February 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 **March 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)
cefixime 400mg tablet (Suprax)	Bacterial infection	
chlorhexidine gluconate 0.12% rinse (Peridex)	Gingivitis	
Periogard		
ciprofloxacin-hydrocortisone 0.2-1% otic suspension (Cipro HC)	Acute otitis externa	Step therapy
conjugated estrogen tablet (Premarin)	Vasomotor symptoms, Vulvar and vaginal atrophy, Hypoestrogenism, Breast cancer, Prostate cancer, Postmenopausal osteoporosis	
Cryselle	Contraceptive	
Evexithroid	Hypothyroidism, Euthyroid goiter	
gabapentin tablet (Gralise)	Postherpetic neuralgia	Prior authorization, Quantity limit
perampanel oral suspension (Fycompa)[1]	Partial-onset seizures, Tonic-clonic seizures	Step therapy, Quantity limit

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
amphetamine er odt (Adzenys XR-ODT)[1]	ADHD	Prior authorization, Age-limit	Tier 1
prednisolone sodium phosphate (Orapred ODT)[1,3]	Corticosteroid responsive conditions	Prior authorization	Tier 2

1. Applies to Grandfathered plans; 3. Effective 10/2025

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
adalimumab-bwwd (Hadlima)	RA, pJIA, Psoriatic arthritis, Ankylosing spondylitis, Plaque psoriasis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa, Uveitis	Prior authorization, Quantity limit
Aqvesme	Alpha-thalassemia, Beta-thalassemia	Prior authorization, Quantity limit
Cardamyst[2]	Paroxysmal supraventricular tachycardia	Prior authorization, Quantity limit
cladribine (Mavenclad)	Multiple sclerosis	Prior authorization, Quantity limit
glycerol phenylbutyrate (Ravicti)	Urea cycle disorders	Prior authorization, Quantity limit
Hyrnuo	NSCLC	Prior authorization, Quantity limit
Jascayd	Idiopathic pulmonary fibrosis	Prior authorization, Quantity limit
Jyathari	Duchenne muscular dystrophy	Prior authorization, Quantity limit
Kymbee		
Komzifti	Acute myeloid leukemia	Prior authorization, Quantity limit
Koselugo Sprinkle	Plexiform neurofibromas	Prior authorization, Quantity limit
Lasix ONYU	Chronic heart failure	Prior authorization, Quantity limit
lomustine (Gleostine)	Brain metastases, Hodgkin lymphoma, Malignant glioma	
Lynkuet[2]	Vasomotor symptoms	Prior authorization, Quantity limit
Redemplo	Familial chylomicronemia syndrome	Prior authorization, Quantity limit
Selarsdi 45mg vial	Plaque psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	Prior authorization, Quantity limit
Subvenite oral suspension[2]	Partial-onset seizures, Tonic-clonic seizures, Bipolar disorder, Lennox-Gastaut syndrome	Prior authorization, Quantity limit
Voyact	Primary immunoglobulin A nephropathy	Prior authorization, Quantity limit

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Zoryve 0.05% cream[2]	Atopic dermatitis	Prior authorization, Quantity limit

2. Does not apply to Grandfathered plans

4. Brand-name drugs removed from the formulary as of May 1, 2026. Generic equivalents are now available and on the formulary.

Drug	FDA indication(s)	Alternative(s)
Gleostine[1]	Brain metastases, Hodgkin lymphoma, Malignant glioma	lomustine

1. Applies to Grandfathered plans

5. Drugs excluded from coverage because they are not approved by the FDA

Drug
Sulfamez Wash