



**Florida
Health Care
Plans®**



An Independent Licensee of the Blue Cross and Blue Shield Association

Date: January 2, 2025

To: FHCP Contracted Primary Care Physicians and Specialists

From: FHCP Pharmacy Department

Re: January 2025 Formulary Updates

Attached please find the monthly formulary changes for January 2025.

For additional information regarding Florida Health Care Plans' formularies please visit fhcp.com or FHCPMedicare.com.

If there are any questions regarding this announcement, please contact the Florida Health Care Plans Pharmacy Help Desk at 888.676.7173.

Medicare Plans

Added Products:

Drug	Tier	Restrictions
Ajovy Subcutaneous Solution Auto-Injector 225 MG/1.5ML	Tier 3	PA
Ajovy Subcutaneous Solution Prefilled Syringe 225 MG/1.5ML	Tier 3	PA
Arikayce Inhalation Suspension 590 MG/8.4ML	Tier 5	PA
Clindamycin Phosphate Injection Solution 900 MG/6ML	Tier 2	
Clotrimazole External Cream 1 %	Tier 2	
Clotrimazole External Solution 1 %	Tier 2	
Diclofenac Sodium External Solution 1.5 %	Tier 2	PA
fentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG	Tier 4	PA QL
FentaNYL Citrate Buccal Lozenge On A Handle 1600 MCG	Tier 4	PA QL
fentaNYL Citrate Buccal Lozenge On A Handle 200 MCG	Tier 4	PA QL
fentaNYL Citrate Buccal Lozenge On A Handle 400 MCG	Tier 4	PA QL
fentaNYL Citrate Buccal Lozenge On A Handle 600 MCG	Tier 4	PA QL
fentaNYL Citrate Buccal Lozenge On A Handle 800 MCG	Tier 4	PA QL
Hydrocortisone Butyrate External Cream 0.1 %	Tier 2	
Hydrocortisone Butyrate External Lotion 0.1 %	Tier 2	
Hydrocortisone Butyrate External Ointment 0.1 %	Tier 2	
Hydrocortisone Butyrate External Solution 0.1 %	Tier 2	
Hydrocortisone External Cream 1 %	Tier 1	
Hydrocortisone Valerate External Cream 0.2 %	Tier 2	
Hydrocortisone Valerate External Ointment 0.2 %	Tier 2	
Impavido Oral Capsule 50 MG	Tier 5	PA
Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 4	
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Insulin Aspart Injection Solution 100 UNIT/ML	Tier 4	
Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 4	
Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 4	
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Insulin Lispro Injection Solution 100 UNIT/ML	Tier 1	
Jardiance Oral Tablet 10 MG	Tier 4	PA
Jardiance Oral Tablet 25 MG	Tier 4	PA
Lantus SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Lantus Subcutaneous Solution 100 UNIT/ML	Tier 4	
Liletta (52 MG) Intrauterine Intrauterine Device 20.1 MCG/DAY	Tier 3	
Livtency Oral Tablet 200 MG	Tier 5	PA
Menest Oral Tablet 2.5 MG	Tier 3	
miFEPRIStone Oral Tablet 300 MG	Tier 5	PA QL LA
Naloxone HCl Nasal Liquid 4 MG/0.1ML	Tier 2	QL
PHENobarbital Oral Tablet 100 MG	Tier 2	
PHENobarbital Oral Tablet 15 MG	Tier 2	
PHENobarbital Oral Tablet 30 MG	Tier 2	
PHENobarbital Oral Tablet 60 MG	Tier 2	
Praziquantel Oral Tablet 600 MG	Tier 4	
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML	Tier 4	
PrednisoLONE Sodium Phosphate Oral Solution 20 MG/5ML	Tier 4	
Prograf Oral Packet 0.2 MG	Tier 4	PA
Prograf Oral Packet 1 MG	Tier 4	PA
sAXaglipitin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 3	
sAXaglipitin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 3	
sAXaglipitin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 3	
Sprycel Oral Tablet 100 MG	Tier 5	PA QL
Sprycel Oral Tablet 140 MG	Tier 5	PA QL
Sprycel Oral Tablet 20 MG	Tier 5	PA QL
Sprycel Oral Tablet 50 MG	Tier 5	PA QL
Sprycel Oral Tablet 70 MG	Tier 5	PA QL

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Tier	Restrictions
Sprycel Oral Tablet 80 MG	Tier 5	PA QL
Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM	Tier 4	
Tazorac External Cream 0.05 %	Tier 4	PA QL
Tinidazole Oral Tablet 250 MG	Tier 2	
Tinidazole Oral Tablet 500 MG	Tier 2	
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML	Tier 4	
Vancomycin HCl Oral Solution Reconstituted 250 MG/5ML	Tier 4	
Varenicline Tartrate Oral Tablet 1 MG (56 pack)	Tier 2	
Vowst Oral Capsule	Tier 5	PA QL
Xdemvy Ophthalmic Solution 0.25 %	Tier 5	PA QL

Removed Products:

- Benznidazole Oral Tablet 100 MG
- Benznidazole Oral Tablet 12.5 MG
- Calcium Acetate (Phos Binder) Oral Capsule 667 MG
- Ciclopirox External Shampoo 1 %
- Ciprofloxacin HCl Otic Solution 0.2 %
- Dasatinib Oral Tablet 100 MG
- Dasatinib Oral Tablet 140 MG
- Dasatinib Oral Tablet 20 MG
- Dasatinib Oral Tablet 50 MG
- Dasatinib Oral Tablet 70 MG
- Dasatinib Oral Tablet 80 MG
- **Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Fiasp Injection Solution 100 UNIT/ML**
- **Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Firvanq Oral Solution Reconstituted 25 MG/ML**
- **Firvanq Oral Solution Reconstituted 50 MG/ML**
- **Fosrenol Oral Packet 1000 MG**
- **Fosrenol Oral Packet 750 MG**
- **Korlym Oral Tablet 300 MG**
- **Lagevrio Oral Capsule 200 MG**
- Lanthanum Carbonate Oral Tablet Chewable 1000 MG
- Lanthanum Carbonate Oral Tablet Chewable 500 MG
- Lanthanum Carbonate Oral Tablet Chewable 750 MG
- **Lazcluze Oral Tablet 240 MG**
- **Lazcluze Oral Tablet 80 MG**
- **Leukeran Oral Tablet 2 MG**
- **Natacyn Ophthalmic Suspension 5 %**
- **NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **NovoLOG Injection Solution 100 UNIT/ML**
- **NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Noxafil Oral Suspension 40 MG/ML**
- **Pradaxa Oral Capsule 110 MG**
- **Pradaxa Oral Capsule 150 MG**
- **Pradaxa Oral Capsule 75 MG**
- Promethazine HCl Oral Solution 6.25 MG/5ML
- Sevelamer Carbonate Oral Tablet 800 MG
- **Tabloid Oral Tablet 40 MG**
- Tazarotene External Cream 0.05 %
- **Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML**
- **Voranigo Oral Tablet 10 MG**
- **Voranigo Oral Tablet 40 MG**

Tier/Other Changes:

Drug	Change Description
Abilify Maintena Intramuscular Prefilled Syringe 300 MG	QL is added
Abilify Maintena Intramuscular Prefilled Syringe 400 MG	QL is added
Adempas Oral Tablet 0.5 MG	QL is added
Adempas Oral Tablet 1 MG	QL is added
Adempas Oral Tablet 1.5 MG	QL is added
Adempas Oral Tablet 2 MG	QL is added
Adempas Oral Tablet 2.5 MG	QL is added
Akeega Oral Tablet 100-500 MG	QL is added
Akeega Oral Tablet 50-500 MG	QL is added
Alecensa Oral Capsule 150 MG	QL is added
Alunbrig Oral Tablet 180 MG	QL is added
Alunbrig Oral Tablet 30 MG	QL is added
Alunbrig Oral Tablet 90 MG	QL is added
Alunbrig Oral Tablet Therapy Pack 90 & 180 MG	QL is added
Aptiom Oral Tablet 200 MG	QL is added
Aptiom Oral Tablet 400 MG	QL is added
Aptiom Oral Tablet 600 MG	QL is added
Aptiom Oral Tablet 800 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Aptivus Oral Capsule 250 MG	Updated from Tier 3 to Tier 5 QL is added
Augtyro Oral Capsule 40 MG	QL is added
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	QL is added
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	QL is added
Ayvakit Oral Tablet 25 MG	QL is added
Ayvakit Oral Tablet 50 MG	QL is added
Azelaic Acid External Gel 15 %	QL is removed
Balversa Oral Tablet 3 MG	QL is added
Balversa Oral Tablet 4 MG	QL is added
Balversa Oral Tablet 5 MG	QL is added
Benlysta Subcutaneous Solution Auto-Injector 200 MG/ML	QL is added
Benlysta Subcutaneous Solution Prefilled Syringe 200 MG/ML	QL is added
Besremi Subcutaneous Solution Prefilled Syringe 500 MCG/ML	QL is added
Betaseron Subcutaneous Kit 0.3 MG	QL is added
Biktarvy Oral Tablet 30-120-15 MG	Updated from Tier 3 to Tier 5 QL is added
Biktarvy Oral Tablet 50-200-25 MG	Updated from Tier 3 to Tier 5 QL is added
Bosulif Oral Capsule 100 MG	QL is added
Bosulif Oral Capsule 50 MG	QL is added
Bosulif Oral Tablet 100 MG	QL is added
Bosulif Oral Tablet 400 MG	QL is added
Bosulif Oral Tablet 500 MG	QL is added
Braftovi Oral Capsule 75 MG	QL is added
Briviact Oral Solution 10 MG/ML	QL is added
Briviact Oral Tablet 10 MG	QL is added
Briviact Oral Tablet 100 MG	QL is added
Briviact Oral Tablet 25 MG	QL is added
Briviact Oral Tablet 50 MG	QL is added
Briviact Oral Tablet 75 MG	QL is added
Brukina Oral Capsule 80 MG	QL is added
Cabometyx Oral Tablet 20 MG	QL is added
Cabometyx Oral Tablet 40 MG	QL is added
Cabometyx Oral Tablet 60 MG	QL is added
Calquence Oral Capsule 100 MG	QL is added
Calquence Oral Tablet 100 MG	QL is added
Caprelsa Oral Tablet 100 MG	QL is added
Caprelsa Oral Tablet 300 MG	QL is added
Caspofungin Acetate Intravenous Solution Reconstituted 50 MG	Updated from Tier 5 to Tier 4
Cayston Inhalation Solution Reconstituted 75 MG	QL is added
Cimduo Oral Tablet 300-300 MG	Updated from Tier 3 to Tier 5 QL is added
Cinryze Intravenous Solution Reconstituted 500 UNIT	QL is added
Colchicine Oral Tablet 0.6 MG	Updated from Tier 2 to Tier 1
Cometriq (100 MG Daily Dose) Oral Kit 80 & 20 MG	QL is added
Cometriq (140 MG Daily Dose) Oral Kit 3 x 20 MG & 80 MG	QL is added
Cometriq (60 MG Daily Dose) Oral Kit 20 MG	QL is added
Complera Oral Tablet 200-25-300 MG	Updated from Tier 3 to Tier 5 QL is added
Copiktra Oral Capsule 15 MG	QL is added
Copiktra Oral Capsule 25 MG	QL is added
Cotellic Oral Tablet 20 MG	QL is added
Dabigatran Etexilate Mesylate Oral Capsule 110 MG	Updated from Tier 1 to Tier 4
Delstrigo Oral Tablet 100-300-300 MG	QL is added
Depo-Estradiol Intramuscular Oil 5 MG/ML	Updated from Tier 4 to Tier 3
Descovy Oral Tablet 120-15 MG	Updated from Tier 3 to Tier 5 QL is added
Descovy Oral Tablet 200-25 MG	Updated from Tier 3 to Tier 5 QL is added
Diacomit Oral Capsule 250 MG	QL is added
Diacomit Oral Capsule 500 MG	QL is added
Diacomit Oral Packet 250 MG	QL is added
Diacomit Oral Packet 500 MG	QL is added
Dificid Oral Tablet 200 MG	QL is added
Dovato Oral Tablet 50-300 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Duavee Oral Tablet 0.45-20 MG	QL is added
Dupixent Subcutaneous Solution Pen-Injector 300 MG/2ML	QL is added
Dupixent Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	QL is added
Dupixent Subcutaneous Solution Prefilled Syringe 200 MG/1.14ML	QL is added
Dupixent Subcutaneous Solution Prefilled Syringe 300 MG/2ML	QL is added
Edurant Oral Tablet 25 MG	Updated from Tier 3 to Tier 5 QL is added
Elmiron Oral Capsule 100 MG	QL is added
Emgality (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML	QL is added
Emgality Subcutaneous Solution Auto-Injector 120 MG/ML	QL is added
Emgality Subcutaneous Solution Prefilled Syringe 120 MG/ML	QL is added
Emsam Transdermal Patch 24 Hour 12 MG/24HR	QL is added
Emsam Transdermal Patch 24 Hour 6 MG/24HR	QL is added
Emsam Transdermal Patch 24 Hour 9 MG/24HR	QL is added
Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG	Updated from Tier 2 to Tier 1
Emtricitabine-Tenofovir DF Oral Tablet 133-200 MG	Updated from Tier 2 to Tier 1
Emtricitabine-Tenofovir DF Oral Tablet 167-250 MG	Updated from Tier 2 to Tier 1
Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG	Updated from Tier 2 to Tier 1
Emtriva Oral Solution 10 MG/ML	QL is added
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	QL is added
Enbrel Subcutaneous Solution 25 MG/0.5ML	QL is added
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML	QL is added
Enbrel Subcutaneous Solution Prefilled Syringe 50 MG/ML	QL is added
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	QL is added
Entresto Oral Tablet 24-26 MG	QL is added
Entresto Oral Tablet 49-51 MG	QL is added
Entresto Oral Tablet 97-103 MG	QL is added
Eprontia Oral Solution 25 MG/ML	QL is added
Erivedge Oral Capsule 150 MG	QL is added
Erleada Oral Tablet 240 MG	QL is added
Erleada Oral Tablet 60 MG	QL is added
Evotaz Oral Tablet 300-150 MG	Updated from Tier 3 to Tier 5 QL is added
Fetzima Oral Capsule Extended Release 24 Hour 120 MG	QL is added
Fetzima Oral Capsule Extended Release 24 Hour 20 MG	QL is added
Fetzima Oral Capsule Extended Release 24 Hour 40 MG	QL is added
Fetzima Oral Capsule Extended Release 24 Hour 80 MG	QL is added
Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 & 40 MG	QL is added
Fintepla Oral Solution 2.2 MG/ML	QL is added
Fruzaqla Oral Capsule 1 MG	QL is added
Fruzaqla Oral Capsule 5 MG	QL is added
Fuzeon Subcutaneous Solution Reconstituted 90 MG	QL is added
Fycompa Oral Suspension 0.5 MG/ML	QL is added
Gavreto Oral Capsule 100 MG	QL is added
Genvoya Oral Tablet 150-150-200-10 MG	Updated from Tier 3 to Tier 5 QL is added
Gilotrif Oral Tablet 20 MG	QL is added
Gilotrif Oral Tablet 30 MG	QL is added
Gilotrif Oral Tablet 40 MG	QL is added
Gleostine Oral Capsule 10 MG	Updated from Tier 5 to Tier 4
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML	Updated from Tier 5 to Tier 3
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.8ML	Updated from Tier 5 to Tier 3
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	Updated from Tier 5 to Tier 3
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Updated from Tier 5 to Tier 3
Ibrance Oral Capsule 100 MG	QL is added
Ibrance Oral Capsule 125 MG	QL is added
Ibrance Oral Capsule 75 MG	QL is added
Ibrance Oral Tablet 100 MG	QL is added
Ibrance Oral Tablet 125 MG	QL is added
Ibrance Oral Tablet 75 MG	QL is added
Iclusig Oral Tablet 10 MG	QL is added
Iclusig Oral Tablet 15 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Iclusig Oral Tablet 30 MG	QL is added
Iclusig Oral Tablet 45 MG	QL is added
IDHIFA Oral Tablet 100 MG	QL is added
IDHIFA Oral Tablet 50 MG	QL is added
Imbruvica Oral Capsule 140 MG	QL is added
Imbruvica Oral Capsule 70 MG	QL is added
Inlyta Oral Tablet 1 MG	QL is added
Inlyta Oral Tablet 5 MG	QL is added
Inqovi Oral Tablet 35-100 MG	QL is added
Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 3 to Tier 4
Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML	Updated from Tier 3 to Tier 4
Insulin Degludec Subcutaneous Solution 100 UNIT/ML	Updated from Tier 3 to Tier 4
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Updated from Tier 3 to Tier 1
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 3 to Tier 1
Intelence Oral Tablet 25 MG	QL is added
Invega Hafyera Intramuscular Suspension Prefilled Syringe 1092 MG/3.5ML	QL is added
Invega Hafyera Intramuscular Suspension Prefilled Syringe 1560 MG/5ML	QL is added
Invega Sustenna Intramuscular Suspension Prefilled Syringe 117 MG/0.75ML	QL is added
Invega Sustenna Intramuscular Suspension Prefilled Syringe 156 MG/ML	QL is added
Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML	QL is added
Invega Sustenna Intramuscular Suspension Prefilled Syringe 39 MG/0.25ML	QL is added
Invega Sustenna Intramuscular Suspension Prefilled Syringe 78 MG/0.5ML	QL is added
Isentress HD Oral Tablet 600 MG	QL is added
Isentress Oral Packet 100 MG	QL is added
Isentress Oral Tablet 400 MG	QL is added
Isentress Oral Tablet Chewable 100 MG	QL is added
Isentress Oral Tablet Chewable 25 MG	QL is added
Iwifin Oral Tablet 192 MG	QL is added
Jakafi Oral Tablet 10 MG	QL is added
Jakafi Oral Tablet 15 MG	QL is added
Jakafi Oral Tablet 20 MG	QL is added
Jakafi Oral Tablet 25 MG	QL is added
Jakafi Oral Tablet 5 MG	QL is added
Januvia Oral Tablet 100 MG	Updated from Tier 4 to Tier 3
Januvia Oral Tablet 25 MG	Updated from Tier 4 to Tier 3
Januvia Oral Tablet 50 MG	Updated from Tier 4 to Tier 3
Juluca Oral Tablet 50-25 MG	Updated from Tier 3 to Tier 5 QL is added
Kalydeco Oral Packet 13.4 MG	QL is added
Kalydeco Oral Packet 25 MG	QL is added
Kalydeco Oral Packet 5.8 MG	QL is added
Kalydeco Oral Packet 50 MG	QL is added
Kalydeco Oral Packet 75 MG	QL is added
Kalydeco Oral Tablet 150 MG	QL is added
Kerendia Oral Tablet 10 MG	QL is added
Kerendia Oral Tablet 20 MG	QL is added
Kevzara Subcutaneous Solution Auto-Injector 150 MG/1.14ML	QL is added
Kevzara Subcutaneous Solution Auto-Injector 200 MG/1.14ML	QL is added
Kevzara Subcutaneous Solution Prefilled Syringe 150 MG/1.14ML	QL is added
Kevzara Subcutaneous Solution Prefilled Syringe 200 MG/1.14ML	QL is added
Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG	QL is added
Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG	QL is added
Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG	QL is added
Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	QL is added
Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	QL is added
Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	QL is added
Koselugo Oral Capsule 10 MG	QL is added
Koselugo Oral Capsule 25 MG	QL is added
Krazati Oral Tablet 200 MG	QL is added
lamoTRigine ER Oral Tablet Extended Release 24 Hour 100 MG	QL is removed

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

2025 Medicare Plans Searchable Formulary

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

2025 Medicare Plans Prior Authorization Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
lamoTRigine ER Oral Tablet Extended Release 24 Hour 200 MG	QL is removed
lamoTRigine ER Oral Tablet Extended Release 24 Hour 25 MG	QL is removed
lamoTRigine ER Oral Tablet Extended Release 24 Hour 250 MG	QL is removed
lamoTRigine ER Oral Tablet Extended Release 24 Hour 300 MG	QL is removed
lamoTRigine ER Oral Tablet Extended Release 24 Hour 50 MG	QL is removed
Lenvima (10 MG Daily Dose) Oral Capsule Therapy Pack 10 MG	QL is added
Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG	QL is added
Lenvima (14 MG Daily Dose) Oral Capsule Therapy Pack 10 & 4 MG	QL is added
Lenvima (18 MG Daily Dose) Oral Capsule Therapy Pack 10 MG & 2 x 4 MG	QL is added
Lenvima (20 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG	QL is added
Lenvima (24 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG & 4 MG	QL is added
Lenvima (4 MG Daily Dose) Oral Capsule Therapy Pack 4 MG	QL is added
Lenvima (8 MG Daily Dose) Oral Capsule Therapy Pack 2 x 4 MG	QL is added
Leuprolide Acetate Injection Kit 1 MG/0.2ML	Updated from Tier 5 to Tier 4
Lonsurf Oral Tablet 15-6.14 MG	QL is added
Lonsurf Oral Tablet 20-8.19 MG	QL is added
Lorbrena Oral Tablet 100 MG	QL is added
Lorbrena Oral Tablet 25 MG	QL is added
Lumakras Oral Tablet 120 MG	QL is added
Lumakras Oral Tablet 320 MG	QL is added
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	QL is added
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	QL is added
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	QL is added
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	QL is added
Lynparza Oral Tablet 150 MG	QL is added
Mekinist Oral Tablet 0.5 MG	QL is added
Mekinist Oral Tablet 2 MG	QL is added
Mektovi Oral Tablet 15 MG	QL is added
Menest Oral Tablet 0.3 MG	Updated from Tier 4 to Tier 3
Menest Oral Tablet 0.625 MG	Updated from Tier 4 to Tier 3
Menest Oral Tablet 1.25 MG	Updated from Tier 4 to Tier 3
Micafungin Sodium Intravenous Solution Reconstituted 100 MG	Updated from Tier 5 to Tier 4
Micafungin Sodium Intravenous Solution Reconstituted 50 MG	Updated from Tier 5 to Tier 4
Nayzilam Nasal Solution 5 MG/0.1ML	Updated from Tier 5 to Tier 4
Nerlynx Oral Tablet 40 MG	QL is added
Nexplanon Subcutaneous Implant 68 MG	Updated from Tier 4 to Tier 3
Ninlaro Oral Capsule 2.3 MG	QL is added
Ninlaro Oral Capsule 3 MG	QL is added
Ninlaro Oral Capsule 4 MG	QL is added
Nitroglycerin Rectal Ointment 0.4 %	QL is removed
Nivestym Injection Solution 300 MCG/ML	QL is added
Nivestym Injection Solution 480 MCG/1.6ML	QL is added
Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML	QL is added
Nivestym Injection Solution Prefilled Syringe 480 MCG/0.8ML	QL is added
Norvir Oral Packet 100 MG	QL is added
Nubeqa Oral Tablet 300 MG	QL is added
Nucala Subcutaneous Solution Auto-Injector 100 MG/ML	QL is added
Nucala Subcutaneous Solution Prefilled Syringe 100 MG/ML	QL is added
Nucala Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	QL is added
Nucala Subcutaneous Solution Reconstituted 100 MG	QL is added
Nuedexta Oral Capsule 20-10 MG	QL is added
Odefsey Oral Tablet 200-25-25 MG	Updated from Tier 3 to Tier 5 QL is added
Odomzo Oral Capsule 200 MG	QL is added
Ofev Oral Capsule 100 MG	QL is added
Ofev Oral Capsule 150 MG	QL is added
Ogsiveo Oral Tablet 50 MG	QL is added
Onureg Oral Tablet 200 MG	QL is added
Onureg Oral Tablet 300 MG	QL is added
Opsumit Oral Tablet 10 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Orgovyx Oral Tablet 120 MG	QL is added
Orkambi Oral Packet 100-125 MG	QL is added
Orkambi Oral Packet 150-188 MG	QL is added
Orkambi Oral Tablet 100-125 MG	QL is added
Orkambi Oral Tablet 200-125 MG	QL is added
Otezla Oral Tablet 30 MG	QL is added
Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG	Updated from Tier 1 to Tier 5
Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG	Updated from Tier 1 to Tier 5
Pegasys Subcutaneous Solution 180 MCG/ML	QL is added
Pegasys Subcutaneous Solution Prefilled Syringe 180 MCG/0.5ML	QL is added
Pemazyre Oral Tablet 13.5 MG	QL is added
Pemazyre Oral Tablet 4.5 MG	QL is added
Pemazyre Oral Tablet 9 MG	QL is added
Pifeltro Oral Tablet 100 MG	Updated from Tier 3 to Tier 5 QL is added
Piqray (200 MG Daily Dose) Oral Tablet Therapy Pack 200 MG	QL is added
Piqray (250 MG Daily Dose) Oral Tablet Therapy Pack 200 & 50 MG	QL is added
Piqray (300 MG Daily Dose) Oral Tablet Therapy Pack 2 x 150 MG	QL is added
Prevymis Oral Tablet 240 MG	QL is added
Prevymis Oral Tablet 480 MG	QL is added
Prezcobix Oral Tablet 800-150 MG	Updated from Tier 3 to Tier 5 QL is added
Prezista Oral Suspension 100 MG/ML	Updated from Tier 3 to Tier 5 QL is added
Prezista Oral Tablet 150 MG	Updated from Tier 3 to Tier 5 QL is added
Prezista Oral Tablet 75 MG	Updated from Tier 3 to Tier 5 QL is added
Priftin Oral Tablet 150 MG	Updated from Tier 4 to Tier 3
Probenecid Oral Tablet 500 MG	Updated from Tier 2 to Tier 1
Prolia Subcutaneous Solution Prefilled Syringe 60 MG/ML	QL is added
Promacta Oral Packet 12.5 MG	QL is added
Promacta Oral Tablet 12.5 MG	QL is added
Promacta Oral Tablet 25 MG	QL is added
Promacta Oral Tablet 50 MG	QL is added
Promacta Oral Tablet 75 MG	QL is added
Purixan Oral Suspension 2000 MG/100ML	QL is added
Qinlock Oral Tablet 50 MG	QL is added
Retacrit Injection Solution 10000 UNIT/ML	QL is added
Retacrit Injection Solution 2000 UNIT/ML	QL is added
Retacrit Injection Solution 20000 UNIT/ML	QL is added
Retacrit Injection Solution 3000 UNIT/ML	QL is added
Retacrit Injection Solution 4000 UNIT/ML	QL is added
Retacrit Injection Solution 40000 UNIT/ML	QL is added
Retevmo Oral Capsule 40 MG	QL is added
Retevmo Oral Capsule 80 MG	QL is added
Rozlytrek Oral Capsule 100 MG	QL is added
Rozlytrek Oral Capsule 200 MG	QL is added
Rozlytrek Oral Packet 50 MG	QL is added
Rubraca Oral Tablet 200 MG	QL is added
Rubraca Oral Tablet 250 MG	QL is added
Rubraca Oral Tablet 300 MG	QL is added
Rukobia Oral Tablet Extended Release 12 Hour 600 MG	Updated from Tier 3 to Tier 5 QL is added
Rydapt Oral Capsule 25 MG	QL is added
Scemblix Oral Tablet 20 MG	QL is added
Scemblix Oral Tablet 40 MG	QL is added
Selzentry Oral Solution 20 MG/ML	Updated from Tier 3 to Tier 5 QL is added
Selzentry Oral Tablet 25 MG	Updated from Tier 3 to Tier 4 QL is added
Selzentry Oral Tablet 75 MG	Updated from Tier 3 to Tier 5 QL is added
Signifor Subcutaneous Solution 0.3 MG/ML	QL is added
Signifor Subcutaneous Solution 0.6 MG/ML	QL is added
Signifor Subcutaneous Solution 0.9 MG/ML	QL is added
Sodium Chloride Intravenous Solution 0.45 %	Updated from Tier 4 to Tier 3
Sodium Chloride Intravenous Solution 0.9 %	Updated from Tier 4 to Tier 3

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Spritam Oral Tablet Disintegrating Soluble 1000 MG	QL is added
Spritam Oral Tablet Disintegrating Soluble 250 MG	QL is added
Spritam Oral Tablet Disintegrating Soluble 500 MG	QL is added
Spritam Oral Tablet Disintegrating Soluble 750 MG	QL is added
Stelara Subcutaneous Solution 45 MG/0.5ML	QL is added
Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	QL is added
Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML	QL is added
Stivarga Oral Tablet 40 MG	QL is added
Stribild Oral Tablet 150-150-200-300 MG	Updated from Tier 3 to Tier 5 QL is added
Sunlenca Oral Tablet Therapy Pack 4 x 300 MG	QL is added
Sunlenca Oral Tablet Therapy Pack 5 x 300 MG	QL is added
Sympazan Oral Film 10 MG	QL is added
Sympazan Oral Film 20 MG	QL is added
Sympazan Oral Film 5 MG	QL is added
Symtuza Oral Tablet 800-150-200-10 MG	Updated from Tier 3 to Tier 5 QL is added
Synthroid Oral Tablet 100 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 112 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 125 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 137 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 150 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 175 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 200 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 25 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 300 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 50 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 75 MCG	Updated from Tier 4 to Tier 3
Synthroid Oral Tablet 88 MCG	Updated from Tier 4 to Tier 3
Tabrecta Oral Tablet 150 MG	QL is added
Tabrecta Oral Tablet 200 MG	QL is added
Tafinlar Oral Capsule 50 MG	QL is added
Tafinlar Oral Capsule 75 MG	QL is added
Tafinlar Oral Tablet Soluble 10 MG	QL is added
Tagrisso Oral Tablet 40 MG	QL is added
Tagrisso Oral Tablet 80 MG	QL is added
Talzenna Oral Capsule 0.25 MG	QL is added
Talzenna Oral Capsule 0.5 MG	QL is added
Talzenna Oral Capsule 0.75 MG	QL is added
Talzenna Oral Capsule 1 MG	QL is added
Tasigna Oral Capsule 150 MG	QL is added
Tasigna Oral Capsule 200 MG	QL is added
Tasigna Oral Capsule 50 MG	QL is added
Tazverik Oral Tablet 200 MG	QL is added
Tepmetko Oral Tablet 225 MG	QL is added
Thalomid Oral Capsule 100 MG	QL is added
Thalomid Oral Capsule 150 MG	QL is added
Thalomid Oral Capsule 200 MG	QL is added
Thalomid Oral Capsule 50 MG	QL is added
Tibsovo Oral Tablet 250 MG	QL is added
Tivicay Oral Tablet 10 MG	QL is added
Tivicay Oral Tablet 25 MG	QL is added
Tivicay Oral Tablet 50 MG	QL is added
Tivicay PD Oral Tablet Soluble 5 MG	QL is added
Trintellix Oral Tablet 10 MG	QL is added
Trintellix Oral Tablet 20 MG	QL is added
Trintellix Oral Tablet 5 MG	QL is added
Triumeq Oral Tablet 600-50-300 MG	Updated from Tier 3 to Tier 5 QL is added
Triumeq PD Oral Tablet Soluble 60-5-30 MG	Updated from Tier 3 to Tier 4 QL is added
Truqap Oral Tablet 160 MG	QL is added
Truqap Oral Tablet 200 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Tukysa Oral Tablet 150 MG	QL is added
Tukysa Oral Tablet 50 MG	QL is added
Turalio Oral Capsule 125 MG	QL is added
Udenyca Subcutaneous Solution Auto-Injector 6 MG/0.6ML	QL is added
Udenyca Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	QL is added
Valchlor External Gel 0.016 %	QL is added
Vanflyta Oral Tablet 17.7 MG	QL is added
Vanflyta Oral Tablet 26.5 MG	QL is added
Vemlidy Oral Tablet 25 MG	QL is added
Venclexta Oral Tablet 10 MG	QL is added
Venclexta Oral Tablet 100 MG	QL is added
Venclexta Oral Tablet 50 MG	QL is added
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	QL is added
Verquvo Oral Tablet 10 MG	QL is added
Verquvo Oral Tablet 2.5 MG	QL is added
Verquvo Oral Tablet 5 MG	QL is added
Verzenio Oral Tablet 100 MG	QL is added
Verzenio Oral Tablet 150 MG	QL is added
Verzenio Oral Tablet 200 MG	QL is added
Verzenio Oral Tablet 50 MG	QL is added
Viracept Oral Tablet 250 MG	Updated from Tier 3 to Tier 5 QL is added
Viracept Oral Tablet 625 MG	Updated from Tier 3 to Tier 5 QL is added
Viread Oral Powder 40 MG/GM	Updated from Tier 3 to Tier 5 QL is added
Viread Oral Tablet 150 MG	Updated from Tier 3 to Tier 5 QL is added
Viread Oral Tablet 200 MG	Updated from Tier 3 to Tier 5 QL is added
Viread Oral Tablet 250 MG	Updated from Tier 3 to Tier 5 QL is added
Vitrakvi Oral Capsule 100 MG	QL is added
Vitrakvi Oral Capsule 25 MG	QL is added
Vitrakvi Oral Solution 20 MG/ML	QL is added
Vizimpro Oral Tablet 15 MG	QL is added
Vizimpro Oral Tablet 30 MG	QL is added
Vizimpro Oral Tablet 45 MG	QL is added
Vonjo Oral Capsule 100 MG	QL is added
Xalkori Oral Capsule 200 MG	QL is added
Xalkori Oral Capsule 250 MG	QL is added
Xalkori Oral Capsule Sprinkle 150 MG	QL is added
Xalkori Oral Capsule Sprinkle 20 MG	QL is added
Xalkori Oral Capsule Sprinkle 50 MG	QL is added
Xcopri Oral Tablet 100 MG	QL is added
Xcopri Oral Tablet 150 MG	QL is added
Xcopri Oral Tablet 200 MG	QL is added
Xcopri Oral Tablet 50 MG	QL is added
Xcopri Oral Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG	QL is added
Xcopri Oral Tablet Therapy Pack 14 x 150 MG & 14 x200 MG	QL is added
Xcopri Oral Tablet Therapy Pack 14 x 50 MG & 14 x100 MG	QL is added
Xgeva Subcutaneous Solution 120 MG/1.7ML	QL is added
Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG	QL is added
Xigduo XR Oral Tablet Extended Release 24 Hour 10-500 MG	QL is added
Xigduo XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG	QL is added
Xigduo XR Oral Tablet Extended Release 24 Hour 5-1000 MG	QL is added
Xigduo XR Oral Tablet Extended Release 24 Hour 5-500 MG	QL is added
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	QL is added
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	QL is added
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	QL is added
Xolair Subcutaneous Solution Prefilled Syringe 150 MG/ML	QL is added
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	QL is added
Xolair Subcutaneous Solution Prefilled Syringe 75 MG/0.5ML	QL is added
Xolair Subcutaneous Solution Reconstituted 150 MG	QL is added
Xpovio (100 MG Once Weekly) Oral Tablet Therapy Pack 50 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

2025 Medicare Plans Searchable Formulary

2025 Medicare Plans Prior Authorization Criteria

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf



**Florida
Health Care
Plans®**



**2024-2025 Formulary Updates
Effective 01/01/2025**

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug	Change Description
Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	QL is added
Xpovio (40 MG Twice Weekly) Oral Tablet Therapy Pack 40 MG	QL is added
Xpovio (60 MG Once Weekly) Oral Tablet Therapy Pack 60 MG	QL is added
Xpovio (60 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG	QL is added
Xpovio (80 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	QL is added
Xpovio (80 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG	QL is added
Xtandi Oral Capsule 40 MG	QL is added
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML	QL is added
Zarxio Injection Solution Prefilled Syringe 480 MCG/0.8ML	QL is added
Zelboraf Oral Tablet 240 MG	QL is added
Zirgan Ophthalmic Gel 0.15 %	QL is added
Zolinza Oral Capsule 100 MG	QL is added
Ztalmy Oral Suspension 50 MG/ML	QL is added
Zydelig Oral Tablet 100 MG	QL is added
Zydelig Oral Tablet 150 MG	QL is added
Zykadia Oral Tablet 150 MG	QL is added
ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG	QL is added

The most current FHCP formularies, step therapy, and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies, ST, and PA criteria, go to <https://www.fhcpmedicare.com/medicare/resources-and-tools/part-d-formulary-information-documents/> or click the links below.

2025 Medicare Plans Formulary (PDF)

https://fm.formularynavigator.com/FBO/126/2025_Medicare_Formulary.pdf

2025 Medicare Plans Searchable Formulary

<https://client.formularynavigator.com/Search.aspx?siteCode=4055766434>

2025 Medicare Plans Prior Authorization Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_PA.pdf

2025 Medicare Step Therapy Criteria

https://fm.formularynavigator.com/FBO/126/2025_Medicare_ST.pdf

Federal Exchange Non-Standard Plans

Added Products:

Drug	Tier	Restrictions
Apidra Injection Solution 100 UNIT/ML	Tier 4	
Apidra SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Biktarvy Oral Tablet 30-120-15 MG	Tier 5	
Carisoprodol-Aspirin-Codeine Oral Tablet 200-325-16 MG	Tier 5	
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/160ML	Tier 5	
Ergomar Sublingual Tablet Sublingual 2 MG	Tier 6	PA QL
HumaLOG Mix 50/50 KwikPen Subcutaneous Suspension Pen-Injector (50-50) 100 UNIT/ML	Tier 4	
HumaLOG Mix 75/25 Subcutaneous Suspension (75-25) 100 UNIT/ML	Tier 4	
Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 4	
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Insulin Aspart Injection Solution 100 UNIT/ML	Tier 4	
Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 4	
Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 4	
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 4	
Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML	Tier 4	
Meperidine HCl Oral Tablet 50 MG	Tier 3	
Pylera Oral Capsule 140-125-125 MG	Tier 5	
Rifater Oral Tablet 50-120-300 MG	Tier 6	PA
Suflave Oral Solution Reconstituted 178.7 GM	Tier 5	
Sunlenca Oral Tablet Therapy Pack 4 x 300 MG	Tier 5	
Sunlenca Oral Tablet Therapy Pack 5 x 300 MG	Tier 5	
Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	Tier 6	PA
Triumeq PD Oral Tablet Soluble 60-5-30 MG	Tier 5	
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML	Tier 5	
Vancomycin HCl Oral Solution Reconstituted 50 MG/ML	Tier 5	
Visicol Oral Tablet 1.102-0.398 GM	Tier 5	

Removed Products:

- **Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Fiasp Injection Solution 100 UNIT/ML**
- **Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Fiasp PumpCart Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Firvanq Oral Solution Reconstituted 25 MG/ML**
- **Firvanq Oral Solution Reconstituted 50 MG/ML**
- **NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **NovoLOG Injection Solution 100 UNIT/ML**
- **NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG**
- **Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG**
- **Pradaxa Oral Capsule 110 MG**
- **Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML**

Tier/Other Changes:

Drug	Change Description
Aptivus Oral Capsule 250 MG	Updated from Tier 4 to Tier 5
Aptivus Oral Solution 100 MG/ML	Updated from Tier 4 to Tier 5
Biktarvy Oral Tablet 50-200-25 MG	Updated from Tier 4 to Tier 5
Cimduo Oral Tablet 300-300 MG	Updated from Tier 4 to Tier 5
Complera Oral Tablet 200-25-300 MG	Updated from Tier 4 to Tier 5
Delstrigo Oral Tablet 100-300-300 MG	Updated from Tier 4 to Tier 5
Descovy Oral Tablet 200-25 MG	Updated from Tier 4 to Tier 5

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

Drug	Change Description
Dovato Oral Tablet 50-300 MG	Updated from Tier 4 to Tier 5
Edurant Oral Tablet 25 MG	Updated from Tier 4 to Tier 5
Evotaz Oral Tablet 300-150 MG	Updated from Tier 4 to Tier 5
Genvoya Oral Tablet 150-150-200-10 MG	Updated from Tier 4 to Tier 5
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML	Updated from Tier 6 to Tier 4
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.8ML	Updated from Tier 6 to Tier 4
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	Updated from Tier 6 to Tier 4
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Updated from Tier 6 to Tier 4
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Updated from Tier 4 to Tier 1
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 4 to Tier 1
Invirase Oral Tablet 500 MG	Updated from Tier 4 to Tier 5
Isentress HD Oral Tablet 600 MG	Updated from Tier 4 to Tier 5
Isentress Oral Packet 100 MG	Updated from Tier 4 to Tier 5
Isentress Oral Tablet 400 MG	Updated from Tier 4 to Tier 5
Isentress Oral Tablet Chewable 100 MG	Updated from Tier 4 to Tier 5
Isentress Oral Tablet Chewable 25 MG	Updated from Tier 4 to Tier 5
Juluca Oral Tablet 50-25 MG	Updated from Tier 4 to Tier 5
Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG	ST is removed
Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG	ST is removed
Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG	ST is removed
Lagevrio Oral Capsule 200 MG	Updated from Tier 5 to Tier 6 PA is added
Lexiva Oral Suspension 50 MG/ML	Updated from Tier 4 to Tier 5
Norvir Oral Packet 100 MG	Updated from Tier 4 to Tier 5
Norvir Oral Solution 80 MG/ML	Updated from Tier 4 to Tier 5
Odefsey Oral Tablet 200-25-25 MG	Updated from Tier 4 to Tier 5
PegIntron Subcutaneous Kit 50 MCG/0.5ML	Updated from Tier 6 to Tier 3
Pifeltro Oral Tablet 100 MG	Updated from Tier 4 to Tier 5
Prezcobix Oral Tablet 800-150 MG	Updated from Tier 4 to Tier 5
Prezista Oral Suspension 100 MG/ML	Updated from Tier 4 to Tier 5
Prezista Oral Tablet 150 MG	Updated from Tier 4 to Tier 5
Prezista Oral Tablet 600 MG	Updated from Tier 7 to Tier 5
Prezista Oral Tablet 75 MG	Updated from Tier 4 to Tier 5
Prezista Oral Tablet 800 MG	Updated from Tier 7 to Tier 5
Reyataz Oral Packet 50 MG	Updated from Tier 4 to Tier 5
Rukobia Oral Tablet Extended Release 12 Hour 600 MG	Updated from Tier 4 to Tier 5
Stribild Oral Tablet 150-150-200-300 MG	Updated from Tier 4 to Tier 5
Symtuza Oral Tablet 800-150-200-10 MG	Updated from Tier 4 to Tier 5
Temixys Oral Tablet 300-300 MG	Updated from Tier 4 to Tier 5
Tivicay Oral Tablet 10 MG	Updated from Tier 4 to Tier 5
Tivicay Oral Tablet 25 MG	Updated from Tier 4 to Tier 5
Tivicay Oral Tablet 50 MG	Updated from Tier 4 to Tier 5
Tivicay PD Oral Tablet Soluble 5 MG	Updated from Tier 4 to Tier 5
Triumeq Oral Tablet 600-50-300 MG	Updated from Tier 4 to Tier 5
Tybost Oral Tablet 150 MG	Updated from Tier 4 to Tier 5
Viracept Oral Tablet 250 MG	Updated from Tier 4 to Tier 5
Viracept Oral Tablet 625 MG	Updated from Tier 4 to Tier 5
Viread Oral Powder 40 MG/GM	Updated from Tier 4 to Tier 5
Viread Oral Tablet 150 MG	Updated from Tier 4 to Tier 5
Viread Oral Tablet 200 MG	Updated from Tier 4 to Tier 5
Viread Oral Tablet 250 MG	Updated from Tier 4 to Tier 5
Xeljanz Oral Tablet 10 MG	Updated from Tier 6 to Tier 4
Xeljanz Oral Tablet 5 MG	Updated from Tier 6 to Tier 4
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	Updated from Tier 6 to Tier 4
Xeljanz XR Oral Tablet Extended Release 24 Hour 22 MG	Updated from Tier 6 to Tier 4

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

2025 Federal Exchange Non-Standard Plans Formulary (PDF)

2025 Federal Exchange Non-Standard Plans Searchable Formulary

2025 Federal Exchange Non-Standard Plans Prior Authorization Criteria

https://fm.formularynavigator.com/FBO/126/2025_QHP_Formulary.pdf

<https://client.formularynavigator.com/Search.aspx?siteCode=6113121140>

https://fm.formularynavigator.com/FBO/126/2025_QHP_PA.pdf

Federal Exchange Standard Plans

Added Products:

Drug	Tier	Restrictions
Apidra Injection Solution 100 UNIT/ML	Tier 3	
Apidra SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Biktarvy Oral Tablet 30-120-15 MG	Tier 4	
Carisoprodol-Aspirin-Codeine Oral Tablet 200-325-16 MG	Tier 4	
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/160ML	Tier 4	
Ergomar Sublingual Tablet Sublingual 2 MG	Tier 5	PA QL
HumaLOG Mix 50/50 KwikPen Subcutaneous Suspension Pen-Injector (50-50) 100 UNIT/ML	Tier 3	
HumaLOG Mix 75/25 Subcutaneous Suspension (75-25) 100 UNIT/ML	Tier 3	
Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Insulin Aspart Injection Solution 100 UNIT/ML	Tier 3	
Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	
Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML	Tier 3	
Meperidine HCl Oral Tablet 50 MG	Tier 2	
Pylera Oral Capsule 140-125-125 MG	Tier 4	
Rifater Oral Tablet 50-120-300 MG	Tier 5	PA
Suflave Oral Solution Reconstituted 178.7 GM	Tier 4	
Sunlenca Oral Tablet Therapy Pack 4 x 300 MG	Tier 4	
Sunlenca Oral Tablet Therapy Pack 5 x 300 MG	Tier 4	
Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	Tier 5	PA
Triumeq PD Oral Tablet Soluble 60-5-30 MG	Tier 4	
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML	Tier 4	
Vancomycin HCl Oral Solution Reconstituted 50 MG/ML	Tier 4	
Visicol Oral Tablet 1.102-0.398 GM	Tier 4	

Removed Products:

- **Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Fiasp Injection Solution 100 UNIT/ML**
- **Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Fiasp PumpCart Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Firvanq Oral Solution Reconstituted 25 MG/ML**
- **Firvanq Oral Solution Reconstituted 50 MG/ML**
- **NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **NovoLOG Injection Solution 100 UNIT/ML**
- **NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG**
- **Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG**
- **Pradaxa Oral Capsule 110 MG**
- **Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML**

Tier/Other Changes:

Drug	Change Description
Aptivus Oral Capsule 250 MG	Updated from Tier 3 to Tier 4
Aptivus Oral Solution 100 MG/ML	Updated from Tier 3 to Tier 4
Biktarvy Oral Tablet 50-200-25 MG	Updated from Tier 3 to Tier 4
Cimduo Oral Tablet 300-300 MG	Updated from Tier 3 to Tier 4
Complera Oral Tablet 200-25-300 MG	Updated from Tier 3 to Tier 4
Delstrigo Oral Tablet 100-300-300 MG	Updated from Tier 3 to Tier 4

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

Drug	Change Description
Descovy Oral Tablet 200-25 MG	Updated from Tier 3 to Tier 4
Dovato Oral Tablet 50-300 MG	Updated from Tier 3 to Tier 4
Edurant Oral Tablet 25 MG	Updated from Tier 3 to Tier 4
Evotaz Oral Tablet 300-150 MG	Updated from Tier 3 to Tier 4
Genvoya Oral Tablet 150-150-200-10 MG	Updated from Tier 3 to Tier 4
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML	Updated from Tier 5 to Tier 3
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.8ML	Updated from Tier 5 to Tier 3
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	Updated from Tier 5 to Tier 3
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Updated from Tier 5 to Tier 3
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Updated from Tier 3 to Tier 1
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 3 to Tier 1
Invirase Oral Tablet 500 MG	Updated from Tier 3 to Tier 4
Isentress HD Oral Tablet 600 MG	Updated from Tier 3 to Tier 4
Isentress Oral Packet 100 MG	Updated from Tier 3 to Tier 4
Isentress Oral Tablet 400 MG	Updated from Tier 3 to Tier 4
Isentress Oral Tablet Chewable 100 MG	Updated from Tier 3 to Tier 4
Isentress Oral Tablet Chewable 25 MG	Updated from Tier 3 to Tier 4
Juluca Oral Tablet 50-25 MG	Updated from Tier 3 to Tier 4
Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG	ST is removed
Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG	ST is removed
Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG	ST is removed
Legendio Oral Capsule 200 MG	Updated from Tier 4 to Tier 5 PA is added
Lexiva Oral Suspension 50 MG/ML	Updated from Tier 3 to Tier 4
Norvir Oral Packet 100 MG	Updated from Tier 3 to Tier 4
Norvir Oral Solution 80 MG/ML	Updated from Tier 3 to Tier 4
Odefsey Oral Tablet 200-25-25 MG	Updated from Tier 3 to Tier 4
PegIntron Subcutaneous Kit 50 MCG/0.5ML	Updated from Tier 5 to Tier 2
Pifeltro Oral Tablet 100 MG	Updated from Tier 3 to Tier 4
Prezcobix Oral Tablet 800-150 MG	Updated from Tier 3 to Tier 4
Prezista Oral Suspension 100 MG/ML	Updated from Tier 3 to Tier 4
Prezista Oral Tablet 150 MG	Updated from Tier 3 to Tier 4
Prezista Oral Tablet 600 MG	Updated from Tier 5 to Tier 4
Prezista Oral Tablet 75 MG	Updated from Tier 3 to Tier 4
Prezista Oral Tablet 800 MG	Updated from Tier 5 to Tier 4
Reyataz Oral Packet 50 MG	Updated from Tier 3 to Tier 4
Rukobia Oral Tablet Extended Release 12 Hour 600 MG	Updated from Tier 3 to Tier 4
Stribild Oral Tablet 150-150-200-300 MG	Updated from Tier 3 to Tier 4
Symtuza Oral Tablet 800-150-200-10 MG	Updated from Tier 3 to Tier 4
Temixys Oral Tablet 300-300 MG	Updated from Tier 3 to Tier 4
Tivicay Oral Tablet 10 MG	Updated from Tier 3 to Tier 4
Tivicay Oral Tablet 25 MG	Updated from Tier 3 to Tier 4
Tivicay Oral Tablet 50 MG	Updated from Tier 3 to Tier 4
Tivicay PD Oral Tablet Soluble 5 MG	Updated from Tier 3 to Tier 4
Triumeq Oral Tablet 600-50-300 MG	Updated from Tier 3 to Tier 4
Tybost Oral Tablet 150 MG	Updated from Tier 3 to Tier 4
Viracept Oral Tablet 250 MG	Updated from Tier 3 to Tier 4
Viracept Oral Tablet 625 MG	Updated from Tier 3 to Tier 4
Viread Oral Powder 40 MG/GM	Updated from Tier 3 to Tier 4
Viread Oral Tablet 150 MG	Updated from Tier 3 to Tier 4
Viread Oral Tablet 200 MG	Updated from Tier 3 to Tier 4
Viread Oral Tablet 250 MG	Updated from Tier 3 to Tier 4
Xeljanz Oral Tablet 10 MG	Updated from Tier 5 to Tier 3
Xeljanz Oral Tablet 5 MG	Updated from Tier 5 to Tier 3
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	Updated from Tier 5 to Tier 3
Xeljanz XR Oral Tablet Extended Release 24 Hour 22 MG	Updated from Tier 5 to Tier 3

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

Grandfathered Plans

Added Products:

Drug	Tier	Restrictions
Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Insulin Aspart Injection Solution 100 UNIT/ML	Tier 3	
Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	
Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	Tier 5	PA
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML	Tier 4	
Vancomycin HCl Oral Solution Reconstituted 50 MG/ML	Tier 4	

Removed Products:

- Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML
- Fiasp Injection Solution 100 UNIT/ML
- Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML
- Fiasp PumpCart Subcutaneous Solution Cartridge 100 UNIT/ML
- Firvanq Oral Solution Reconstituted 25 MG/ML
- Firvanq Oral Solution Reconstituted 50 MG/ML
- NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML
- NovoLOG Injection Solution 100 UNIT/ML
- NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML
- NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML
- NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML
- Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG
- Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG
- Pradaxa Oral Capsule 110 MG
- Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML

Tier/Other Changes:

Drug	Change Description
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Updated from Tier 3 to Tier 7
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 3 to Tier 7
Lagevrio Oral Capsule 200 MG	Updated from Tier 4 to Tier 5 PA is added

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

Non-Grandfathered Plans

Added Products:

Drug	Tier	Restrictions
Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Insulin Aspart Injection Solution 100 UNIT/ML	Tier 3	
Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	
Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Teriparatide Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	Tier 5	PA
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML	Tier 4	
Vancomycin HCl Oral Solution Reconstituted 50 MG/ML	Tier 4	

Removed Products:

- Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML
- Fiasp Injection Solution 100 UNIT/ML
- Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML
- Fiasp PumpCart Subcutaneous Solution Cartridge 100 UNIT/ML
- Firvanq Oral Solution Reconstituted 25 MG/ML
- Firvanq Oral Solution Reconstituted 50 MG/ML
- NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML
- NovoLOG Injection Solution 100 UNIT/ML
- NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML
- NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML
- NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML
- Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG
- Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG
- Pradaxa Oral Capsule 110 MG
- Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML

Tier/Other Changes:

Drug	Change Description
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Updated from Tier 3 to Tier 7
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Updated from Tier 3 to Tier 7
Lagevrio Oral Capsule 200 MG	Updated from Tier 4 to Tier 5 PA is added

The most current FHCP formularies and prior authorization criteria are available online. Any questions or concerns regarding FHCP Formularies should be addressed to FHCP Pharmacy Services at 386-615-5008.

To view comprehensive formularies and PA criteria, go to <https://www.fhcp.com/providers/medication-formularies/> and select the formulary appropriate for your patient's FHCP product line or click the links below.

2025 Non-Grandfathered Plans Formulary (PDF)

https://fm.formularynavigator.com/FBO/126/2025_NGF_Formulary.pdf

2025 Non-Grandfathered Plans Searchable Formulary

<https://client.formularynavigator.com/Search.aspx?siteCode=6712828135>

2025 Non-Grandfathered Plans Prior Authorization Criteria

https://fm.formularynavigator.com/FBO/126/2025_NGF_PA.pdf