Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: January 6, 2026

To: FHCP Contracted Primary Care Physicians and Specialists

From: FHCP Pharmacy Department

Re: January 2026 Formulary Updates

Attached please find the monthly formulary changes for January 2026.

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.

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Grandfathered Plans

Added Products: There were no added products this month

Drug	Tier	Restrictions

Removed Products:

- **Brukinsa Oral Tablet 160 MG**
- **Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML**
- **Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Nilotinib HCl Oral Capsule 150 MG**
- **Nilotinib HCl Oral Capsule 200 MG**
- **Nilotinib HCl Oral Capsule 50 MG**

Tier/Other Changes: There were no tier/other changes this month

Drug	New Tier	Old Tier	Restrictions

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.

2026 Grandfathered Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2026_GF_Formulary.pdf
2026 Grandfathered Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6152809369
2026 Grandfathered Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2026_GF_PA.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Non-Grandfathered Plans

Added Products: There were no added products this month

Drug	Tier	Restrictions

Removed Products:

- **Brukinsa Oral Tablet 160 MG**
- **Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML**
- **Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Nilotinib HCl Oral Capsule 150 MG**
- **Nilotinib HCl Oral Capsule 200 MG**
- **Nilotinib HCl Oral Capsule 50 MG**

Tier/Other Changes: There were no tier/other changes this month

Drug	New Tier	Old Tier	Restrictions

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.

2026 Non-Grandfathered Plans Formulary (PDF) https://fm.formularynavigator.com/FBO/126/2026_NGF_Formulary.pdf
2026 Non-Grandfathered Plans Searchable Formulary https://client.formularynavigator.com/Search.aspx?siteCode=5892345805
2026 Non-Grandfathered Plans Prior Authorization Criteria https://fm.formularynavigator.com/FBO/126/2026_NGF_PA.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Federal Exchange Non-Standard 1340 Plans

Added Products:

Drug	Tier	Restrictions
Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 7	PA

Removed Products:

- **Brukinsa Oral Tablet 160 MG**
- **Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML**
- **Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG**
- **Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML**
- **Enbrel Subcutaneous Solution 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 50 MG/ML**
- **Enbrel Subcutaneous Solution Reconstituted 25 MG**
- **Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML**
- **Icatibant Acetate Subcutaneous Solution 30 MG/3ML**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Nilotinib HCl Oral Capsule 150 MG**
- **Nilotinib HCl Oral Capsule 200 MG**
- **Nilotinib HCl Oral Capsule 50 MG**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Aprepitant Oral Capsule 125 MG	3	3	PA Removed
Aprepitant Oral Capsule 40 MG	3	3	PA Removed

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.

2026 Federal Exchange Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2026_QHP_NS.pdf
2026 Federal Exchange Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6110698854
2026 Federal Exchange Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2026_QHP_1340_PA.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Federal Exchange Non-Standard Plans

Added Products:

Drug	Tier	Restrictions
Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 7	PA

Removed Products:

- **Brukinsa Oral Tablet 160 MG**
- **Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML**
- **Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG**
- **Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML**
- **Enbrel Subcutaneous Solution 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 50 MG/ML**
- **Enbrel Subcutaneous Solution Reconstituted 25 MG**
- **Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML**
- **Icatibant Acetate Subcutaneous Solution 30 MG/3ML**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Nilotinib HCl Oral Capsule 150 MG**
- **Nilotinib HCl Oral Capsule 200 MG**
- **Nilotinib HCl Oral Capsule 50 MG**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Aprepitant Oral Capsule 125 MG	3	3	PA Removed
Aprepitant Oral Capsule 40 MG	3	3	PA Removed

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.

2026 Federal Exchange Non-Standard Plans Formulary (PDF) https://fm.formularynavigator.com/FBO/126/2026_QHP_Formulary.pdf
2026 Federal Exchange Non-Standard Plans Searchable Formulary https://client.formularynavigator.com/Search.aspx?siteCode=5889923518
2026 Federal Exchange Non-Standard Plans Prior Authorization Criteria https://fm.formularynavigator.com/FBO/126/2026_QHP_PA.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Federal Exchange Standard Plans

Added Products:

Drug	Tier	Restrictions
Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 5	PA

Removed Products:

- **Brukinsa Oral Tablet 160 MG**
- **Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML**
- **Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG**
- **Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML**
- **Enbrel Subcutaneous Solution 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML**
- **Enbrel Subcutaneous Solution Prefilled Syringe 50 MG/ML**
- **Enbrel Subcutaneous Solution Reconstituted 25 MG**
- **Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML**
- **Icatibant Acetate Subcutaneous Solution 30 MG/3ML**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Nilotinib HCl Oral Capsule 150 MG**
- **Nilotinib HCl Oral Capsule 200 MG**
- **Nilotinib HCl Oral Capsule 50 MG**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Aprepitant Oral Capsule 125 MG	2	2	PA Removed
Aprepitant Oral Capsule 40 MG	2	2	PA Removed

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.

2026 Federal Exchange Standard Plans Formulary (PDF) https://fm.formularynavigator.com/FBO/126/2026_QHP_Standard_Formulary.pdf
2026 Federal Exchange Standard Plans Searchable Formulary https://client.formularynavigator.com/Search.aspx?siteCode=5889923518
2026 Federal Exchange Standard Plans Prior Authorization Criteria https://fm.formularynavigator.com/FBO/126/2026_QHP_Standard_PA.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Medicare Plans

Added Products:

Drug	Tier	Restrictions
Abilify Maintena Intramuscular Suspension Reconstituted ER 300 MG	Tier 5	PA QL
Abilify Maintena Intramuscular Suspension Reconstituted ER 400 MG	Tier 5	PA QL
Amphotericin B Liposome Intravenous Suspension Reconstituted 50 MG	Tier 5	PA
chlordiazePOXIDE HCl Oral Capsule 10 MG	Tier 2	
chlordiazePOXIDE HCl Oral Capsule 25 MG	Tier 2	
Cresemba Oral Capsule 186 MG	Tier 5	PA
Cresemba Oral Capsule 74.5 MG	Tier 5	PA
Dapagliflozin Propanediol Oral Tablet 10 MG	Tier 3	
Dapagliflozin Propanediol Oral Tablet 5 MG	Tier 3	
diazePAM Intensol Oral Concentrate 5 MG/ML	Tier 2	
Entresto Oral Tablet 24-26 MG	Tier 3	QL
Entresto Oral Tablet 49-51 MG	Tier 3	QL
Entresto Oral Tablet 97-103 MG	Tier 3	QL
Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
Fiasp Injection Solution 100 UNIT/ML	Tier 3	
Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	
Imbruvica Oral Tablet 140 MG	Tier 5	PA
Imbruvica Oral Tablet 280 MG	Tier 5	PA
Jynarque Oral Tablet 15 MG	Tier 5	PA
Jynarque Oral Tablet 30 MG	Tier 5	PA
Jynarque Oral Tablet Therapy Pack 15 MG	Tier 5	PA
Jynarque Oral Tablet Therapy Pack 30 & 15 MG	Tier 5	PA
Jynarque Oral Tablet Therapy Pack 45 & 15 MG	Tier 5	PA
Jynarque Oral Tablet Therapy Pack 60 & 30 MG	Tier 5	PA
Jynarque Oral Tablet Therapy Pack 90 & 30 MG	Tier 5	PA
L-Glutamine Oral Packet 5 GM	Tier 4	PA
Mesna Oral Tablet 400 MG	Tier 4	
metFORMIN HCl Oral Tablet 750 MG	Tier 2	
metroNIDAZOLE Oral Tablet 125 MG	Tier 2	
Nexletol Oral Tablet 180 MG	Tier 4	PA
Nicotrol NS Nasal Solution 10 MG/ML	Tier 4	PA
NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	
NovoLOG Injection Solution 100 UNIT/ML	Tier 3	
NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	
NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	
NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	
Ojemda Oral Tablet 100 MG	Tier 5	PA
Paxlovid (300/100 & 150/100) Oral Tablet Therapy Pack 6 x 150 MG & 5 x 100MG	Tier 5	
Purixan Oral Suspension 2000 MG/100ML	Tier 5	QL LA
Revcovi Intramuscular Solution 2.4 MG/1.5ML	Tier 5	PA
Rezdiffra Oral Tablet 100 MG	Tier 5	PA
Rezdiffra Oral Tablet 60 MG	Tier 5	PA
Rezdiffra Oral Tablet 80 MG	Tier 5	PA
Spiriva Respimat Inhalation Aerosol Solution 1.25 MCG/ACT	Tier 4	
Topiramate Oral Capsule Sprinkle 50 MG	Tier 2	
Trikafta Oral Tablet Therapy Pack 100-50-75 & 150 MG	Tier 5	PA
Trikafta Oral Tablet Therapy Pack 50-25-37.5 & 75 MG	Tier 5	PA
Trikafta Oral Therapy Pack 100-50-75 & 75 MG	Tier 5	PA
Trikafta Oral Therapy Pack 80-40-60 & 59.5 MG	Tier 5	PA
Tyenne Subcutaneous Solution Auto-Injector 162 MG/0.9ML	Tier 5	PA
Tyenne Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Tier 5	PA
Ustekinumab Subcutaneous Solution 45 MG/0.5ML	Tier 5	PA
Ustekinumab Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 5	PA
Ustekinumab Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 5	PA

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.

2026 Medicare Plans Formulary (PDF) https://fm.formularynavigator.com/FBO/126/2026_Medicare_Formulary.pdf
2026 Medicare Plans Searchable Formulary https://client.formularynavigator.com/Search.aspx?siteCode=6715250421
2026 Medicare Plans Prior Authorization Criteria https://fm.formularynavigator.com/FBO/126/2026_Medicare_PA.pdf
2026 Medicare Step Therapy Criteria https://fm.formularynavigator.com/FBO/126/2026_Medicare_ST.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Drug	Tier	Restrictions
Velsipity Oral Tablet 2 MG	Tier 5	PA
Vosevi Oral Tablet 400-100-100 MG	Tier 5	PA
Winrevair Subcutaneous Kit 2 x 45 MG	Tier 5	PA
Winrevair Subcutaneous Kit 2 x 60 MG	Tier 5	PA
Winrevair Subcutaneous Kit 45 MG	Tier 5	PA
Winrevair Subcutaneous Kit 60 MG	Tier 5	PA
Yonsa Oral Tablet 125 MG	Tier 5	PA

Removed Products:

- **Cefadroxil Oral Capsule 500 MG**
- **Cefadroxil Oral Tablet 1 GM**
- **Clindamycin Phos (Once-Daily) External Gel 1 %**
- **Ethynodiol Diac-Eth Estradiol Oral Tablet 1-35 MG-MCG**
- **Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML**
- **Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Aspart Injection Solution 100 UNIT/ML**
- **Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML**
- **Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML**
- **Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 200 UNIT/ML**
- **Insulin Degludec Subcutaneous Solution 100 UNIT/ML**
- **Ojemda Oral Tablet 100 MG**

Tier/Other Changes: There were no tier/other changes this month

Drug	New Tier	Old Tier	Restrictions
Cystagon Oral Capsule 150 MG	3	4	LA
Cystagon Oral Capsule 50 MG	3	4	LA
Dasatinib Oral Tablet 100 MG	2	5	PA QL
Dasatinib Oral Tablet 140 MG	2	5	PA QL
Dasatinib Oral Tablet 20 MG	2	5	PA QL
Dasatinib Oral Tablet 50 MG	2	5	PA QL
Dasatinib Oral Tablet 70 MG	2	5	PA QL
Dasatinib Oral Tablet 80 MG	2	5	PA QL
Delstrigo Oral Tablet 100-300-300 MG	5	3	QL
Dovato Oral Tablet 50-300 MG	5	3	QL
Eltrombopag Olamine Oral Packet 25 MG	5	5	PA
Entresto Oral Capsule Sprinkle 15-16 MG	3	4	
Entresto Oral Capsule Sprinkle 6-6 MG	3	4	
Everolimus Oral Tablet 0.25 MG	4	5	PA
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML	5	3	PA
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.8ML	5	3	PA
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	5	3	PA
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	5	3	PA
Icosapent Ethyl Oral Capsule 0.5 GM	4	4	
Icosapent Ethyl Oral Capsule 1 GM	4	4	
Intelence Oral Tablet 25 MG	4	3	QL
Isentress HD Oral Tablet 600 MG	5	3	QL
Isentress Oral Packet 100 MG	5	3	QL
Isentress Oral Tablet 400 MG	5	3	QL
Isentress Oral Tablet Chewable 100 MG	5	3	QL
Isentress Oral Tablet Chewable 25 MG	4	3	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.

2026 Medicare Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2026_Medicare_Formulary.pdf
2026 Medicare Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6715250421
2026 Medicare Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2026_Medicare_PA.pdf
2026 Medicare Step Therapy Criteria	https://fm.formularynavigator.com/FBO/126/2026_Medicare_ST.pdf

Florida Health Care Plans®

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Formulary Updates
Effective 01/01/2026

Drug	New Tier	Old Tier	Restrictions
Jardiance Oral Tablet 10 MG	3	4	
Jardiance Oral Tablet 25 MG	3	4	
Jylamvo Oral Solution 2 MG/ML	4	5	
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	2	2	PA QL
Mirabegron ER Oral Tablet Extended Release 24 Hour 25 MG	4	4	QL
Mirabegron ER Oral Tablet Extended Release 24 Hour 50 MG	4	4	QL
Nilotinib HCl Oral Capsule 150 MG	5	5	PA
Nilotinib HCl Oral Capsule 200 MG	5	5	PA
Nilotinib HCl Oral Capsule 50 MG	5	5	PA
Nivestym Injection Solution 300 MCG/ML	5	5	QL Removed
Nivestym Injection Solution 480 MCG/1.6ML	5	5	QL Removed
Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML	5	5	QL Removed
Nivestym Injection Solution Prefilled Syringe 480 MCG/0.8ML	5	5	QL Removed
Potassium Chloride Intravenous Solution 2 MEQ/ML	4	4	PA Removed
Prezista Oral Tablet 75 MG	4	5	QL
Raldesy Oral Solution 10 MG/ML	4	4	QL
Roflumilast Oral Tablet 250 MCG	1	1	QL
Roflumilast Oral Tablet 500 MCG	1	1	PA Removed
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	4	3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	4	3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	4	3	
Sirolimus Oral Solution 1 MG/ML	4	5	PA
Temazepam Oral Capsule 15 MG	2	2	PA
Temazepam Oral Capsule 30 MG	2	2	PA
Tigecycline Intravenous Solution Reconstituted 50 MG	4	5	
Tivicay Oral Tablet 50 MG	5	3	QL
Tivicay PD Oral Tablet Soluble 5 MG	5	3	QL
Triumeq PD Oral Tablet Soluble 60-5-30 MG	3	4	QL
Victoza Subcutaneous Solution Pen-Injector 18 MG/3ML	4	5	PA
Xeljanz Oral Solution 1 MG/ML	5	3	PA
Xeljanz Oral Tablet 10 MG	5	3	PA
Xeljanz Oral Tablet 5 MG	5	3	PA
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	5	3	PA
Xeljanz XR Oral Tablet Extended Release 24 Hour 22 MG	5	3	PA QL
Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 10 MG	5	5	PA
Yesintek Subcutaneous Solution 45 MG/0.5ML	3	4	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	3	4	PA
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML	5	5	QL Removed
Zarxio Injection Solution Prefilled Syringe 480 MCG/0.8ML	5	5	QL 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.

2026 Medicare Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2026_Medicare_Formulary.pdf
2026 Medicare Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6715250421
2026 Medicare Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2026_Medicare_PA.pdf
2026 Medicare Step Therapy Criteria	https://fm.formularynavigator.com/FBO/126/2026_Medicare_ST.pdf