

Commercial and Other Pharmacy Program Updates Effective April 1, 2026

The following changes to our pharmacy programs become effective **April 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 April 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, 6.3 mg	60 tabs
Amphetamine ER ODT 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg	30 tabs
Anzupgo	60 grams
Aqvesme 100 mg	56 tabs / 28 days
Blujepa	20 tabs / 90 days
Bynfezia	6 pens / 28 days
Cimzia prefilled syringe kit 200 mg/ml	4 syringes / 28 days
cladribine pack 10 mg (4)	8 tabs / 301 days
cladribine pack 10 mg (5)	10 tabs / 301 days
cladribine pack 10 mg (6)	12 tabs / 301 days
cladribine pack 10 mg (7)	14 tabs / 301 days
cladribine pack 10 mg (8)	8 tabs / 301 days
cladribine pack 10 mg (9)	9 tabs / 301 days
cladribine pack 10 mg (10)	20 tabs / 301 days
clocortolone pivalate cream 0.1%	135 grams
Daybue Stix 5000 mg, 6000 mg	120 packets
Daybue Stix 8000 mg	60 packets

Drugs Added to the Responsible Quantity Program	
Brand/Generic Name	Dispensing Limit Per Month (unless noted otherwise)
Diskets 40 mg	90 tabs
Gabapentin (once-daily) 450 mg, 750 mg	30 tabs
Gabapentin (once-daily) 900 mg	60 tabs
glycerol phenylbutyrate 1.1 gm / ml liquid	525 ml
halcinonide 0.1% solution	120 ml
Hymuo 10 mg tabs	120 tabs
Inluriyo 200 mg tabs	56 tabs / 28 days
Jascayd	60 tabs
Komzifti (ziftomenib) 200 mg capsule	90 caps
Koselugo cap sprinkle 5 mg	420 caps
Koselugo cap sprinkle 7.5 mg	240 caps
Leucovorin 5 mg	120 tabs
Leucovorin 10 mg	60 tabs
Leucovorin 15 mg, 25 mg	30 tabs
Lynkuet 60 mg capsule	60 caps
Omlonti (omideneqaq isopropyl) oph soln 0.002%	2.5 ml
OmvoH 200 mg / 2 ml	1 pen or syringe / 28 days
Orlynvah	10 tabs / 90 days
pazopanib 400 mg tab	60 tabs
Redemplo	1 syringe / 84 days
Restasis 0.05% emulsion	60 vials
Rhapsido	60 tabs
Selarsdi 45 mg / 0.5 mL	1 vial / 84 days
triamcinolone acetonide 0.025% lotion	120 ml
Tyvaso DPI Institutional Kit (treprostinil inh powder) 80 mcg	112 cartridges / 28 days
Tyvaso DPI Maintenance Kit (treprostinil inh powder)	224 cartridges / 28 days
Voyxact	1 syringe / 28 days
Wegovy 1.5 mg tabs, 4 mg, 9 mg tabs [†]	60 tabs / 180 days
Wegovy 25 mg tabs [†]	30 tabs
Xpovio tab therapy pack 80 mg	4 tabs / 28 days
Xyvona	120 tabs

[†]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
Topical corticosteroids	Addition of clocortolone pivalate cream 0.1%, halcinonide 0.1% solution, and triamcinolone acetone 0.025% lotion

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	lopressor 12.5 mg tabs
Adderall XR	Matronex
Anzupgo	metoprolol tartrate 12.5 mg tabs
Blujepa	Orlynvah
Brekiya injection	Orudis capsules
Brynovin oral solution	Phyrago
Bynfezia pen	Potassium chloride 40 mEq powder packs
Chantix	Rhapsido tab 25 mg
Concerta	Ruconest 2100 unit
Dawnzera	Trokendi XR caps (topiramate ER caps)
Droxia capsule	Tryptyr eye drops
Egrifta WR Kit 11.6 mg	Umeclidinium/Vilanterol Ellipta 62.5-25
Ekterly	Veltassa powder
Famotidine tab	Vyvanse
Fluticasone Furoate ellipta	Wayrilz
Gestyra	Xyvona tabs
Harliku	Yeztugo tabs
Kirsty	Zybic oral suspension
Leqembi Iqlik	

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 indication(s)
Aqvesme	FDA approved indication(s)
Armlupeg	FDA approved indication(s)
Bynfezia Pen	FDA approved indication(s)
Cimzia prefilled syringe kit 200 mg/ml	FDA approved indication(s)
Cladribine pak 10 mg	FDA approved indication(s)
Daybue Stix	FDA approved indication(s)
Ekterly	FDA approved indication(s)
Forzinity	FDA approved indication(s)
Gabapentin (once-daily) 450 mg, 750 mg, 900 mg	FDA approved indication(s)
glycerol phenylbutyrate 1.1 gm/mL liquid	FDA approved indication(s)
Hyrnuo	FDA approved indication(s)
Inluriyo	FDA approved indication(s)
Jascayd	FDA approved indication(s)
Komzifti	FDA approved indication(s)
Koselugo cap sprinkle 5 mg, 7.5 mg	FDA approved indication(s)
Kygevvi	FDA approved indication(s)
Lynkuet 60 mg capsule	FDA approved indication(s)
Myqorzo	FDA approved indication(s)
OmvoH 200 mg / 2 ml	FDA approved indication(s)
Opzelura	FDA approved indication(s)
Palsonify	FDA approved indication(s)
Pazopanib 400 mg tabs	FDA approved indication(s)
Redemplo	FDA approved indication(s)
Restasis 0.05% emulsion	FDA approved indication(s)
Rhapsido	FDA approved indication(s)
Selarsdi 45 mg / 0.5 mL	FDA approved indication(s)
Somavert	FDA approved indication(s)
Starjemza	FDA approved indication(s)
Tyvaso DPI Institution Kit (treprostinil inh powder) 80 mcg / cartridge	FDA approved indication(s)
Tyvaso DPI Maintenance Kit	FDA approved indication(s)

Drugs Added to the Prior Authorization Program	
Voyxact	FDA approved indication(s)
Wegovy tabs†	FDA approved indication(s)
Xpovio tab therapy pack 80 mg	FDA approved indication(s)
Zoryve 0.05% cream	FDA approved indication(s)
*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](#).

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

Net Results New Exclusions	
Blujepa (gepotidacin mesylate tab 750 mg)	Leqembi iqlik (lecanemab-irmb soln auto-inj 360 mg /1.8 ml)
Brekiya (dihydroergotamine mesylate soln auto-inj 1 mg / ml)	Lutrate depot (leuprolide acetate (3 month) for inj 22.5 mg)
Brynovin (sitagliptin hydrochloride oral soln 25 mg / ml)	Orlynvah (sulopenem etzadroxil-probenecid tab 500-500 mg)
Bynfezia pen (octreotide acetate soln pen-injector 2500 mcg/ml (2.8 ml))	Phyrago (dasatinib tab 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg)
Droxia (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Ravicty (glycerol phenylbutyrate liquid 1.1 gm/ml)
Ekterly (sebetralstat tab 300 mg)	Saxenda (liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg /ml))
Fluticasone furoate ellipta (fluticasone furoate aerosol powder breath activ 100 mcg / act)	Topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg
Fluticasone furoate ellipta (fluticasone furoate aerosol powder breath activ 200 mcg / act)	Umeclidinium/vilanterol ellipta (umeclidinium-vilanterol aero powd ba 62.5-25 mcg / act)
Fluticasone furoate ellipta (fluticasone furoate aerosol powder breath activ 50 mcg / act)	Vabrinty (leuprolide acetate (3 month) for subcutaneous inj kit 22.5 mg)
Gralise (gabapentin (once-daily) tab 450 mg)	Vabrinty (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)
Gralise (gabapentin (once-daily) tab 750 mg)	Vabrinty (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)
Gralise (gabapentin (once-daily) tab 900 mg)	Veltassa (patiromer sorbitex calcium for susp packet 1 gm (base eq))
Harliku (nitisinone (aku) tab 2 mg)	Veltassa (patiromer sorbitex calcium for susp packet 16.8 gm (base eq))
Kirsty (insulin aspart-xjhz inj soln 100 unit / ml)	Veltassa (patiromer sorbitex calcium for susp packet 25.2 gm (base eq))
Kirsty (insulin aspart-xjhz soln pen-injector 100 unit/ml)	Veltassa (patiromer sorbitex calcium for susp packet 8.4 gm (base eq))
Klor-con 10 (potassium chloride tab er 10 meq)	Wayrilz (rilzabrutinib tab 400 mg)
Klor-con 8 (potassium chloride tab er 8 meq (600 mg))	

Net Results Pharmacy Drugs Added Back to Coverage

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

Net Results Drugs Added Back to Coverage
Leqselvi (deuruxolitinib phosphate tab 8 mg (base equiv))

Net Results Step Therapy Program Changes

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

Program	Added Drugs
Atypical antipsychotics	Removed Clozapine ODT as a step target

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 April 1, 2026.

Drugs Added to the Net Results Prior Authorization Program	
Drug	Covered Conditions*
Brinsupri	FDA approved indication(s)
Cladribine pack 10 mg	FDA approved indication(s)
Harliku	FDA approved indication(s)
Inluriyo	FDA approved indication(s)
Leucovorin Calcium	FDA approved indication(s)
Omvoh 200 mg / 2 mL	FDA approved indication(s)
Rhapsido	FDA approved indication(s)
Tonmya	FDA approved indication(s)
Vyjuvek	FDA approved indication(s)

*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 April 1, 2026.

Brand/Generic Name	Net Results Quantity per 30-Day Supply Unless Otherwise Indicated
Amphetamine ER ODT 3.1 mg, 6.3 mg	60 tabs
Amphetamine ER ODT 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg	30 tabs
Brinsupri	30 tabs

cladribine pack 10 mg (4)	8 tabs / 301 days
cladribine pack 10 mg (5)	10 tabs / 301 days
cladribine pack 10 mg (6)	12 tabs / 301 days
cladribine pack 10 mg (7)	14 tabs / 301 days
cladribine pack 10 mg (8)	8 tabs / 301 days
cladribine pack 10 mg (9)	9 tabs / 301 days
cladribine pack 10 mg (10)	20 tabs / 301 days
Harliku	30 tabs
Inluriyo	56 tabs
Leucovorin Calcium 5 mg	120 tabs
Leucovorin Calcium 10 mg	60 tabs
Leucovorin Calcium 15 mg, 25 mg	30 tabs
Omlonti (omideneqaq isopropyl) oph soln 0.002%	2.5 ml
Omvoh 200 mg / 2 ml	1 pen or syringe / 28 days
Rhapsido	60 tabs
Tonmya	60 tabs
Vyjuvek	4 vials / 28 days

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.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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