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**Date:** May 1, 2025

**To:** FHCP Contracted Primary Care Physicians and Specialists

**From:** FHCP Pharmacy Department

**Re:** May 2025 Formulary Updates

Attached please find the monthly formulary changes for May 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 05/01/2025**

# 2025 Federal Exchange Non-Standard 1340 Plans

**Added Products:**

| Drug | Tier | Restrictions |
|---|---|---|
| **Brukinsa Oral Capsule 80 MG** | Tier 6 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 3 | QL |
| **Erleada Oral Tablet 240 MG** | Tier 6 | PA |
| **Erleada Oral Tablet 60 MG** | Tier 6 | PA |
| **Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali 200 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali 400 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali 600 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Nubeqa Oral Tablet 300 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 100 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 150 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 200 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 50 MG** | Tier 6 | PA |
| **Xifaxan Oral Tablet 200 MG** | Tier 6 | PA |
| **Xifaxan Oral Tablet 550 MG** | Tier 6 | PA |

**Removed Products:**

- **Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML**
- **Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML**

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| ISOtretinoin Oral Capsule 10 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 20 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 30 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 40 MG | 3 | 3 | |
| **Linzess Oral Capsule 145 MCG** | 4 | 5 | ST QL |
| **Linzess Oral Capsule 290 MCG** | 4 | 5 | ST QL |
| **Linzess Oral Capsule 72 MCG** | 4 | 5 | ST QL |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 4 | 5 | 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 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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# Federal Exchange Non-Standard Plans

**Added Products:**

| Drug | Tier | Restrictions |
|---|---|---|
| **Brukinsa Oral Capsule 80 MG** | Tier 6 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 3 | QL |
| **Erleada Oral Tablet 240 MG** | Tier 6 | PA |
| **Erleada Oral Tablet 60 MG** | Tier 6 | PA |
| **Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 6 | PA |
| **Kisqali 200 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali 400 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali 600 Dose Oral Tablet 200 MG** | Tier 6 | PA |
| **Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 6 | PA |
| **Nubeqa Oral Tablet 300 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 100 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 150 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 200 MG** | Tier 6 | PA |
| **Verzenio Oral Tablet 50 MG** | Tier 6 | PA |
| **Xifaxan Oral Tablet 200 MG** | Tier 6 | PA |
| **Xifaxan Oral Tablet 550 MG** | Tier 6 | PA |

**Removed Products:**

- **Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML**
- **Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML**

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| ISOtretinoin Oral Capsule 10 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 20 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 30 MG | 3 | 3 | |
| ISOtretinoin Oral Capsule 40 MG | 3 | 3 | |
| **Linzess Oral Capsule 145 MCG** | 4 | 5 | ST QL |
| **Linzess Oral Capsule 290 MCG** | 4 | 5 | ST QL |
| **Linzess Oral Capsule 72 MCG** | 4 | 5 | ST QL |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 4 | 5 | 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 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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# Federal Exchange Standard Plans

**Added Products:**

| Drug | Tier | Restrictions |
|---|---|---|
| **Brukinsa Oral Capsule 80 MG** | Tier 5 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 2 | QL |
| **Erleada Oral Tablet 240 MG** | Tier 5 | PA |
| **Erleada Oral Tablet 60 MG** | Tier 5 | PA |
| **Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali 200 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 400 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 600 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Nubeqa Oral Tablet 300 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 100 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 150 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 200 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 50 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 200 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 550 MG** | Tier 5 | PA |

**Removed Products:**

- **Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML**
- **Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML**

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| ISOtretinoin Oral Capsule 10 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 20 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 30 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 40 MG | 2 | 2 | |
| **Linzess Oral Capsule 145 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 290 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 72 MCG** | 3 | 4 | ST QL |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 3 | 4 | PA QL |

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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 |
|---|---|---|
| **Brukinsa Oral Capsule 80 MG** | Tier 5 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 2 | QL |
| **Erleada Oral Tablet 240 MG** | Tier 5 | PA |
| **Erleada Oral Tablet 60 MG** | Tier 5 | PA |
| **Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali 200 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 400 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 600 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Nubeqa Oral Tablet 300 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 100 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 150 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 200 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 50 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 200 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 550 MG** | Tier 5 | PA |

**Removed Products:**

- Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML
- Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| ISOtretinoin Oral Capsule 10 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 20 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 30 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 40 MG | 2 | 2 | |
| **Linzess Oral Capsule 145 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 290 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 72 MCG** | 3 | 4 | ST QL |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 3 | 4 | PA QL |

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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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# Medicare Plans

**Added Products:**

| Drug | Tier | Restrictions |
|---|---|---|
| Ciclopirox External Shampoo 1 % | Tier 2 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 2 | QL |
| **Vivotif Oral Capsule Delayed Release** | Tier 6 | QL |

**Removed Products:**

- **Amoxicillin-Pot Clavulanate Oral Tablet Chewable 400-57 MG**
- **Ampicillin Sodium Injection Solution Reconstituted 125 MG**

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| Dabigatran Etexilate Mesylate Oral Capsule 110 MG | 1 | 4 | |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 3 | 4 | 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.

| | |
|---|---|
| 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 |

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# Non-Grandfathered Plans

**Added Products:**

| Drug | Tier | Restrictions |
|---|---|---|
| **Brukinsa Oral Capsule 80 MG** | Tier 5 | |
| Clobetasol Propionate External Shampoo 0.05 % | Tier 2 | QL |
| **Erleada Oral Tablet 240 MG** | Tier 5 | PA |
| **Erleada Oral Tablet 60 MG** | Tier 5 | PA |
| **Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG** | Tier 5 | PA |
| **Kisqali 200 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 400 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali 600 Dose Oral Tablet 200 MG** | Tier 5 | PA |
| **Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG** | Tier 5 | PA |
| **Nubeqa Oral Tablet 300 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 100 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 150 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 200 MG** | Tier 5 | PA |
| **Verzenio Oral Tablet 50 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 200 MG** | Tier 5 | PA |
| **Xifaxan Oral Tablet 550 MG** | Tier 5 | PA |

**Removed Products:**

- Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML
- Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML

**Tier/Other Changes:**

| Drug | New Tier | Old Tier | Restrictions |
|---|---|---|---|
| ISOtretinoin Oral Capsule 10 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 20 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 30 MG | 2 | 2 | |
| ISOtretinoin Oral Capsule 40 MG | 2 | 2 | |
| **Linzess Oral Capsule 145 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 290 MCG** | 3 | 4 | ST QL |
| **Linzess Oral Capsule 72 MCG** | 3 | 4 | ST QL |
| Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML | 3 | 4 | PA QL |

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2025 Non-Grandfathered Plans Prior Authorization Criteria https://fm.formularynavigator.com/FBO/126/2025_NGF_PA.pdf