Florida Blue
Your Health Solutions Partner

June 2025

Commercial and Other Pharmacy Program Updates
Effective July 1, 2025

The following changes to our pharmacy programs become effective **July 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 July 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)
Abirtega	120 tabs
Ambien 5 mg	60 tabs
Ambien CR 6.25 mg	60 tabs
Chenodal	90 tabs
Ctexli	90 tabs
Evrysdi	30 tabs
Firdapse	300 tabs
Gomekli 1 mg	168 tabs or caps / 28 days
Gomekli 2 mg	84 caps / 28 days
Journavx	29 tabs / 90 days
Livmarli 10 mg, 15 mg, 20 mg	60 tabs
Livmarli 30 mg	30 tabs
Lunesta (eszopiclone) 1 mg	90 tabs
Lyrica (pregabalin) 25 mg	360 caps
Lyrica (pregabalin) 50 mg	270 caps
Lyrica (pregabalin) 75 mg	180 caps
Lyrica (pregabalin) 100 mg	180 caps
Omvoh 100 mg/ml and 200 mg/l	2 pens or syringe / 28 days

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month (unless noted otherwise)**
Otulfi 45 mg / 0.5 ml	1 syringe / 84 days
Otulfi 90 mg/ml	1 syringe / 56 days
Palforzia starter pack (1-3 years)	1 pack (7 caps) / 180 days
Palforzia Level 0	30 caps
Paxlovid PAK 150 mg x 6 / 100 mg x 5	11 tablets
Pristiq 100 mg	120 tabs
Pyzchiva 45 mg / 0.5 mL	1 syringe / 84 days
Pyzchiva 90 mg / 1 mL	1 syringe / 56 days
Qfitlia	1 pen or vial / 28 days
Remeron (mirtazapine) 15 mg	90 tabs
Remeron SLTB (mirtazapine ODT) 15 mg	90 tabs
Revuforj 25 mg	240 tabs
Rivaroxaban 2.5 mg	60 tabs
Romvimza	8 caps / 28 days
Rybelsus 1.5 mg	180 tabs
Rybelsus 4 mg, 9 mg	30 tabs
Selarsdi 45 mg / 0.5 ml	1 syringe / 84 days
Selarsdi 90 mg / 1 ml	1 syringe / 56 days
Sonata (zaleplon) 5 mg	60 caps
Stegeyma 45 mg / 0.5 ml	1 syringe / 84 days
Stegeyma 90 mg / 1 ml	1 syringe / 56 days
Sunlenca 4 tablet kit	4 tablets / 365 days
Symbravo	9 tablets
Talzenna 0.25 mg	30 caps
tolvaptan 15 mg	60 tabs
tolvaptan 30 mg	30 tabs
tolvaptan therapy pack	56 tabs / 28 days
Tremfya Crohn’s 200 mg / 2 ml	3 packs / 180 days
Tryvio	30 tabs
Twiist refill kit infusion	1 kit
Vanrafia	30 tabs
Vykat XR 25 mg	120 tabs
Vykat XR 75 mg	210 tabs
Vykat XR 150 mg	90 tabs

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	**Dispensing Limit Per Month (unless noted otherwise)**
Wezlana 45 mg / 0.5 ml	1 syringe or vial / 84 days
Wezlana 90 mg / 1 ml	1 syringe / 56 days
Xpovio 10 mg (40 mg once weekly)	16 tabs / 28 days
Yesintek 45 mg / 0.5 ml	1 syringe or vial / 84 days
Yesintek 90 mg / 1 ml	1 syringe / 56 days

Step Therapy Program Changes

The following changes apply to the Step Therapy Program.

Program	Program Change
Atypical Antipsychotics	Remove Cobenfy
Phosphate Binders	Addition of Ferric Citrate 210 mg
Topical corticosteroids	Addition of Betamethasone valerate 0.1% lotion, Clobetasol 0.025% cream, Halcinonide 0.1% solution, triamcinolone acetonide 0.147 mg/g spray
Triptans	Addition of Symbravo
DPP-4 Inhibitors and Combinations	Zituvimet and Zituvimet XR added

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	
Amjevita	Opipza oral film
Cobenfy	Wezlana
Emrosi	Zituvimet
Nypozi	Zituvimet XR

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)***
Abirtega	FDA approved indication(s)
Acthar Gel auto-injector	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Alhemo 300 mg / 3 ml pen-injector	FDA approved indication(s)
Chenodal	FDA approved indication(s)
Ctexli	FDA approved indication(s)
Exenatide	FDA approved indication(s)
Gomekli	FDA approved indication(s)
Livmarli 10 mg, 15 mg, 20 mg	FDA approved indication(s)
Nypozi	FDA approved indication(s)
Omvoh 100 mg and 200 mg	FDA approved indication(s)
Onapgo	FDA approved indication(s)
Otulfi	FDA approved indication(s)
Palforzia starter pack (1 to 3 years)	FDA approved indication(s)
Palforzia Level 0	FDA approved indication(s)
Phentermine HCl – Topiramate ER	FDA approved indication(s)
Purified Cortrophin Gel prefilled syringe	FDA approved indication(s)
Pyzchiva	FDA approved indication(s)
Qfitlia	FDA approved indication(s)
Revuforj	FDA approved indication(s)
Romvimza	FDA approved indication(s)
Rybelsus	FDA approved indication(s)
Selarsdi	FDA approved indication(s)
Sevenfact 2 mg	FDA approved indication(s)
Sunlenca	FDA approved indication(s)
Tolvaptan 15 mg, 30 mg, and therapy pack tabs	FDA approved indication(s)
Tremfya induction pack for Crohn’s disease	FDA approved indication(s)
Tryvio	FDA approved indication(s)
Xpovio	FDA approved indication(s)
Vanrafia	FDA approved indication(s)
Vykat XR	FDA approved indication(s)
Wezlana	FDA approved indication(s)
Yuflyma CD/UC/HS auto-injector kit	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 July 1, 2025, Net Results will no longer cover the brand or generic drugs listed below.

Net Results New Exclusions	
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit / 0.5 ml)	NEXIUM (esomeprazole magnesium for delayed release susp packet 5 mg)
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 80 unit / ml)	NITROLINGUAL (nitroglycerin tl soln 0.4 mg / spray (400 mcg / spray))
AMJEVITA (adalimumab-atto soln auto-injector 40 mg / 0.4 ml)	NYPOZI (filgrastim-txid soln prefilled syringe 300 mcg / 0.5 ml)
AMJEVITA (adalimumab-atto soln auto-injector 80 mg / 0.8 ml)	NYPOZI (filgrastim-txid soln prefilled syringe 480 mcg / 0.8 ml)
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg / 0.2 ml)	OCALIVA (obeticholic acid tab 10 mg)
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg / 0.4 ml)	OCALIVA (obeticholic acid tab 5 mg)
COBENFY (xanomeline tartrate-trospium chloride cap 100 - 20 mg)	OPIPZA (aripiprazole oral film 10 mg)
COBENFY (xanomeline tartrate-trospium chloride cap 125 - 30 mg)	OPIPZA (aripiprazole oral film 2 mg)
COBENFY (xanomeline tartrate-trospium chloride cap 50 - 20 mg)	OPIPZA (aripiprazole oral film 5 mg)
COBENFY starter pack (xanomeline-trospium chloride cap pack 50 - 20 mg & 100 - 20 mg)	OXBRYTA (voxelotor tab 300 mg)
DANZITEN (nilotinib tartrate tab 71 mg (base equivalent))	OXBRYTA (voxelotor tab 500 mg)
DANZITEN (nilotinib tartrate tab 95 mg (base equivalent))	OXBRYTA (voxelotor tab for oral susp 300 mg)
HYDROCORTISONE (hydrocortisone soln 2.5%)	TRYVIO (aprocitentan tab 12.5 mg)
MESNEX (mesna tab 400 mg)	VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg / 40 ml (25 mg / ml))	WEZLANA (ustekinumab-auub inj 45 mg / 0.5 ml)
MIPLYFFA (arimoclomol citrate cap 124 mg)	WEZLANA (ustekinumab-auub soln prefilled syringe 45 mg / 0.5 ml)
MIPLYFFA (arimoclomol citrate cap 47 mg)	WEZLANA (ustekinumab-auub soln prefilled syringe 90 mg / ml)
MIPLYFFA (arimoclomol citrate cap 62 mg)	ZITUVIMET (sitagliptin free base-metformin hcl tab 50-1000 mg)
MIPLYFFA (arimoclomol citrate cap 93 mg)	ZITUVIMET (sitagliptin free base-metformin hcl tab 50-500 mg)
MORPHINE SULFATE (morphine sulfate oral soln 20 mg / 5 ml)	ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24 hr 100-1000 mg)
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24 hr 50-1000 mg)
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg)	ZITUVIMET XR (sitagliptin free base-metformin hcl tab er 24 hr 50-500 mg)

Net Results Drugs Added Back to Coverage	
LIVDELZI (seladelpar lysine cap 10 mg)	WAKIX (pitolisant hcl tab 17.8 mg (base equivalent))
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	WAKIX (pitolisant hcl tab 4.45 mg (base equivalent))

Net Results Step Therapy Program Changes

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

Program	Added Drug(s)
Ergotamine	Retire program

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, 2025.

Drugs Added to the Net Results Prior Authorization Program	
Drug	**Covered Condition(s)***
Alyftrek 4mg, 20 mg, 50 mg	FDA approved indication(s)
Alyftrek 10 mg, 50 mg,125 mg	FDA approved indication(s)
Esperoct 4000 units	FDA approved indication(s)
Hympavzi 150 mg / ml	FDA approved indication(s)
Inzirqo	FDA approved indication(s)
Palforzia Starter pack (1 to 3 years)	FDA approved indication(s)
Palforzia Level 0	FDA approved indication(s)
Prevymis oral pellets (20 mg and 120 mg packets)	FDA approved indication(s)
Purified Cortrophin gel prefilled syringe (40 units / 0.5 ml and 80 units / ml)	FDA approved indication(s)
Revuforj 25 mg	FDA approved indication(s)
Risdiplam 5 mg	FDA approved indication(s)
Sevenfact 2 mg	FDA approved indication(s)
Simlandi	FDA approved indication(s)
Tryvio	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 July 1, 2025.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Alyftrek 4 mg, 20 mg. 50 mg	84 tabs / 28 days
Alyftrek 10 mg, 50 mg, 125 mg	56 tabs / 28 days
Hympavzi 150 mg / ml	4 pens / 28 days
Inzirqo	300 ml
Palforzia starter pack (1 to 3 years)	1 pack (7 caps) / 180 days
Palforzia Level 0	30 caps
Prevymis oral pellets (20 mg and 120 mg packets)	800 packs / 365 days
Revuforj 25 mg	240 tabs
Risdiplam 5 mg	30 tabs
Rivaroxaban 2.5 mg	60 tabs
Rybelsus 1.5 mg	30 tabs / 180 days
Simlandi	2 pens / 28 days
Tryvio 12.5 mg	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 on Availity

As a reminder, you can verify your patients' eligibility and pharmacy benefits through Availity Essentials™ 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.