



August 2025

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 2025. 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)
Abigale, Abigale Lo	Menopausal symptoms, Osteoporosis	Quantity limit
Averi	Contraceptive	
Gabriela		
Meleya		
Rosyrah		
Xelria Fe		
betamethasone valerate 0.1% lotion	Corticosteroid-responsive dermatoses	
Clemasz	Allergic rhinitis, Urticaria, Angioedema	
Edurant PED	HIV-1 infection	Age-limit, Quantity limit
emtricitabine-rilpivirine-tenofovir disoproxil fumarate (Complera)		Quantity limit
eslicarbazepine acetate (Aptiom)	Partial-onset seizures	Step therapy, Quantity limit

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)
topiramate oral solution (Eprontia)	Partial-onset seizures, Generalized tonic clonic seizure, Lennox-Gastaut syndrome, Migraine prophylaxis	Prior authorization, Quantity limit
PNV 27-Ca/Fe/FA	Prenatal vitamin	
RenThyroid	Hypothyroidism, Euthyroid goiter	
rivaroxaban granules (Xarelto)	VTE, Thrombosis prophylaxis	Quantity limit
sacubitril-valsartan (Entresto)	Heart failure	Quantity limit
ticagrelor 60mg (Brilinta)	Thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	Quantity limit

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
baclofen 10mg/5ml oral solution (Ozobax DS) ¹	Spasticity	Prior authorization, Quantity limit	Tier 1
brimonidine 0.33% gel (Mirvaso) ¹	Acne rosacea	Prior authorization, Quantity limit	Tier 1
buprenorphine patch (Butrans)	Pain	Remove Prior authorization, Quantity limit	Remains Tier 1
Butrans		Quantity limit, Remove Prior authorization	Remains Tier 3
calcipotriene-betamethasone dipropionate (Taclonex)	Psoriasis of the scalp	Quantity limit, Remove Prior authorization	Remains Tier 3 ² , Remains Tier 1 ¹
Taclonex			Remains Tier 4 ² , Remains Tier 3 ¹
Emgality 100mg/ml syringe (300mg dose)	Cluster headache	Prior authorization, Quantity limit	Tier 2
fingolimod 0.5mg capsule (Gilenya) ²	Multiple sclerosis	Quantity limit	Tier 2
ketorolac nasal spray (Sprix) ¹	Pain	Prior authorization, Quantity limit	Tier 4
Sprix ¹			Tier 4
mirabegron (Myrbetriq)	Overactive bladder, Neurogenic detrusor overactivity	Quantity limit, Remove Prior authorization, Add Step therapy	Tier 2 ² , Tier 1 ¹
Pancreaze	Pancreatic insufficiency	Add Prior authorization	Remains Tier 3
Pertzye			
Viokace			

1. Applies to grandfathered plans; 2. Does not apply to grandfathered plans

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Alkindi Sprinkle ¹	Adrenal insufficiency	Prior authorization, Quantity limit
Arbli ²	Hypertension, Hypertension with left ventricular hypertrophy, Diabetic nephropathy	Prior authorization, Quantity limit
Avmapki Fakzynja Co-Pack	Ovarian cancer	Prior authorization, Quantity limit
Berinert	Treatment of HAE acute attacks	Prior authorization, Quantity limit
Ekterly		
Ruconest		
Andembry	Prophylaxis against HAE attacks	Prior authorization, Quantity limit
Cinryze		
Bonsity	Osteoporosis	Prior authorization, Quantity limit
Ensacove	ALK-positive NSCLC	Prior authorization, Quantity limit
Ibtrozi	ROS-1 positive NSCLC	Prior authorization, Quantity limit
nilotinib hcl (Tasigna)	Ph+ CML	Prior authorization, Quantity limit
Nilotinib D-Tartrate		
eltrombopag olamine (Promacta)	Thrombocytopenia, Aplastic anemia	Prior authorization, Quantity limit
Harliku	Alkaptonuria	Prior authorization, Quantity limit
Khindivi	Adrenal insufficiency in pediatrics	Prior authorization, Quantity limit
Leqselvi	Alopecia areata	Prior authorization, Quantity limit
Pruradik ²	Scabies, Pruritic skin	Prior authorization, Quantity limit
Tezruly ²	BPH, Hypertension	Prior authorization, Quantity limit
tolvaptan (Jynarque)	Autosomal dominant polycystic kidney disease	Prior authorization, Quantity limit
Tryptyr ²	Dry eye disease	Prior authorization, Quantity limit
Vanrafia	Primary immunoglobulin A nephropathy	Prior authorization, Quantity limit
Venxxiva	Cystinuria	Prior authorization
Vyalev	Parkinson's disease	Prior authorization, Quantity limit
Vykat XR	Hyperphagia in those with Prader-Willi Syndrome	Prior authorization, Quantity limit
Vyvgart Hytrulo	Generalized myasthenia gravis, Chronic inflammatory demyelinating polyneuropathy	Prior authorization, Quantity limit

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Yesintek	Plaque psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	Prior authorization, Quantity limit
Yutrepia	PAH, Interstitial lung disease	Prior authorization, Quantity limit
Zelsuvmi ²	Molluscum contagiosum	Prior authorization, Quantity limit

1. Applies to grandfathered plans; 2. Does not apply to grandfathered plans

4. Brand-name drugs removed from the formulary or moved to the non-preferred drug tier. Generic equivalents are now available and on the formulary.

Drug	FDA indication(s)	Alternative(s)
Complera ³	HIV-1 infection	emtricitabine-rilpivirine-tenofovir disoproxil fumarate
Brilinta 60mg tablet ³	Thromboembolism, CAD, Stroke or MI prevention	ticagrelor 60mg

3. Effective: 11/2025

5. Drugs excluded from coverage because they are to be given by a healthcare provider. Coverage would be under the Medical Benefit.

Drug	
neomycin-polymyxin b gu irrigation solution ⁴	Xgeva ⁵

4. Effective: 5/2025; 5. Effective: 6/2025