



February 2026

Standard 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 *Standard Drug Formulary* from the P&T Committee as of **March 2026**. Please visit our website to [download a copy](#) of the *Standard 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
chlorhexidine gluconate 0.12% rinse (Peridex)	Gingivitis		Tier 1
Periogard			
conjugated estrogen tablet (Premarin)	Vasomotor symptoms, Vulvar and vaginal atrophy, Hypoestrogenism, Breast cancer, Prostate cancer, Postmenopausal osteoporosis		Tier 3
Cryselle	Contraceptive		Tier 1
Iomustine (Gleostine)	Brain metastases, Hodgkin lymphoma, Malignant glioma		Tier 4

2. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Simlandi 40mg auto-injector and prefilled syringe	RA, pJIA, Psoriatic arthritis, Ankylosing spondylitis, Plaque psoriasis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa, Uveitis	Prior authorization, Quantity limit

3. Drugs removed from the formulary

Brand-name drugs removed from the formulary as of May 1, 2026 due to an available generic drug. The generic has been added to the formulary.

Drug	FDA indication(s)	Alternative(s)
Gleostine	Brain metastases, Hodgkin lymphoma, Malignant glioma	Iomustine
Premarin tablet	Vasomotor symptoms, Vulvar and vaginal atrophy, Hypoestrogenism, Breast cancer, Prostate cancer, Postmenopausal osteoporosis	conjugated estrogen tablet

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

Drug
Sulfamez Wash