

Commercial and Other Pharmacy Program Updates Effective July 1, 2026

The following changes to our pharmacy programs become effective **July 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 July 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)
Adderall (amphetamine-dextroamphetamine) 5 mg, 10 mg	180 tabs
Adderall (amphetamine-dextroamphetamine) 7.5 mg	90 tabs
Adderall (amphetamine-dextroamphetamine) 12.5 mg, 15 mg	120 tabs
Adderall XR (amphetamine-dextroamphetamine ER) 5 mg, 10 mg, 15 mg	60 caps
Arynta solution	240 ml
Avtozma	4 pens or syringes / 28 days
Beclometasone 40 mcg	1 inhaler
Beclometasone 100 mcg (80 mcg delivery)	2 inhaler
Blujepa	20 tab / 90 days
Cafergot	40 tabs / 28 days
dapaglifloxin-saxagliptin	30 tabs
Ferric citrate 1 gm	360 tabs
Fluticasone HFA	1 inhaler
Forzinity	4 vials / 28 days
Granisol solution 2 mg / 10 ml	70 ml
Icotyde	30 tabs
Ilet Flex 23" 6 mm	1 kit

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Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Ipratropium bromide HFA	2 inhalers
Juxtapid 2 mg cap	28 caps / 28 days
Lasix Onyu	8 kits / 180 days
Lifyorli 125 mg	18 caps / 28 days
Lifyorli 150 mg	27 caps / 28 days
Lumigan ophthalmic solution 0.1%	2.5 ml
Methylphenidate ER diffusion 27 mg, 54 mg	30 tabs
Methylphenidate ER diffusion 36 mg	60 tabs
Milnacipran	60 tabs
Milnacipran titration pack	1 pack / 180 days
Mygorzo	30 tabs
Nintedanib	60 tabs
Orladeyo packets	28 packets / 28 days
Ozempic 1.5 mg	30 tabs / 180 days
Ozempic 4 mg, 9 mg	30 tabs
Palsonify	60 tabs
Pentazocine-naloxone 50 - 0.5 mg tabs	360 tabs / 30 days
Pomalidomide 1 mg	21 caps / 28 days
Restasis single use vials	60 vials
Rilpivirine 25 mg	30 tabs
Ritalin 5 mg	360 tabs
Ritalin 10 mg	180 tabs
Samsca 15 mg	30 tabs / 180 days
Samsca 30 mg	60 tabs / 180 days
Steqeyma	1 vial / 84 days
Tapentadol 50 mg	180 tabs
tapentadol ER	60 tabs
Umeclidinium ellipta	30 blisters
Wegovy HD 7.2 mg†	4 pens / 28 days
Zycubo	30 vials

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

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Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
SGLT Inhibitors	Dapagliflozin-saxagliptin added to program and dapagliflozin generic removed

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	
Adderall	Ruconest
Adderall XR	Topiramate cp 24
Concerta	Twist
Edurant tab 25 mg (Truli for Health only)	Veltassa powder
Famotidine tab	Votrient
Ilet	Vyvanse
Pokonza	Zymfentra

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*
Andembry	FDA approved indications
Aqvesme	FDA approved indications
Armlupeg	FDA approved indications
Avtozma SC auto-injector	FDA approved indications
Avtozma SC prefilled syringe	FDA approved indications
Bynfezia pen	FDA approved indications
Daybue Stix oral powder packet	FDA approved indications
Diskets (methadone) for oral suspension	FDA approved indications
Ekterly	FDA approved indications
Forzinity	FDA approved indications
Hyrnuo	FDA approved indications

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Drugs Added to the Prior Authorization Program	
Icotyde	FDA approved indications
Inluriyo	FDA approved indications
Jascayd	FDA approved indications
Komzifti	FDA approved indications
Kygevvi	FDA approved indications
Lasix Onyu	FDA approved indications
Lerochol	FDA approved indications
Leucovorin	FDA approved indications
Lifyorli	FDA approved indications
Myqorzo	FDA approved indications
Nintedanib	FDA approved indications
Opzelura	FDA approved indications
Orladeyo	FDA approved indications
Palsonify	FDA approved indications
Pomalidomide 1 mg	FDA approved indications
Redemplo	FDA approved indications
Rhapsido	FDA approved indications
Sodium Oxybate oral solution 500 mg / mL	FDA approved indications
Somavert	FDA approved indications
Starjemza	FDA approved indications
Tabloid	FDA approved indications
Voyxact	FDA approved indications
Wegovy HD 7.2 mg [†]	FDA approved indications
Yuviwel	FDA approved indications
Zycubo	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](https://www.floridablue.com/providers). Select **Tools & Resources, Medical & Pharmacy Policies, Guidelines**, then [Medication Guides](#).

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

Net Results New Exclusions	
Adalimumab-bwwd (Adalimumab-Bwwd soln auto-injector 40 mg / 0.4 ml)	Mavenclad (cladribine tab therapy pack 10 mg (6 tabs)
Adalimumab-bwwd (Adalimumab-Bwwd soln prefilled syringe 40 mg / 0.4 ml)	Mavenclad (cladribine tab therapy pack 10 mg (7 tabs)
Carbidopa/levodopa er (carbidopa & levodopa cap er 23.75-95 mg)	Mavenclad (cladribine tab therapy pack 10 mg (8 tabs)
Carbidopa/levodopa er (carbidopa & levodopa cap er 36.25-145 mg)	Mavenclad (cladribine tab therapy pack 10 mg (9 tabs)
Carbidopa/levodopa er (carbidopa & levodopa cap er 48.75-195 mg)	Otrexup (methotrexate soln pf auto-injector 10 mg / 0.4 ml)
Carbidopa/levodopa er (carbidopa & levodopa cap er 61.25-245 mg)	Otrexup (methotrexate soln pf auto-injector 12.5 mg / 0.4 ml)
Diskets (methadone hcl tab for oral susp 40 mg)	Otrexup (methotrexate soln pf auto-injector 15 mg / 0.4 ml)
Enbumyst (Bumetanide Nasal Spray 0.5 mg / 0.1 ml)	Otrexup (methotrexate soln pf auto-injector 17.5 mg / 0.4 ml)
Exxua (Gepirone hcl Tab Er 24 hr 18.2 mg)	Otrexup (methotrexate soln pf auto-injector 20 mg / 0.4 ml)
Exxua (Gepirone hcl Tab Er 24 hr 36.3 mg)	Otrexup (methotrexate soln pf auto-injector 22.5 mg / 0.4 ml)
Exxua (Gepirone hcl Tab Er 24 hr 54.5 mg)	Otrexup (methotrexate soln pf auto-injector 25 mg / 0.4 ml)
Exxua (Gepirone hcl Tab Er 24 hr 72.6 mg)	Palsonify (Paltusotine hcl tab 20 mg)
Exxua titration pack (Gepirone hcl tab Er 24 hr 18.2 mg)	Palsonify (Paltusotine hcl tab 30 mg)
Fycompa (perampanel susp 0.5 mg / ml)	Starjemza (ustekinumab-hmny soln prefilled syringe 45 mg / 0.5 ml)
Gleostine (lomustine cap 10 mg, 40 mg, 100 mg)	Starjemza (ustekinumab-hmny soln prefilled syringe 90 mg / ml)
Insulin glargine-yfgn (insulin glargine-yfgn soln pen-injector 100 unit / ml)	Starjemza (ustekinumab-hmny subcutaneous soln 45 mg / 0.5 ml)
Lynkuet (elinzanetant cap 60 mg)	Subvenite (lamotrigine oral susp 10 mg / ml)
Mavenclad (cladribine tab therapy pack 10 mg (10 tabs)	Vyscoxa (celecoxib oral susp 10 mg / ml)
Mavenclad (cladribine tab therapy pack 10 mg (4 tabs)	Zylet (loteprednol etabonate-tobramycin ophth susp 0.5 - 0.3%)
Mavenclad (cladribine tab therapy pack 10 mg (5 tabs)	

Net Results Pharmacy Drugs Added Back to Coverage

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

Net Results Drugs Added Back to Coverage
None

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Net Results Step Therapy Program Changes

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

Program	Added Drugs
Antidepressant	Addition of generic citalopram capsule
Continuous Glucose Monitor (CGM)	Addition of repack Dexcom G7 15 day
Lyrica and Savella	Addition of generic Savella
Oral Inhalers	Addition of beclomethasone dipropionate inhalers
Phosphate Binder	Addition of generic for Auryxia

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 July 1, 2026.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Conditions*
Glassia	FDA approved indications
Prolastin-C	FDA approved indications

*Summary of criteria and additional information are available with authorization forms available at [MyPrime.com](https://www.myprime.com)

Net Results Quantity Limit Program

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

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Arynta solution	240 ml
Beclometasone 40 mcg	1 inhaler
Beclometasone 100 mcg (80 mcg delivery)	2 inhaler
Segluromet 2.5 - 1000 mg	60 tabs
Vybrique	6 films

Net Results Authorization Request Forms

Net Results authorization request forms are available at [MyPrime.com](https://www.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 on Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity Essentials™¹ at [Essentials.Availity.com](https://www.essential.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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