May 2026

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 June 2026. 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
bimatoprost 0.01% eye drops (Lumigan)	Glaucoma	Step therapy, Quantity limit	Tier 2
febuxostat (Uloric)	Hyperuricemia	Step therapy, Quantity limit	Tier 1
dapagliflozin (Farxiga)	Diabetes, CKD, Heart failure	Step therapy, Quantity limit	Tier 2
dapagliflozin-metformin (Xigduo XR)			
Humulin R U-500 KwikPen	Diabetes		Tier 2
ipratropium bromide aerosol (Atrovent HFA)	COPD	Quantity limit	Tier 2
naproxen 125mg/5ml oral suspension	OA, RA, AS, pJIA, tendonitis, bursitis, acute gout, pain, dysmenorrhea	Quantity limit	Tier 2
rilpivirine (Edurant)	HIV infection	Quantity limit	Tier 2

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)	Tier
tizanidine 2mg, 4mg, 6mg capsule	Muscle spasticity		Tier 1
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	Tier 1
Zepbound KwikPen	Weight management, Obstructive sleep apnea	Prior authorization, Quantity limit *(Benefit limit)*	Tier 3

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
budesonide (Entocort EC)	Crohn's disease	Quantity limit, Remove Prior authorization	Remain Tier 1
cinacalcet (Sensipar)	Hyperparathyroidism, Hypercalcemia	Remove Prior authorization	Tier 1
clomipramine	OCD		Tier 2
dofetilide (Tikosyn)	Atrial fibrillation or flutter		Tier 1
erlotinib (Tarceva)	NSCLC, Pancreatic cancer	Prior authorization, Quantity limit	Tier 2
imatinib mesylate (Gleevec)	Ph+ CML, Ph+ ALL, MDS/MPD, ASM, HES/CEL, DFSP, GIST	Prior authorization, Quantity limit	Tier 2
desipramine	Depression		Tier 1
desvenlafaxine succinate (Pristiq)	Depression	Quantity limit	Tier 1
escitalopram oxalate oral solution (Lexapro)	Depression, Anxiety	Quantity limit	Tier 1
entecavir (Baraclude)	Hepatitis B	Quantity limit	Tier 1
tenofovir disoproxil fumarate 300mg tablet (Viread)	HIV infection, Hepatitis B	Quantity limit	Tier 1
Lokelma	Hyperkalemia	Quantity limit	Tier 2
mycophenolate sodium, mycophenolic acid (Myfortic)	Prevent kidney transplant rejection		Tier 1

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
nebivolol hcl (Bystolic)	Hypertension	Quantity limit	Tier 1
oseltamivir phosphate (Tamiflu)	Influenza	Quantity limit	Tier 1
roflumilast (Daliresp)	COPD	Quantity limit, Remove Prior authorization	Tier 1

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
brivaracetam (Briviact)	Seizures	Step therapy, Quantity limit
Ingrezza, Ingrezza Sprinkle	Tardive dyskinesia, Huntington's chorea	Prior authorization, Quantity limit
Nubeqa	Prostate cancer	Prior authorization, Quantity limit
pomalidomide (Pomalyst)	Multiple myeloma, Kaposi sarcoma	Prior authorization, Quantity limit

4. Drugs removed from the formulary

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

Drug	FDA indication(s)	Alternative(s)
Atrovent HFA	COPD	ipratropium bromide aerosol
Briviact	Seizures	brivaracetam
Diskets[1]	Opioid addiction	methadone tablet for oral susp, tablet, oral solution
Edurant	HIV infection	rilpivirine
Farxiga	Diabetes, CKD, Heart failure	dapagliflozin
Xigduo XR		dapagliflozin-metformin
Lumigan 0.01% eye drops	Glaucoma	bimatoprost 0.01% eye drops
Pomalyst	Multiple myeloma, Kaposi sarcoma	pomalidomide

1. Effective: 1/31/2026