August 2026

Performance Drug Formulary changes

Blue Shield of California is committed to providing access to safe, effective, and affordable medications for our members. That's why we review and update our drug formularies four times per year. Any changes are made by our Pharmacy and Therapeutics (P&T) Committee. The committee is made up of a group of practicing physicians and pharmacists.

We make changes to our formulary based on:

- New clinical guidelines
- New information from key physician experts
- Updates from the Food and Drug Administration (FDA)
- Recent medical literature

See below for changes to the *Performance Drug Formulary* from the P&T Committee as of September 2026. Please visit our website to download a copy of the *Performance Drug Formulary*.

The drugs listed below are used for FDA-approved indications but may also be used for other conditions.

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)	Tier
doxycycline hyclate 75 mg tablet	Bacterial infection	Quantity limit	Tier 2
tavaborole (Kerydin)	Onychomycosis of the toenails	Quantity limit	Tier 1
bimatoprost 0.03% ophthalmic solution	Glaucoma	Quantity limit	Tier 2
Xiidra	Dry eye disease	Quantity limit	Tier 2
glipizide 15 mg tablet	Type 2 diabetes	Quantity limit	Tier 1
sitagliptin (Januvia)		Step therapy, Quantity limit	
sitagliptin-metformin (Janumet, Janumet XR)			
Ozempic	Type 2 diabetes, MACE	Prior authorization, Quantity limit	Tier 2
clonidine 0.05 mg tablet	Hypertension	Quantity limit	Tier 2

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)	Tier
esomeprazole magnesium 2.5 mg, 5 mg, 10 mg powder packet (Nexium)	Erosive esophagitis, GERD	Quantity limit	Tier 2
pantoprazole sodium 40 mg powder for suspension (Protonix)	Erosive esophagitis, Hypersecretory conditions	Quantity limit	Tier 2
mirabegron granules for suspension (Myrbetriq)	Neurogenic detrusor overactivity	Quantity limit	Tier 2

2. Formulary drugs with tier status and/or coverage restriction changes

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
dapagliflozin (Farxiga)	Type 2 diabetes, CKD, Heart failure	Step therapy, Quantity limit	Tier 1
dapagliflozin base-metformin (Xigduo XR)			
Nitro-bid	Chronic angina		Tier 2
travoprost 0.004% ophthalmic solution, BAK free (Travatan Z)	Glaucoma	Quantity limit, Remove Step therapy	Tier 2

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Erivedge	Basal cell carcinoma	Prior authorization, Quantity limit
Tryngolza	Familial chylomicronemia syndrome, Severe hypertriglyceridemia	Prior authorization, Quantity limit
Jakafi XR	Myelofibrosis, Polycythemia vera, GVHD	Prior authorization, Quantity limit
bosutinib (Bosulif)	CML	Prior authorization, Quantity limit
yulithira	Breast cancer, NET, Renal cell cancer, Renal angiomyolipoma, Tuberous sclerosis complex	Prior authorization, Quantity limit
tofacitinib citrate (Xeljanz, Xeljanz XR)	RA, PsA, AS, pJIA, UC	Prior authorization, Quantity limit
macitentan (Opsumit)	PAH	Prior authorization, Quantity limit

4. Drugs removed from the formulary

Brand-name drugs removed from the formulary as of November 2026 due to an available generic drug. The generic has been added to the formulary.

Drug	FDA indication(s)	Alternative(s)
Bosulif[1]	CML	bosutinib
Januvia	Type 2 diabetes	sitagliptin
Janumet, Janumet XR		sitagliptin-metformin
Xeljanz[1], Xeljanz XR[1]	RA, PsA, AS, pJIA, UC	tofacitinib citrate
Opsumit[1]	PAH	macitentan
Ventolin HFA	Asthma	albuterol hfa

1. Non-formulary drugs that meet the Tier 4 description will require a medical necessity exception to be covered at the Tier 4 share of cost

Drugs removed from the formulary. These now require a formulary exception based on medical necessity for coverage.

Drug	FDA indication(s)	Alternative(s)
Elyxyb[1]	Migraine	celecoxib capsule, diclofenac dr tablet, sumatriptan, naratriptan, rizatriptan, zolmitriptan
Selarsdi[1,2]	Plaque psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	Yesintek, Stelara, Steqeyma

1. Non-formulary drugs that meet the Tier 4 description will require a medical necessity exception to be covered at the Tier 4 share of cost
2. Effective: 8/1/2026