May 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 June 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)
beclomethasone dipropionate aerosol (Qvar HFA)[1]	Asthma	Prior authorization, Quantity limit
bimatoprost 0.01% eye drops (Lumigan)	Glaucoma	Step therapy, Quantity limit
brivaracetam (Briviact)[1]	Seizures	Step therapy, Quantity limit
dapagliflozin-metformin 5-500mg, 10-500mg (Xigduo XR)	Diabetes, CKD, Heart failure	Step therapy, Quantity limit
ipratropium bromide aerosol (Atrovent HFA)	COPD	Quantity limit
loteprednol-tobramycin eye drops (Zylet)	Eye inflammation	
milnacipran hcl (Savella)	Fibromyalgia	Step therapy, Quantity limit
ranitidine 150mg, 300mg tablet	Ulcer, Hypersecretory conditions, GERD, Erosive esophagitis	Prior authorization
rilpivirine (Edurant)	HIV infection	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
alosetron (Lotronex)	IBS-diarrhea	Prior authorization	Tier 2[2]
Atrovent HFA[3]	COPD	Quantity limit	Tier 3
roflumilast (Daliresp)		Quantity limit, Remove Prior authorization	Tier 1[2] Remain Tier 1[1]
Daliresp			Remain Tier 3
budesonide (Entocort EC)	Crohn's disease	Quantity limit, Remove Prior authorization	Remain Tier 1
Entocort EC			Remain Tier 3
fluoxetine 60mg tablet	Depression, OCD, Bulimia, Panic disorder		Tier 1
venlafaxine hcl 225mg er tablet 24hr	Depression, Anxiety	Quantity limit	Tier 1
vilazodone (Viibryd)	Depression	Quantity limit, Remove Step therapy	Tier 1[2] Remain Tier 1[1]
Viibryd			Remain Tier 3
cinacalcet (Sensipar)	Hyperparathyroidism, Hypercalcemia	Remove Prior authorization	Tier 1[2] Remain Tier 1[1]
Sensipar			Remain Tier 4[2] Remain Tier 3[1]
dapagliflozin (Farxiga)	Diabetes, CKD, Heart failure	Quantity limit, Remove Prior authorization, Add Step therapy	Tier 2[2] Tier 1[1]
Farxiga[3]		Step therapy, Quantity limit	Tier 3
dapagliflozin-metformin 5-1000mg, 10-1000mg (Xgeva XR)		Quantity limit, Remove Prior authorization, Add Step therapy	Tier 2[2] Tier 1[1]
Xgeva XR[3]		Step therapy, Quantity limit	Tier 3
Humulin R U-500 KwikPen	Diabetes		Tier 2
metformin hcl er (osm) (Fortamet)	Type 2 diabetes	Prior authorization	Tier 2[2]
Detrol, Detrol LA	OAB	Quantity limit, Remove Step therapy	Remain Tier 3
Diskets	Opioid addiction	Prior authorization, Quantity limit	Tier 3
Edurant	HIV infection	Quantity limit	Tier 3
erlotinib (Tarceva)	NSCLC, Pancreatic cancer	Prior authorization, Quantity limit	Tier 2[2]

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
imatinib (Gleevec)	Ph+ CML, Ph+ ALL, MDS/MPD, ASM, HES/CEL, DFSP, GIST	Prior authorization, Quantity limit	Tier 2[2]
febuxostat (Uloric)	Hyperuricemia	Step therapy, Quantity limit	Tier 1[2]
ferric citrate (Auryxia)	Hyperphosphatemia, Iron-deficiency anemia	Prior authorization, Quantity limit	Tier 1[1]
Galzin	Wilson's disease	Add Quantity limit	Tier 4
lacosamide 10mg/ml oral solution (Vimpat)	Seizures	Quantity limit	Tier 1[2]
Lokelma	Hyperkalemia	Quantity limit	Tier 2
Lumigan 0.01% eye drops[3]	Glaucoma	Step therapy, Quantity limit	Tier 3
naproxen 125mg/5ml oral suspension	OA, RA, AS, pJIA, tendonitis, bursitis, acute gout, pain, dysmenorrhea	Quantity limit, Remove Prior authorization	Tier 2[2] Remain Tier 1[1]
sumatriptan-naproxen 85-500mg (Treximet)	Migraine	Prior authorization, Quantity limit	Tier 3[2]
tavaborole (Kerydin)	Onychomycosis	Prior authorization, Quantity limit	Tier 2[2]

1. Applies to grandfathered plans; 2. Does not apply to grandfathered plans; 3. Effective: 8/2026

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Atmeksi[2]	Painful musculoskeletal conditions	Prior authorization, Quantity limit
Avtozma	RA, Giant cell arteritis, pJIA, sJIA	Prior authorization, Quantity limit
brivaracetam (Briviact)[2]	Seizures	Step therapy, Quantity limit
Corphena[2]	Various allergic conditions	Prior authorization, Quantity limit
Daybue Stix	Rett syndrome	Prior authorization, Quantity limit
Desmoda	Central diabetes insipidus	Prior authorization, Quantity limit
Icotyde	Plaque psoriasis	Prior authorization, Quantity limit

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Kygevvi	Thymidine kinase 2 deficiency	Prior authorization, Quantity limit
Lifyorli	Epithelial ovarian, fallopian tube, or primary peritoneal cancer	Prior authorization, Quantity limit
metoprolol 12.5mg tablet (Lopressor)	Hypertension	Prior authorization, Quantity limit
Sdamlo[2]		Prior authorization, Quantity limit
Myqorzo	Obstructive hypertrophic cardiomyopathy	Prior authorization, Quantity limit
Natalchew[2]	Prenatal vitamin	Prior authorization, Quantity limit
Relevia[2]		Prior authorization, Quantity limit
nintedanib esylate (Ofev)	Pulmonary fibrosis, Interstitial lung disease	Prior authorization, Quantity limit
Ontralfy[2]	Muscle spasticity	Prior authorization, Quantity limit
tizanidine 8mg capsule (Zanaflex)[2]		Prior authorization, Quantity limit
Orladeyo oral pellet packet	Hereditary angioedema	Prior authorization, Quantity limit
Pivya[2]	Uncomplicated UTI in female	Prior authorization, Quantity limit
pomalidomide (Pomalyst)	Multiple myeloma, Kaposi sarcoma	Prior authorization, Quantity limit
Orudis 75mg[2]	OA, RA, dysmenorrhea	Prior authorization, Quantity limit
Zybic[2]	OA, RA, juvenile RA	Prior authorization, Quantity limit
Yuviwel	Achondroplasia	Prior authorization, Quantity limit
Zycubo	Menkes disease	Prior authorization, Quantity limit

2. Does not apply to grandfathered plans