Florida Health Care Plans®

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Date: January 31, 2025

To: FHCP Contracted Primary Care Physicians and Specialists

From: FHCP Pharmacy Department

Re: February 2025 Formulary Updates

Attached please find the monthly formulary changes for February 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.

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2025 Formulary Updates
Effective 02/01/2025

2025 Federal Exchange Non-Standard 1340 Plans

Added Products:

Drug	Tier	Restrictions
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/175ML	Tier 5	
Menveo Intramuscular Solution	Tier 4	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 3	
Tazarotene External Cream 0.05 %	Tier 5	PA QL
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 7	PA
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 7	PA
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	Tier 7	PA
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	Tier 7	PA

Removed Products:

- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG**
- **Tazorac External Cream 0.05 %**

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.

2025 Federal Exchange Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2025_QHP_NS.pdf
2025 Federal Exchange Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=9754856648
2025 Federal Exchange Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2025_QHP_1340_PA.pdf

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2025 Formulary Updates
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Federal Exchange Non-Standard Plans

Added Products:

Drug	Tier	Restrictions
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/175ML	Tier 5	
Menveo Intramuscular Solution	Tier 4	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 3	
Tazarotene External Cream 0.05 %	Tier 5	PA QL
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 7	PA
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 7	PA
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	Tier 7	PA
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	Tier 7	PA

Removed Products:

- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG**
- **Tazorac External Cream 0.05 %**

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

Drug	New Tier	Old Tier	Restrictions

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2025 Federal Exchange Non-Standard Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2025_QHP_Formulary.pdf
2025 Federal Exchange Non-Standard Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6113121140
2025 Federal Exchange Non-Standard Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2025_QHP_PA.pdf

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2025 Formulary Updates
Effective 02/01/2025

Federal Exchange Standard Plans

Added Products:

Drug	Tier	Restrictions
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/175ML	Tier 4	
Menveo Intramuscular Solution	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 2	
Tazarotene External Cream 0.05 %	Tier 4	PA QL
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 5	PA
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 5	PA
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	Tier 5	PA
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	Tier 5	PA

Removed Products:

- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG**
- **Tazorac External Cream 0.05 %**

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.

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2025 Federal Exchange Standard Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2025_QHP_Standard_Formulary.pdf
2025 Federal Exchange Standard Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=6717859037
2025 Federal Exchange Standard Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2025_QHP_Standard_PA.pdf

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Grandfathered Plans

Added Products:

Drug	Tier	Restrictions
Menveo Intramuscular Solution	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 2	
Tazarotene External Cream 0.05 %	Tier 4	PA QL
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 6	PA
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 6	PA
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	Tier 6	PA
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	Tier 6	PA

Removed Products:

- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG**
- **Tazorac External Cream 0.05 %**

Tier/Other Changes:

Drug	New Tier	Old Tier	Change Description

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 Grandfathered Plans Formulary (PDF)	https://fm.formularynavigator.com/FBO/126/2025_GF_Formulary.pdf
2025 Grandfathered Plans Searchable Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=3006130045
2025 Grandfathered Plans Prior Authorization Criteria	https://fm.formularynavigator.com/FBO/126/2025_GF_PA.pdf

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2025 Formulary Updates
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Non-Grandfathered Plans

Added Products:

Drug	Tier	Restrictions
Menveo Intramuscular Solution	Tier 3	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Tier 2	
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Tier 2	
Tazarotene External Cream 0.05 %	Tier 4	PA QL
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 6	PA
Xolair Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 6	PA
Xolair Subcutaneous Solution Auto-Injector 75 MG/0.5ML	Tier 6	PA
Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML	Tier 6	PA

Removed Products:

- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-1000 MG**
- **Kombiglyze XR Oral Tablet Extended Release 24 Hour 5-500 MG**
- **Tazorac External Cream 0.05 %**

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

Drug	New Tier	Old Tier	Change Description

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

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2025 Formulary Updates
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Medicare Plans

Added Products:

Drug	Tier	Restrictions
Augtyro Oral Capsule 160 MG	Tier 5	PA
Cobenfy Oral Capsule 100-20 MG	Tier 5	PA
Cobenfy Oral Capsule 125-30 MG	Tier 5	PA
Cobenfy Oral Capsule 50-20 MG	Tier 5	PA
Cobenfy Starter Pack Oral Capsule Therapy Pack 50-20 & 100-20 MG	Tier 5	PA
Dasatinib Oral Tablet 100 MG	Tier 5	PA QL
Dasatinib Oral Tablet 140 MG	Tier 5	PA QL
Dasatinib Oral Tablet 20 MG	Tier 5	PA QL
Dasatinib Oral Tablet 50 MG	Tier 5	PA QL
Dasatinib Oral Tablet 70 MG	Tier 5	PA QL
Dasatinib Oral Tablet 80 MG	Tier 5	PA QL
HumuLIN 70/30 KwikPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 4	
HumuLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 1	
HumuLIN N KwikPen Subcutaneous Suspension Pen-Injector 100 UNIT/ML	Tier 4	
HumuLIN N Subcutaneous Suspension 100 UNIT/ML	Tier 1	
HumuLIN R Injection Solution 100 UNIT/ML	Tier 1	
Itovebi Oral Tablet 3 MG	Tier 5	PA
Itovebi Oral Tablet 9 MG	Tier 5	PA
Lazcluze Oral Tablet 240 MG	Tier 5	PA
Lazcluze Oral Tablet 80 MG	Tier 5	PA
Lumakras Oral Tablet 240 MG	Tier 5	PA
Tazarotene External Cream 0.05 %	Tier 4	PA
Voranigo Oral Tablet 10 MG	Tier 5	PA
Voranigo Oral Tablet 40 MG	Tier 5	PA

Removed Products:

- Diphtheria-Tetanus Toxoids DT Intramuscular Suspension 25-5 LFU/0.5ML
- Dupixent Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML
- Ergoloid Mesylates Oral Tablet 1 MG
- fentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG
- FentaNYL Citrate Buccal Lozenge On A Handle 1600 MCG
- fentaNYL Citrate Buccal Lozenge On A Handle 200 MCG
- fentaNYL Citrate Buccal Lozenge On A Handle 400 MCG
- fentaNYL Citrate Buccal Lozenge On A Handle 600 MCG
- fentaNYL Citrate Buccal Lozenge On A Handle 800 MCG
- Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG
- levoFLOXacin Ophthalmic Solution 0.5 %
- Menest Oral Tablet 0.3 MG
- Menest Oral Tablet 0.625 MG
- Menest Oral Tablet 1.25 MG
- Menest Oral Tablet 2.5 MG
- Naloxone HCl Nasal Liquid 4 MG/0.1ML
- Nicotrol Inhalation Inhaler 10 MG
- Quadracel Intramuscular Suspension
- Rotarix Oral Suspension Reconstituted
- Selzentry Oral Tablet 25 MG
- Selzentry Oral Tablet 75 MG
- Sprycel Oral Tablet 100 MG
- Sprycel Oral Tablet 140 MG
- Sprycel Oral Tablet 20 MG
- Sprycel Oral Tablet 50 MG
- Sprycel Oral Tablet 70 MG
- Sprycel Oral Tablet 80 MG
- Tazorac External Cream 0.05 %
- Thalomid Oral Capsule 150 MG
- Thalomid Oral Capsule 200 MG
- Tivicay Oral Tablet 10 MG
- Tivicay Oral Tablet 25 MG
- ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG

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

Drug	New Tier	Old Tier	Restrictions

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