August 2026

Plus 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 *Plus Drug Formulary* from the P&T Committee as of September 2026. Please visit our website to download a copy of the *Plus 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)
Brukinsa[1]	Mantle cell lymphoma, Waldenstrom's macroglobulinemia, Marginal zone lymphoma, CLL, SLL, Follicular lymphoma	Prior authorization, Quantity limit
Erivedge[1]	Basal cell carcinoma	Prior authorization, Quantity limit
Lenvima[1]	Thyroid cancer, Renal cell carcinoma, Hepatocellular carcinoma, Endometrial carcinoma	Prior authorization, Quantity limit
dapagliflozin-saxagliptin (Qtern)[1]	Type 2 diabetes	Prior authorization, Quantity limit
glipizide 15mg tablet		Quantity limit
sitagliptin (Januvia)		Step therapy, Quantity limit
sitagliptin-metfomin (Janumet, Janumet XR)		

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)
Ozempic tablet	Type 2 diabetes, MACE	Prior authorization, Quantity limit
clonidine 0.05 mg tablet	Hypertension	Quantity limit
mirabegron granules for oral suspension (Myrbetriq)	Neurogenic detrusor overactivity	Prior authorization, Quantity limit
tacrolimus (Astagraf XL)	Kidney transplant rejection prophylaxis	

1. Applies to grandfathered plans

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
doxycycline hyclate 75 mg tablet	Bacterial infection	Remove Prior authorization	Remain Tier 1
miconazole-zinc oxide-petrolatum (Vusion)	Diaper dermatitis with candidiasis	Remove Step therapy, Add Prior authorization	Tier 1
Vusion			Tier 3
Ertaczo	Tinea pedis	Quantity limit, Remove Step therapy, Add Prior authorization	Remain Tier 3[1], Remain Tier 4[2]
Oxistat 1% lotion	Tinea pedis, Tinea cruris, Tinea corporis	Remove Step therapy, Add Prior authorization and Quantity limit	Remain Tier 3[1], Remain Tier 4[2]
naftifine hcl 1% and 2% cream (Naftin)	Tinea pedis, Tinea cruris, Tinea corporis	Step therapy	Tier 1[2]
tavaborole (Kerydin)	Onychomycosis of the toenails	Remove Prior authorization	Remain Tier 1[1], Tier 1[2]
Januvia	Type 2 diabetes	Step therapy, Quantity limit	Tier 3[3]
Janumet, Janumet XR			
metformin hcl er tablet (mod) (Glumetza)		Quantity limit, Remove Prior authorization	Remain Tier 1[1], Remain Tier 3[2]
metformin hcl er tablet (osm) (Fortamet)		Remove Prior authorization	Remain Tier 1[1], Remain Tier 2[2]
dapagliflozin (Farxiga)	Type 2 diabetes, CKD, Heart failure	Step therapy, Quantity limit	Tier 1[2]
dapagliflozin base-metformin (Xigduo XR)			

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
azilsartan medoxomil (Edarbi)	Hypertension	Step therapy, Quantity limit	Tier 1[1], Tier 2[2]
Nitro-bid 2% ointment packet	Chronic angina		Tier 1[1]
esomeprazole magnesium 2.5 mg, 5 mg, 10 mg powder packet (Nexium)	Erosive esophagitis, GERD	Quantity limit, Remove Prior authorization or Step therapy	Remain Tier 1[1], Remain Tier 2[2]
Nexium 2.5 mg, 5 mg, 10 mg powder packet			Remain Tier 3
Xeljanz, Xeljanz XR	RA, PsA, AS, pJIA, UC	Prior authorization, Quantity limit	Tier 3[1, 3]
bimatoprost 0.03% ophthalmic solution	Glaucoma	Quantity limit, Remove Step therapy	Remain Tier 1
travoprost 0.004% ophthalmic solution, BAK free			Remain Tier 1[1], Remain Tier 2[2]
Travatan Z			Remain Tier 3
beclomethasone dipropionate aerosol (Qvar HFA)	Asthma	Quantity limit, Remove Prior authorization, Add Step therapy	Remain Tier 1[1], Remain Tier 3[2]
fluticasone propionate powder for inhalation (Flovent Diskus			Remain Tier 3
fluticasone propionate aerosol (Flovent HFA)			Remain Tier 3
fluticasone furoate ellipta powder for inhalation (Arnuity Ellipta)			Remain Tier 3

1. Applies to grandfathered plans
2. Does not apply to grandfathered plans
3. Effective: 11/1/2026

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Armlupeg	Chemotherapy-induced neutropenia, Acute radiation syndrome	Prior authorization
Filkri	Chemotherapy-induced neutropenia, Acute radiation syndrome, Neutropenia, Peripheral blood stem cell mobilization	Prior authorization

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
bosutinib (Bosulif)	CML	Prior authorization, Quantity limit
Cavhanza	Ph+ CML	Prior authorization, Quantity limit
Jakafi XR	Myelofibrosis, Polycythemia vera, GVHD	Prior authorization, Quantity limit
Veppanu	Breast cancer	Prior authorization, Quantity limit
yulithira	Breast cancer, NET, Renal cell cancer, Renal angiomyolipoma, Tuberous sclerosis complex	Prior authorization, Quantity limit
Azentra[2]	Prenatal vitamin	Prior authorization, Quantity limit
Novyra[2]		
Prenova[2]		
Prenyra[2]		
folic acid oral solution (Quiofic)[2]	Folic acid deficiency	Prior authorization, Quantity limit
Quiofic[2]		
atomoxetine oral solution (Atoncy)[2]	ADHD	Prior authorization, Quantity limit
Auvelity Titration Pack[2]	Alzheimer's disease	Prior authorization, Quantity limit
Baxfendy[2]	Hypertension	Prior authorization, Quantity limit
Dexlyt[2]	Corticosteroid responsive diagnoses	Prior authorization, Quantity limit
Hepcludex	Hepatitis delta virus	Prior authorization, Quantity limit
Lynavoy	Cholestatic pruritus associated with primary biliary cholangitis	Prior authorization, Quantity limit
macitentan (Opsumit)	PAH	Prior authorization, Quantity limit
Nereus[2]	Prevent vomiting induced by motion sickness	Prior authorization, Quantity limit
tofacitinib citrate (Xeljanz, Xeljanz XR)	RA, PsA, AS, pJIA, UC	Prior authorization, Quantity limit
Xocova	Post-exposure prophylaxis against Covid-19	Age-limit, Quantity limit

2. Does not apply to grandfathered plans