 mg, 50 mg, 100 mg	30 tabs
sitagliptin phosphate-metformin HCl tab 50-500 mg, 100-1000 mg	30 tabs
sitagliptin phosphate-metformin HCl tab 50-1000 mg	60 tabs
Skyrizi 55 mg/0.37 mL	1 syringe / 84 days
Tapentadol	900 ml
tofacitinib citrate 5 mg	60 tabs
tofacitinib citrate 10 mg	240 tabs / 365 days
tofacitinib citrate 1 mg/mL soln	240 mL
tofacitinib citrate ER 11 mg	30 tabs
tofacitinib citrate ER 22 mg	120 tablets / 365 days
Trilitas	100 grams
Tryngolza 50 mg/0.8 mL pen	1 pen (0.8 mL) / 28 days
Tyvaso DPI maintenance kit 48-80 mcg	224 cartridges / 28 days
Uptravi 100 mcg	392 tabs / 180 days

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Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month** (unless noted otherwise)
Uptravi 150 mcg	770 tabs / 180 days
Veppanu 100 mg, 200 mg	30 tabs
Wegovy HD 7.2 mg†	4 pens / 28 days
Xarelto starter pack	51 tabs / 180 days
Xarelto 15 mg	42 tabs
Yuviwel	4 vials / 28 days
Zepbound Kwikpen 2.5 mg†	1 pen / 180 days
Zepbound Kwikpen 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg†	1 pen / 28 days
Zolymbus ophth gel 0.01%	30 containers

†Only for those self-insured groups who purchased weight loss coverage.

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Antidepressant	Addition of Auvelity titration pack, Atoncy, and generic duloxetine
Atypical antipsychotics	Addition of Bysanti (milsaperidone)
DPP-4	Addition of sitagliptin and sitagliptin/metformin

New Pharmacy Coverage Exclusions

Our commercial pharmacy plans will no longer cover the brand-name or generic drugs listed below. We will cover many therapeutic or generic alternatives. This exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.

New Coverage Exclusions	
Arynta	Opsumit
Atmeksi	Pivya
Auryxia	Pomalyst
Bosulif tabs	Rezenopy
Cardamyst	Sdamlo
Desmoda	Selarsdi
Farxiga	Sprycel
Icotyde	Voyxact
Javadin	Vybrique
Januvia	Xeljanz oral sol
Janumet	Xeljanz tab

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New Coverage Exclusions	
Mavenclad	Xeljanz XR
Myrbetriq granules	Xigduo XR
Omlonti	Yuvezzi
Ontralfy	Yuviwel

Medications Requiring Prior Authorization

Prior authorization requirements under our members' pharmacy benefits will change for the following list of medications. The changes apply only to members whose plans are part of the Prior Authorization Program. New-to-Market drugs may still be under review for a coverage decision as part of our New-to-Market Program.

Drugs Added to the Prior Authorization Program	
Drug	**Covered Conditions***
Armlupeg (pegfilgrastim-unne)	FDA approved indications
bosutinib 100 mg, 400 mg, 500 mg tablet	FDA approved indications
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	FDA approved indications
Filkri	FDA approved indications
Foundayo 0.8 mg, 2.5 mg†	FDA approved indications
Foundayo 5.5 mg, 9 mg, 14.5 mg, 17.2 mg†	FDA approved indications
Hympavzi (marstacimab-hncq) 75 mg/0.5 mL pen	FDA approved indications
Jakafi XR	FDA approved indications
Leqembi IQLIK pen	FDA approved indications
Lerochol 300 mg	FDA approved indications
Lipfendra 20 mg	FDA approved indications
Lynavoy	FDA approved indications
macitentan 10 mg tablet	FDA approved indications
Saphnelo SC pen	FDA approved indications
Saphnelo SC prefilled syringe	FDA approved indications
Skyrizi 55 mg/0.37 mL	FDA approved indications
tofacitinib citrate 5 mg	FDA approved indications
tofacitinib citrate 10 mg	FDA approved indications
tofacitinib citrate 1 mg/mL soln	FDA approved indications
tofacitinib citrate ER 11 mg	FDA approved indications
tofacitinib citrate ER 22 mg	FDA approved indications

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Drugs Added to the Prior Authorization Program	
Tryngolza 50 mg/0.8 mL pen	FDA approved indications
Tyvaso DPI maintenance kit 48-80 mcg	FDA approved indications
Uptravi 100 mcg	FDA approved indications
Uptravi 150 mcg	FDA approved indications
Veppanu tabs	FDA approved indications
Wegovy HD 7.2 mg†	FDA approved indications
Yuviwel	FDA approved indications
Zepbound Kwikpen 2.5 mg†	FDA approved indications
Zepbound Kwikpen 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg†	FDA approved indications
*Summary of criteria and additional information are available with our authorization forms.	

†Only for those self-insured groups who purchased weight loss coverage.

Preferred Drug List Changes and Medication Guides

Changes to our preferred drug lists and the current list are available at FloridaBlue.com/providers. Select **Tools & Resources**, **Medical & Pharmacy Policies, Guidelines,** then **Medication Guides**.

Net Results Formulary Program Updates

The following changes only apply to members with Net Results formulary as part of their plan.

Net Results Pharmacy Coverage Exclusions

Effective October 1, 2026, Net Results will no longer cover the brand or generic drugs listed below.

Net Results New Exclusions	
Arynta (lisdexamfetamine dimesylate oral solution 10 mg/mL)	Javadin (clonidine HCl oral soln 100 mcg/5 mL)
Atmeksi (methocarbamol oral susp 750 mg/5 mL)	Ofev (nintedanib esylate cap 100 mg, 150mg (base equivalent))
Auryxia (ferric citrate tab 1 gm (210 mg ferric iron))	Omlonti (omidenepag isopropyl ophth soln 0.002%)
Austedo (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	Ofev (nintedanib esylate cap 100 mg and 150 mg)
Austedo XR (deutetrabenazine tab ER 24hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg)	Omlonti (omidenepag isopropyl ophth soln 0.002%)
Austedo XR titration kit (deutetrabenazine tab ER titration pack 12 mg, 18 mg, 24 mg, 30 mg)	Ontralfy (tizanidine HCl oral soln 2 mg/5 mL (base equivalent))
Austedo XR titration kit (deutetrabenazine tab ER titration pack 6 mg, 12 mg, 24 mg)	Pivya (pivmecillinam HCl tabs 185 mg)
Avtozma (tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9 mL)	Pomalyst (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)

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Net Results New Exclusions	
Avtozma (tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9 mL)	Ranitidine hydrochloride (ranitidine HCl tab 150 mg, 300 mg)
Briviact (brivaracetam oral soln 10 mg/mL)	Sdamlo (amlodipine besylate for oral soln 2.5 mg, 5 mg, 10 mg (base equivalent))
Briviact (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	Selarsdi (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL)
Desmoda (desmopressin acetate oral soln 0.05 mg/mL)	Selarsdi (ustekinumab-aekn soln prefilled syringe 90 mg/mL)
Edurant (rilpivirine HCl tab 25 mg (base equivalent))	Selarsdi (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)
Farxiga (dapagliflozin tab 5 mg & 10 mg)	Voyxact (sibeprenlimab-szsi subcutaneous soln pref syringe 400 mg/2 mL)
Hemangeol (propranolol HCl oral soln 4.28 mg/mL (3.75 mg/mL base equiv))	Vybrique (sildenafil citrate oral film 25 mg, 50 mg, 75 mg, 100 mg (base equivalent))
Janumet (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	Xigduo xr (dapagliflozin free base-metformin HCl tab ER 24hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg)
Januvia (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	Yuvezzi (carbachol-brimonidine tartrate ophth soln 2.75-0.1%)
Javadin (clonidine HCl oral soln 100 mcg/5 mL)	Yuviwel (navepegritide for subcutaneous inj 1.3, 2.8, 5.5 mg)

Net Results Pharmacy Drugs Added Back to Coverage

Effective October 1, 2026, Net Results will add the following back to coverage.

Net Results Drugs Added Back to Coverage	
esomeprazole magnesium cap delayed release 40 mg (base eq)	nystatin-triamcinolone cream 100000-0.1 unit/gm-%
lansoprazole cap delayed release 30 mg	nystatin-triamcinolone oint 100000-0.1 unit/gm-%
Leqembi IQLIK 360 mg/1.8 mL pen	

Net Results Step Therapy Program Changes

The following changes apply to the Net Results Step Therapy Program.

Program	Added Drugs
Antidepressant	Addition of Auvelity titration pack and branded generic Duloxetine DR
Atypical Antipsychotics	Addition of Bysanti
DPP-4 Inhibitors and Combinations	Addition of generic Januvia and Janumet
Oral Inhalers	Addition of Breztri 160-18-4.8 mcg to QL module
Sodium-glucose Co-transporter (SGLT) Inhibitors and Combinations	Addition of dapagliflozin, dapagliflozin/metformin, and dapagliflozin/saxagliptin
Urinary Incontinence Agents	Addition of first generic for Myrbetriq ER granules for suspension

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Net Results Medications Requiring Prior Authorization

Prior authorization requirements for the following list of medications will change for members using our Net Results Formulary, effective October 1, 2026.

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Conditions***
Abrilada 2-pen kit	FDA approved indications
Armlupeg	FDA approved indications
Avtozma pen	FDA approved indications
Baxfendy tab	FDA approved indications
Bosutinib tab	FDA approved indications
Cavhanza tab	FDA approved indications
Doxycycline hyclate 75 mg caps	FDA approved indications
Dronabinol caps	FDA approved indications
Filkiri	FDA approved indications
Foundayo tab	FDA approved indications
Granisol 2 mg/10 mL soln	FDA approved indications
Hympavzi 75 mg/0.5 mL pen	FDA approved indications
Icotyde tab	FDA approved indications
Jakafi XR tab	FDA approved indications
Leqembi Iqlik pen	FDA approved indications
Macitentan tab	FDA approved indications
Ozempic tabs	FDA approved indications
Quiofic 0.2 mg/mL soln	FDA approved indications
Saphnelo 120 mg/0.8 mL prefilled syringe	FDA approved indications
Steqeyma 45 mg/0.5 mL vial	FDA approved indications
Tryngolza pen	FDA approved indications
Tyvaso DPI maintenance kit 48-80 mcg	FDA approved indications
Vascepa caps	FDA approved indications
Veppanu tab	FDA approved indications
*Summary of criteria and additional information are available with authorization forms available at MyPrime.com	

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Net Results Quantity Limit Program

The following drugs and drug-dispensing limits to the Net Results Quantity Limit Program become effective October 1, 2026.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Abrilada 40 mg/0.8 mL 2-pen kit	2 pens / 28 days
Auvelity titration pack (dextromethorphan-bupropion tab ER pack, 30-105 mg & 45-105 mg)	1 pack (51 tablets) / 180 days
Avtozma 162 mg/0.9 mL pen	4 pens / 28 days
Baxfendy 1 mg & 2 mg tab	30 tabs
Bosutinib 100 mg tab	120 tabs
Bosutinib 400 mg & 500 mg tab	30 tabs
Breztri aerosphere (budesonide-glycopyrrolate-formoterol) 160-18-4.8 mcg/act	1 inhaler (10.7 g)
Bysanti (milsaperidone) titration pack A & C	8 tabs / 180 days
Bysanti (milsaperidone) titration pack B	12 tabs / 180 days
Bysanti (milsaperidone) 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tab	60 tabs
Cavhanza 60 mg & 80 mg tab	112 tabs / 28 days
Dapagliflozin/metformin HCl ER 24hr 10-500 mg tab	60 tabs
Dapagliflozin 5 mg, 10 mg tab	30 tabs
Dapagliflozin/metformin HCl ER 24hr 5-500 mg, 5-1000 mg, 10-1000 mg tab	30 tabs
Dapagliflozin/saxagliptin tabs 5-5 mg, 10-5 mg tab	30 tabs
Duloxetine 80 mg, 90 mg, 120 mg caps	30 caps
Foundayo 0.8 mg & 2.5 mg tab	60 tabs / 180 days
Foundayo 5.5 mg, 9 mg, 14.5 mg, 17.2 mg tab	30 tabs
Granisol 2 mg/10 mL solution	60 mL
Hympavzi 75 mg/0.5 mL pen	4 pens / 28 days
Icotyde 200 mg tab	30 tabs
Jakafi XR tab 11 mg, 22 mg, 33 mg, 44 mg, 55 mg tab	30 tabs
Leqembi IQLIK 360 mg/1.8 mL pen	4 pens / 28 days
Macitentan 10 mg tablet	30 tabs
Mirabegron granules for oral extended release susp 8 mg/mL	300 mL / 28 days
Ozempic 1.5 mg tabs	30 tabs / 180 days
Ozempic 4 mg & 9 mg tabs	30 tabs
Quiofic 0.2 mg/mL solution	150 mL
Sitagliptin phosphate tab 25 mg, 50 mg, 100 mg	30 tabs

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Sitagliptin-metformin 50-1000 mg, 50-500 mg, 24HR 50-1000 mg tab	60 tabs
Saphnelo 120 mg/0.8 mL prefilled syringe	4 syringes / 28 days
Steqeyma 45 mg/0.5 mL vial	1 vial / 84 days
Tryngolza 50 mg/0.8 mL pen	1 pen (0.8 mL) / 28 days
Tyvaso DPI maintenance kit 48-80 mcg	224 cartridges / 28 days
Vascepa 0.5 mg caps	240 caps
Vascepa 1 gm caps	120 caps
Veppanu 100 mg & 200 mg tab	30 tabs

Net Results Authorization Request Forms

Net Results authorization request forms are available at *MyPrime.com*. Create a profile or click on **Forms,** then select **Continue without signing in**. Select **Florida Blue** from the top drop-down menu and **No** to the question regarding Medicare status. At the top of the following page, click **Forms,** then select **Florida Blue Net Results Formulary**. You will see a list of form categories.

Verify Eligibility and Benefits in Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity Essentials™ at *essentials.availity.com*. If you have questions about your patients' Florida Blue benefits or these pharmacy updates, please call the Provider Contact Center at 1-800-727-2227.

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