August 2026

Value 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 *Value Drug Formulary* from the P&T Committee as of September 2026. Please visit our website to download a copy of the *Value 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 tablet	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

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)
Haegarda	Prevent HAE attacks	Prior authorization
Takhzyro		
Jakafi XR	Myelofibrosis, Polycythemia vera, GVHD	Prior authorization, Quantity limit
Brukinsa	Mantle cell lymphoma, Waldenstrom's macroglobulinemia, Marginal zone lymphoma, CLL, SLL, Follicular lymphoma	Prior authorization, Quantity limit
Erivedge	Basal cell carcinoma	Prior authorization, Quantity limit
Lenvima	Thyroid cancer, Renal cell carcinoma, Hepatocellular carcinoma, Endometrial carcinoma	Prior authorization, Quantity limit
yulithira	Breast cancer, NET, Renal cell cancer, Renal angiomyolipoma, Tuberous sclerosis complex	Prior authorization, Quantity limit
macitentan (Opsumit)	PAH	Prior authorization, Quantity limit

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
tofacitinib citrate (Xeljanz, Xeljanz XR)	RA, PsA, AS, pJIA, UC	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)
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

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