



August 2025

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 2025. 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
Abigale, Abigale Lo	Menopausal symptoms, Osteoporosis	Quantity limit	Tier 1
betamethasone valerate 0.1% lotion	Corticosteroid-responsive dermatoses		Tier 1
Averi	Contraceptive		Tier 1
Gabriela			
Meleya			
Rosyrah			
Xelria Fe			
buprenorphine patch (Butrans)	Pain	Quantity limit	Tier 2
calcipotriene-betamethasone dipropionate topical suspension (Taclonex)	Plaque psoriasis of the scalp	Quantity limit	Tier 3
Edurant PED	HIV-1 infection	Age-limit, Quantity limit	Tier 2

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)	Tier
emtricitabine-rilpivirine-tenofovir disoproxil fumarate (Complera)	HIV-1 infection	Quantity limit	Tier 2
Emgality 100mg/ml syringe (300mg dose)	Cluster headache	Prior authorization, Quantity limit	Tier 2
mirabegron (Myrbetriq)	Overactive bladder, Neurogenic detrusor overactivity	Step therapy, Quantity limit	Tier 2
PNV 27-Ca/Fe/FA	Prenatal vitamin		Tier 1
rivaroxaban 2.5mg tablet, oral granules (Xarelto)	DVT, PE, Atrial fibrillation, Thromboprophylaxis	Quantity limit	Tier 2
sacubitril-valsartan (Entresto)	Heart failure	Quantity limit	Tier 2
ticagrelor 60mg (Brilinta)	Thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	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
fingolimod 0.5mg capsule (Gilenya)	Multiple sclerosis	Quantity limit	Tier 2

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
eltrombopag olamine (Promacta)	Thrombocytopenia, Aplastic anemia	Prior authorization, Quantity limit
Jynarque	Polycystic kidney disease	Prior authorization, Quantity limit
nilotinib hcl (Tasigna)	Ph+ CML	Prior authorization, Quantity limit
Piqray	Breast cancer	Prior authorization, Quantity limit
Scemblix	CML	Prior authorization, Quantity limit
Trikafta	Cystic fibrosis	Prior authorization, Quantity limit
Simlandi 20mg, 80mg	RA, pJIA, PsA, AS, Ps, CD, UC, HS, Uveitis	Prior authorization, Quantity limit
Yesintek	Psoriasis, PsA, CD, UC	Prior authorization, Quantity limit

4. Drugs removed from the formulary

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

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

1. 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 ²	Xgeva ³

2. Effective: 5/2025; 3. Effective: 6/2025