Florida Blue
Your Health Solutions Partner

December 2025

Commercial and Other Pharmacy Program Updates
Effective January 1, 2026

The following changes to our pharmacy programs become effective **January 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 January 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)
Amphetamine ER ODT 3.1 mg	60 tabs
Amphetamine ER ODT 6.3 mg	60 tabs
Auryxia	360 tabs
Bosentan 32 mg	120 tabs
Brekiya auto-injector 1 mg/ml	24 pens / 28 days
Brinsupri	30 tabs
Brukinsa 160 mg tabs	60 tabs
Brynovin	120 mL
Butalbital-acetaminophen-caffeine	2700 mL
Cimzia	2 kits (4 syringes) / 28 days
Dawnzera	1 pen / 28 days
Dexcom G7 15 days sensor	2 sensors
Doptelet sprinkle capsules	60 caps
Eliquis 0.15 mg sprinkle caps	74 caps
Eliquis 0.5 mg, 1.5 mg, 2 mg tabs for oral suspension	5 boxes / 28 days
Escitalopram 15 mg caps	30 caps
Exxua 18.2 mg	32 tabs
Exxua 36.3 mg, 54.5 mg, 72.6 mg	30 tabs
Ferric citrate	360 tabs

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month (unless noted otherwise)**
Freestyle Libre 2 Plus	2 sensors / 30 days
Freestyle Libre 3 Plus	2 sensors / 30 days
Fosrenal 500 mg chew tab	270 tabs
Fosrenal 750 mg chew tab, powder packs	180 tabs or packs
Fosrenal 1000 mg chew tab, powder packs	120 tabs or packs
Gabapentin ER once daily tab 900 mg	60 tabs
Glycerol phenylbutyrate	525 ml
Harliku	30 tabs
Harvoni pellet packs	28 packets / 28 days
Harvoni tabs	28 tabs / 28 tabs
Hernexeos	180 tabs / 60 days
Ilet starter kit	1 kit / 720 days
Ilet starter kit -inset	1 kit / 720 days
Inluriyo	56 tabs / 28 days
Jaythari 6 mg	60 tabs
Jaythari 18 mg	30 tabs
Koselugo 5 mg	420 caps
Koselugo 7.5 mg	240 caps
Kymbee 6 mg	60 tabs
Kymbee 18 mg	30 tabs
Lanthanum 500 mg chew tab	270 tabs
Lanthanum 750 mg chew tab, powder packs	180 tabs or packs
Lanthanum 1000 mg chew tab, powder packs	120 tabs or packs
Leqembi-IQLK	4 pens / 28 days
Leqselvi	60 tabs
Likmez	400 ml
Liraglutide 18 mg /3 ml pen†	15 ml
Lynkuet	60 caps
Modeyso	20 caps / 28 days
Otezla XR 75 mg	30 tabs
Otezla XR treatment initiation pack	1 Kit / 180 days
Otulfi 45 mg / 0.5 ml vial	1 vial / 84 days
Phentermine HCl 8 mg†	90 tabs
Phytagel 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tabs

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month (unless noted otherwise)**
Phyrago 20 mg	90 tabs
Renvela 0.8 gram packets	510 packets
Renvela 2.4 gram packets	150 packets
Renvela 400 mg tabs	960 tablets
Renvela 800 mg tabs	510 tablets
sevelamer carbonate 0.8 gram packets	510 packets
sevelamer carbonate 2.4 gram packets	150 packets
sevelamer carbonate 400 mg tabs	960 tablets
sevelamer carbonate 800 mg tabs	510 tablets
Sovaldi pellet packs	28 packets / 28 days
Sovaldi tabs	28 tabs / 28 days
Starjemza 45 mg	1 syringe or vial / 84 days
Starjemza 90 mg	1 syringe / 56 days
Velphoro chewable tab	180 tabs
Vosevi	28 tabs / 28 days
Wayrilz	60 tabs
Ustekinumab-AAUZ	1 syringe or vial / 84 days
Xdemvy	1 bottle (10 ml) / 42 days
Zelsuvmi gel	2 kits / 84 days
Zurnai	4 pens (2 ml)

†Only for those self-insured groups who purchased weightloss coverage

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Antidepressant step therapy	Addition of Exxua and escitalopram 15 mg caps
Continuous glucose monitoring	Addition of Dexcom G7 sensor

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	
Alendronate solution	Natazia (brand)
Arbli	Nilotinib d-tartrate
Bimzelx	Opfolda *(J1202 will be covered on the medical benefit)*
Bonsity	Promacta (brand)
Clemasz	Rectiv
Clindamycin gel 1%	Revlimid (brand)
Combogesic	Risedronate 5 mg tab
Galzin	Sitagliptin-metformin
Hemiclor	Slynd (brand)
Inzirgo	Soolantra (brand)
Khindivi	Spiriva Handihaler (brand and generic)
Likmez	Symbravo
Leqselvi	Tasigna (brand)
Lopressor solution	Test strips, Insulin syringes/needles, Pen needles and non-insulin syringes that are not stocked by anchor pharmacy chains (e.g., brands other than Ascensia, Abbott, BD, Embecta, CVS, Novo, Walgreens)
Merilog	Tezruly
Miglitol	Tracleer (brand)
Myrbetriq (brand)	Zelsuvmi

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***
Brekiya	FDA approved indication(s)
Brinsupri	FDA approved indication(s)
Brukinsa 160 mg tabs	FDA approved indication(s)
Dawnzera	FDA approved indication(s)
Doptelet Sprinkle	FDA approved indication(s)
Fibryga 2 grams	FDA approved indication(s)
Harliku	FDA approved indication(s)
Hernexeos	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Kirsty	FDA approved indication(s)
Leqembi Iqlik	FDA approved indication(s)
Leqselvi	FDA approved indication(s)
Liraglutide 18 mg / 3 ml pen†	FDA approved indication(s)
Modeyso	FDA approved indication(s)
Otezla XR 75 mg and initiation pack	FDA approved indication(s)
Otulfi 45 mg / 0.5 ml vial	FDA approved indication(s)
Phentermine HCl tab 8 mg†	FDA approved indication(s)
Phyrago	FDA approved indication(s)
Sephience	FDA approved indication(s)
Skytrofa	FDA approved indication(s)
Wayrilz	FDA approved indication(s)
Xdemvy	FDA approved indication(s)
Yeztugo	FDA approved indication(s)
Zelsuvmi	FDA approved indication(s)
***Summary of criteria and additional information are available with our authorization forms.	

†Only for those self-insured groups who purchased weightloss 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 the Net Results formulary as part of their plan.

Net Results Pharmacy Coverage Exclusions

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

Net Results New Exclusions	
alendronate sodium oral soln 70 mg / 75 ml	MERILOG (insulin aspart-szjj subcutaneous soln 100 unit / ml)
BIMZELX (bimekizumab-bkzx subcutaneous soln auto-injector 320 mg / 2 ml)	MERILOG SOLOSTAR (insulin aspart-szjj soln pen-injector 100 unit / ml)
BIMZELX (bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg / 2 ml)	MIGLITOL (miglitol tab 100 mg)
BONSITY (teriparatide soln pen-inj 560 mcg / 2.24 ml)	MIGLITOL (miglitol tab 25 mg)
CLEMASZ (clemastine fumarate tab 2.68 mg)	NILOTINIB (nilotinib d-tartrate cap 150 mg (base equivalent))
COMBOGESIC (ibuprofen-acetaminophen tab 97.5-325 mg)	NILOTINIB (nilotinib d-tartrate cap 200 mg (base equivalent))

Net Results New Exclusions	
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	NILOTINIB (nilotinib d-tartrate cap 50 mg (base equivalent))
DIFICID (fidaxomicin tab 200 mg)	NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg / 0.6ml)
ENTRESTO (sacubitril-valsartan tab 24-26 mg)	PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq))
ENTRESTO (sacubitril-valsartan tab 49-51 mg)	PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))
ENTRESTO (sacubitril-valsartan tab 97-103 mg)	PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv))
ERYTHROMYCIN (erythromycin ophth oint 5 mg/gm)	PROMACTA (eltrombopag olamine tab 25 mg (base equiv))
fluocinolone acetonide cream 0.025%	PROMACTA (eltrombopag olamine tab 50 mg (base equiv))
FLURBIPROFEN (flurbiprofen tab 100 mg)	PROMACTA (eltrombopag olamine tab 75 mg (base equiv))
FLURBIPROFEN (flurbiprofen tab 50 mg)	QFITLIA (fitusiran sodium subcutaneous soln 20 mg / 0.2 ml)
flurbiprofen tab 100 mg	QFITLIA (fitusiran sodium subcutaneous soln auto-inj 50 mg / 0.5 ml)
FYCOMPA (perampanel tab 10 mg)	REVLIMID (lenalidomide cap 10 mg)
FYCOMPA (perampanel tab 12 mg)	REVLIMID (lenalidomide cap 15 mg)
FYCOMPA (perampanel tab 2 mg)	REVLIMID (lenalidomide cap 20 mg)
FYCOMPA (perampanel tab 4 mg)	REVLIMID (lenalidomide cap 25 mg)
FYCOMPA (perampanel tab 6 mg)	REVLIMID (lenalidomide cap 5 mg)
FYCOMPA (perampanel tab 8 mg)	REVLIMID (lenalidomide caps 2.5 mg)
GALZIN (zinc acetate cap 25 mg (elemental zinc))	risedronate sodium tab 5 mg
GALZIN (zinc acetate cap 50 mg (elemental zinc))	SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)
HEMICLOR (chlorthalidone tab 12.5 mg)	SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24 hr 100-1000 mg)
INZIRQO (hydrochlorothiazide for susp 10 mg / ml)	SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24 hr 50-1000 mg)
KHINDIVI (hydrocortisone oral soln 1 mg / ml)	SITAGLIPTIN/METFORMIN HYD ROCHLORIDE (sitagliptin free base-metformin hcl tab er 24 hr 50-500 mg)
LEQSELVI (deuruxolitinib phosphate tab 8 mg (base equiv))	SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))
LIKMEZ (metronidazole susp 500 mg / 5 ml)	SYMBRAVO (meloxicam-rizatriptan tab 20-10 mg)
LINZESS (linaclotide cap 145 mcg)	TASIGNA (nilotinib hcl cap 150 mg (base equivalent))
LINZESS (linaclotide cap 290 mcg)	TASIGNA (nilotinib hcl cap 200 mg (base equivalent))
LINZESS (linaclotide cap 72 mcg)	TASIGNA (nilotinib hcl cap 50 mg (base equivalent))
MIGLITOL (miglitol tab 50 mg)	TEZRULY (terazosin hcl oral soln 1 mg / ml (base equivalent))
LOPRESSOR (metoprolol tartrate oral soln 10 mg / ml)	TRACLEER (bosentan tab for oral susp 32 mg)

Net Results Pharmacy Drugs Added Back to Coverage

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

Net Results Drugs Added Back to Coverage	
clobetasol propionate foam 0.05%	TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 48 mcg / cartridge)
FYLNETRA (pegfilgrastim-pbbk soln prefilled syringe 6 mg / 0.6 ml)	TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 64 mcg / cartridge)
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 16 mcg / cartridge)	TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16 mcg & 112 x 32 mcg & 28 x 48 mcg)
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 32 mcg / cartridge)	TYVASO DPI TITRATION KIT (treprostinil inh powder 112 x 16 mcg & 84 x 32 mcg)

Net Results Step Therapy Program Changes

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

Program	Added Drugs
Antidepressant step therapy	Addition of Exxua and escitalopram 15 mg caps
Gabapentin ER	Addition of generic gabapentin once-daily 450 mg, 750 mg, 900 mg
Kerendia	Addition of Kerendia 40 mg
Oral NSAIDs	Addition of Lurbiro
Progesterones	Addition of generic progesterone 100 mg vaginal insert

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 January 1, 2026.

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Conditions***
Allopurinol Tab 200 mg	FDA approved indication(s)
Alkindi sprinkle 0.5 mg; 1 mg; 2 mg; 5 mg	FDA approved indication(s)
Alphagan P 0.15%	FDA approved indication(s)
Azopt 1%	FDA approved indication(s)
Bosentan tab for oral susp 32 mg	FDA approved indication(s)
Brekiya	FDA approved indication(s)

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Conditions***
Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily) 0.09%	FDA approved indication(s)
Brynovin	FDA approved indication(s)
Carbinoxamine maleate 6 mg	FDA approved indication(s)
Carbinoxamine maleate 4 mg / 5 ml	FDA approved indication(s)
Cardizem CD 360 mg	FDA approved indication(s)
Clemastine fumarate 0.67 mg / 5 ml	FDA approved indication(s)
Combigan 0.2-0.5 %	FDA approved indication(s)
Condylox 0.50%	FDA approved indication(s)
Coreg CR 10 mg; 20 mg; 40 mg; 80 mg	FDA approved indication(s)
Crenessity 25 mg	FDA approved indication(s)
Crotan 10%	FDA approved indication(s)
Ctexli	FDA approved indication(s)
Dawnzera	FDA approved indication(s)
Doptelet Sprinkle	FDA approved indication(s)
Fenoglide 120 mg	FDA approved indication(s)
Fenoglide 40 mg	FDA approved indication(s)
Gocovri 137 mg; 68.5 mg	FDA approved indication(s)
Inderal xl 80 mg	FDA approved indication(s)
Innopran xl 80 mg	FDA approved indication(s)
Isordil titradose 40 mg	FDA approved indication(s)
Jalyn 0.5 – 0.4 mg	FDA approved indication(s)
Keveyis 50 mg	FDA approved indication(s)
Khindivi 1 mg / ml	FDA approved indication(s)
Kirsty	FDA approved indication(s)
Metaxalone 640 mg	FDA approved indication(s)
Metaxalone Tab 400 mg	FDA approved indication(s)
Micort HC	FDA approved indication(s)
Mirapex er 1.5 mg	FDA approved indication(s)
Mitigare 0.6 mg	FDA approved indication(s)
Norgesic forte 50-770-60 mg	FDA approved indication(s)
Ongentys 50 mg	FDA approved indication(s)

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Conditions***
Orphengesic forte 50-770-60 mg	FDA approved indication(s)
Otezla XR 75 mg	FDA approved indication(s)
Otulfi 45 mg/0.5 ml vial	FDA approved indication(s)
Phyrago	FDA approved indication(s)
Pruradik 10%	FDA approved indication(s)
Qfitlia	FDA approved indication(s)
Sephience	FDA approved indication(s)
Skytrofa	FDA approved indication(s)
Spevigo	FDA approved indication(s)
Timolol Maleate Ophth Gel Forming Soln 0.5%	FDA approved indication(s)
Timoptic ocudose 0.5%	FDA approved indication(s)
Uceris 9 mg	FDA approved indication(s)
Vyvgart Hytrulo	FDA approved indication(s)
Zelsuvmi	FDA approved indication(s)
Zileuton Tab ER 12HR 600 MG	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 January 1, 2026.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Afrezza 4 unit	2520 cartridges
Afrezza 8 unit	1260 cartridges
Afrezza 12 unit	900 cartridges
Afrezza mix pack 4 unit (90 count) + 8 unit (90 count)	1800 cartridges
Afrezza mix pack 4 unit (60 count) + 8 unit (60 count) + 12 unit (60 count)	1260 cartridges
Afrezza mix pack 8 unit (90 count) + 12 unit (90 count)	1080 cartridges
Bosentan tab for oral susp 32 mg	120 tabs
Brekiya auto-injector 1 mg/ml	24 pens / 28 days
Brynovin	120 mL
Butalbital-acetaminophen-caffeine solution	2700 ml
Crenessity 25 mg	60 caps

Ctexli	90 tabs
Dawnzera	1 pen / 28 days
Doptelet sprinkle capsules	60 caps
Eliquis 0.15 mg sprinkle caps	74 caps
Eliquis 0.5 mg, 1.5 mg, 2 mg tabs for oral suspension	5 boxes / 28 days
Escitalopram 15 mg caps	30 caps
Exxua 18.2 mg	32 tabs
Exxua 36.3 mg, 54.5 mg, 72.6 mg	30 tabs
Gabapentin once-daily 450 mg, 750 mg	30 tabs
Gabapentin once-daily 900 mg	60 tabs
Kerendia 40 mg	30 tab
Kirsty	100 mL
Micort HC	454 gm
Otezla XR 75 mg	30 tabs
Otulfi 45 mg/0.5 ml vial	1 vial / 84 days
Phyrago 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tabs
Phyrago 20 mg	90 tabs
Progesterone 100 mg vaginal insert	84 inserts / 28 days
Qfitlia	1 pen or vial / 28 days
Spevigo	1 syringe / 28 days
Vuity (pilocarpine hcl)	5 ml
Vyvgart hytrulo prefilled syringe	4 syringe / 50 days
Wainua	1 pen / 28 days
Zelsuvmi	2 kits / 84 days

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 Essentials™[1] 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.

[1]Availity is a registered trademark of Availity, LLC | Copyright 2024 Availity, LLC | All Rights Reserved