Florida Blue
Your Health Solutions Partner

September 2025

Commercial and Other Pharmacy Program Updates
Effective October 1, 2025

The following changes to our pharmacy programs become effective **October 1, 2025**. 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, 2025. This applies only to members whose plans are part of the Responsible Quantity Program.

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

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month** (unless noted otherwise)
Andembry	1 pen
Crenessity 25 mg	60 caps
Dexilant	60 caps
Ekterly	16 tabs
Elmiron	90 caps
Eltrombopag powder pack for suspension	30 packets
Ensacove 25 mg	30 caps
Ensacove 100 mg	60 caps
Fanapt titration pack B and C	1 pack / 180 days
fidaxomicin tablets	40 tabs / 180 days
Hydrocodone-acetaminophen 10 mg-300 mg per 15 ml	2025 mls
Ibtrozi	90 caps
Imuldosa 45 mg	1 syringe / 84 days
Imuldosa 90 mg	1 syringe / 56 days
Kerendia 40 mg	30 tabs
Micort-HC 2.5% cream	454 grams
Nexium (esomeprazole)	60 caps
Nexium granules (esomeprazole)	60 packets
Nilotinib D-Tartrate 50 mg	120 caps

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month (unless noted otherwise)**
Nilotinib D-Tartrate 150 mg, 200 mg	112 caps / 28 days
Omnipod 5 L2 Mis Pods G6, MODD1 supply kit	30 pods
Omnipod 5 L2 G6 kit, MODD1 Welcome kit	1 kit per 720 days
Pyzchiva injection 45 mg	1 vial / 84 days
Rivaroxaban suspension 1 mg/ml	620 ml / 30 days
Sertraline 150 mg and 200 mg	30 caps
Spevigo 300 mg / 2 ml	1 syringe / 28 days
Tolvaptan PAK	56 tabs / 28 days
Tryptyr ophthalmic solution	60 vials
Xifaxan 550 mg	126 tabs / 365 days
Yeztugo	4 tablets / 365 days
Yutrepia	140 caps / 28 days
Zegerid (omeprazole/sodium bicarbonate)	60 packets / caps
Zepbound	4 vials / 28 days

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Atypical antipsychotics	Addition of Fanapt titration packs
Kerendia	Addition of Kerendia 40 mg
Topical corticosteroids	Addition of Micort HC

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	
Ferric citrate tab 1 gm	Qlosi
Hyqvia	Raldesy oral solution
Lifescan glucose strips, meter, calibration liquid	Xromi oral solution
Metaxalone tab 640 mg	Zunveyl tablets

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 a part of our New-to-Market Program.

Drugs Added to the Prior Authorization Program	
Drug	**Covered Condition(s)***
Andembry	FDA approved indication(s)
Avmapki	FDA approved indication(s)
Crenessity 25 mg	FDA approved indication(s)
Egrifta WR	FDA approved indication(s)
Ekterly	FDA approved indication(s)
Ensacove	FDA approved indication(s)
Fakzynja Co-Pack	FDA approved indication(s)
Ibtrozi	FDA approved indication(s)
Imuldosa	FDA approved indication(s)
Khindivi	FDA approved indication(s)
Merilog	FDA approved indication(s)
Nilotinib D-Tartrate	FDA approved indication(s)
Pyzchiva injection 45 mg	FDA approved indication(s)
Spevigo 300 mg syringe	FDA approved indication(s)
Tryptyr ophthalmic solution	FDA approved indication(s)
Yutrepia	FDA approved indication(s)
Zepbound	FDA approved indication(s)
***Summary of criteria and additional information are available with our authorization forms.	

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.** Here is the direct link to the Medication Guides.

Net Results Formulary Program Updates

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

Net Results Pharmacy Coverage Exclusions

Effective October 1, 2025, Net Results will no longer cover the brand or generic drugs listed below.

Net Results New Exclusions	
ALHEMO (concizumab-mtci soln pen-injector 150mg/1.5ml (100 mg/ml))	ONETOUCH ULTRA (glucose blood test strip)
ALHEMO (concizumab-mtci soln pen-injector 300mg/3ml (100 mg/ml))	ONETOUCH ULTRA BLUE TEST STRIP (glucose blood test strip)

Net Results New Exclusions	
ALHEMO (concizumab-mtci soln pen-injector 60mg/1.5ml (40 mg/ml))	ONETOUCH ULTRA TEST STRIP S (glucose blood test strip)
APTIOM (eslicarbazepine acetate tab 200 mg)	ONETOUCH VERIO TEST STRIP S (glucose blood test strip)
APTIOM (eslicarbazepine acetate tab 400 mg)	PURIXAN (mercaptopurine susp 2000 mg/100ml (20 mg/ml))
APTIOM (eslicarbazepine acetate tab 600 mg)	RALDESY (trazodone hcl oral soln 50 mg/5ml)
APTIOM (eslicarbazepine acetate tab 800 mg)	SOOLANTRA (ivermectin cream 1%)
BRILINTA (ticagrelor tab 60 mg)	XROMI (hydroxyurea oral soln 100 mg/ml)
BRILINTA (ticagrelor tab 90 mg)	ZUNVEYL (benzgalantamine gluconate tab delayed release 10 mg)
IMKELDI (imatinib mesylate oral soln 80 mg/ml (base equivalent))	ZUNVEYL (benzgalantamine gluconate tab delayed release 15 mg)
METAXALONE (metaxalone tab 640 mg)	ZUNVEYL (benzgalantamine gluconate tab delayed release 5 mg)

Net Results Step Therapy Program Changes

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

Program	Added Drug(s)
No change	

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, 2025.

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Condition(s)***
Adcirca 20 mg	FDA approved indication(s)
Alhemo	FDA approved indication(s)
Andembry	FDA approved indication(s)
Baclofen 5 mg / 5 ml	FDA approved indication(s)
Baclofen 10 mg / 5ml	FDA approved indication(s)
Bonsity	FDA approved indication(s)
Livmarli	FDA approved indication(s)
Merilog	FDA approved indication(s)
Nilotinib D-Tartrate	FDA approved indication(s)
Pyzchiva injection 45 mg	FDA approved indication(s)
Sensipar	FDA approved indication(s)
Vanrafia	FDA approved indication(s)

Zepbound	FDA approved indication(s)
*Summary of criteria and additional information are available with authorization forms available at MyPrime.com	

Net Results Quantity Limit Program

The following drugs and drug-dispensing limits to the Net Results Quantity Limit Program become effective October 1, 2025.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Adcirca 20 mg	60 tabs
Andembry	1 pen
Auryxia 210 mg	1080 tabs / 365 day
Baclofen 5 mg / 5 ml	2400 ml
Baclofen 10 mg / 5ml	1200 ml
Bonsity	2.48 ml / 28 day
Darifenacin Hydrobromide ER 7.5 mg and 15 mg	30 tabs
Detrol 1 mg and 2 mg	60 caps
Detrol LA 2 mg and 4 mg	30 caps
Ditropan XL 5 mg	30 tabs
Edurant Ped	180 tabs
Ferric citrate 210 mg	1080 tabs / 365 day
Fosrenol 1000 mg	360 pack or tabs / 365 days
Fosrenol 750 mg	540 pack or tabs / 365 days
Fosrenol 500 mg	810 tabs / 365 days
Gelnique 10%	30 grams
Gemtisa 75 mg	30 tabs
Journavx	29 tabs
Merilog	100 ml
Myrbetriq 8 mg/ml	300 ml / 28 days
Myrbetriq 25 mg	30 tabs
Myrbetriq 50 mg	30 tabs
Nilotinib D-Tartrate 50 mg	120 caps
Nilotinib D-Tartrate 150 mg, 200 mg	112 caps / 28 days
Oxybutynin chloride 2.5 mg	90 tabs
Oxybutynin chloride 5 mg/5 ml	600 ml
Oxybutynin chloride 5 mg	120 tabs
Oxybutynin chloride ER 10 mg and 15 mg	60 tabs
Oxytrol; Oxytrol for women 3.9 mg / 24 hr	8 patches / 28 days

Paxlovid Pak	11 tabs
Pyzchiva injection 45 mg	1 vial / 84 days
Renagel 800 mg	1440 tabs / 365 days
Renvela 0.8 gm	1530 packs / 365 days
Renvela 2.4 gm	450 packs / 365 days
Renvela 800 mg	1530 tabs / 365 days
Sevelamer HCl 400 mg	2880 tabs / 365 days
Toviaz 4 mg	30 tabs
Toviaz 8 mg	30 tabs
Trospium chloride 20 mg	60 tabs
Trospium chloride ER 60 mg	30 caps
Vanrafia 0.75 mg	30 tabs
Velphoro 500 mg	540 tabs / 365 days
Vesicare 5 mg and 10 mg	30 tabs
Vesicare suspension 5 mg / 5 ml	300 ml
Zepbound	4 vials / 28 day

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 on Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity®[1] at 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.