



**Florida
Health Care
Plans®**



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Date: April 3, 2025

To: FHCP Contracted Primary Care Physicians and Specialists

From: FHCP Pharmacy Department

Re: April 2025 Formulary Updates

Attached please find the monthly formulary changes for April 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.

2025 Federal Exchange Non-Standard 1340 Plans

Added Products:

Drug	Tier	Restrictions
Amantadine HCl Oral Solution 50 MG/5ML	Tier 3	
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 6	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 6	PA
Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 6	PA

Removed Products:

- Stelara Subcutaneous Solution 45 MG/0.5ML
- Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
- Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	5	5	PA QL
Xeljanz Oral Solution 1 MG/ML	4	6	PA QL

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.

Federal Exchange Non-Standard Plans

Added Products:

Drug	Tier	Restrictions
Amantadine HCl Oral Solution 50 MG/5ML	Tier 3	
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 6	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 6	PA
Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 6	PA

Removed Products:

- Amantadine HCl Oral Syrup 50 MG/5ML
- **Stelara Subcutaneous Solution 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	5	5	PA QL
Xeljanz Oral Solution 1 MG/ML	4	6	PA QL

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Federal Exchange Standard Plans

Added Products:

Drug	Tier	Restrictions
Amantadine HCl Oral Solution 50 MG/5ML	Tier 2	
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 5	PA

Removed Products:

- Amantadine HCl Oral Syrup 50 MG/5ML
- **Stelara Subcutaneous Solution 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	4	4	PA QL
Xeljanz Oral Solution 1 MG/ML	3	5	PA QL

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Grandfathered Plans

Added Products:

Drug	Tier	Restrictions
Amantadine HCl Oral Solution 50 MG/5ML	Tier 2	
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 5	PA

Removed Products:

- Amantadine HCl Oral Syrup 50 MG/5ML
- **Stelara Subcutaneous Solution 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	4	4	PA QL

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
Amantadine HCl Oral Solution 50 MG/5ML	Tier 2	
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML	Tier 5	PA
Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML	Tier 5	PA

Removed Products:

- Amantadine HCl Oral Syrup 50 MG/5ML
- **Stelara Subcutaneous Solution 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML**
- **Stelara Subcutaneous Solution Prefilled Syringe 90 MG/ML**

Tier/Other Changes:

Drug	New Tier	Old Tier	Restrictions
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	4	4	PA QL

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

Medicare Plans

Added Products:

Drug	Tier	Restrictions
carBAMazepine Oral Tablet Chewable 200 MG	Tier 2	
Kloxxado Nasal Liquid 8 MG/0.1ML	Tier 4	
Naloxone HCl Injection Solution Prefilled Syringe 0.4 MG/ML	Tier 2	

Removed Products: There were no removed products this month.

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

Drug	New Tier	Old Tier	Restrictions
Xeljanz Oral Solution 1 MG/ML	3	5	PA
Xeljanz Oral Tablet 10 MG	3	5	PA
Xeljanz Oral Tablet 5 MG	3	5	PA
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	3	5	PA
Xeljanz XR Oral Tablet Extended Release 24 Hour 22 MG	3	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)

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