

BLUE SHIELD OF CALIFORNIA  
SECOND QUARTER 2025 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JUNE 1, 2025  
for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The second quarter 2025 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

**PHARMACY BENEFIT FORMULARY UPDATE:**

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
- Formulary status of newly available strengths of existing drugs. Note: The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.
- Non-formulary and non-preferred drugs that require prior authorization or step therapy.
- Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary.

Formularies are available at [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy). Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy). Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

**NEW GENERICS with RESTRICTIONS**

The following drugs are **newly available** **GENERIC** drugs that were **ADDED** to the **Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
fenopron 300mg capsule <sup>1</sup>	Pain, RA, OA	Prior authorization
griseofulvin ultramicrosize 165mg tablet <sup>1</sup>	Tinea corporis, Tinea pedis, Tinea cruris, Tinea barbae, Tinea capitis, Tinea unguium	
lactulose 20gm powder packet for oral solution <sup>1</sup>	Constipation	
metronidazole 125mg tablet <sup>1</sup>	Trichomoniasis, Amebiasis, Anaerobic bacterial infection	
topiramate 50mg capsule sprinkles	Partial-onset seizures, Generalized tonic-clonic seizures, Lennox-Gastaut syndrome, Migraine prophylaxis	

<sup>1</sup> Applies to Grandfathered plans

**DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER**

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Plus** and **Standard/Value Drug Formularies**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Abirtega 250mg tablet	Prostate cancer	Prior authorization

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Standard/Value Drug Formulary**s:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Adbry	Atopic dermatitis	Prior authorization
Promacta	Thrombocytopenia, Aplastic anemia	Prior authorization

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Gomekli	Neurofibromatosis	Prior authorization
mercaptopurine 2gm/10ml oral suspension (Purixan)	Acute lymphoblastic leukemia	Age-limit
Romvimza	Tenosynovial giant cell tumor	Prior authorization
ferric citrate (Auryxia) <sup>2</sup>	Hyperphosphatemia	
Inzirqo <sup>2</sup>	Hypertension, Edema	
Purified Cortrophin Gel	Rheumatic disorders, Collagen disease, Dermatological diseases, Allergic states, Ophthalmic diseases, Respiratory diseases, Edematous states, Nervous system disorder	
Raldesy <sup>2</sup>	Major depressive disorder	
Xromi <sup>2</sup>	Sickle cell anemia	

<sup>2</sup> Does not apply to Grandfathered plans

#### EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value Drug Formulary**s:

Drug	FDA Indication(s)	Coverage Restriction(s)
candesartan cilexetil (Atacand)	Hypertension, Heart failure	
olmesartan-amlodipine-hctz (Tribenzor)	Hypertension	
adapalene-benzoyl peroxide 0.1%-2.5% gel (Epiduo)	Acne vulgaris	Age-limit
diflorasone diacetate 0.05% cream	Corticosteroid responsive dermatoses	Prior authorization
sildenafil citrate (Viagra)	Erectile dysfunction	
tolterodine tartrate (Detrol), tolterodine tartrate er (Detrol LA)	Overactive bladder	

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Atacand	Hypertension, Heart failure	
candesartan cilexetil-hctz (Atacand HCT)	Hypertension	
Atacand HCT		
telmisartan-hctz (Micardis HCT)		
Micardis HCT		
Tribenzor		

Drug	FDA Indication(s)	Coverage Restriction(s)	
eletriptan hydrobromide (Relpax) <sup>1</sup>	Acute migraine		
Relpax			
methylphenidate hcl er capsule (Metadate CD)	ADHD	Age-limit	
Epiduo 0.1%-2.5% gel	Acne vulgaris	Age-limit	
acyclovir 5% ointment (Zovirax)	Genital herpes, Mucocutaneous Herpes simplex virus infections	Prior authorization	
clobetasol propionate 0.05% foam (Olux)	Psoriasis		
Olux 0.05% foam			
clobetasol propionate 0.05% spray (Clobex)			
Clobex 0.05% spray			
Ultravate 0.05% lotion			
desonide 0.05% lotion			Corticosteroid responsive dermatoses
fluocinonide 0.1% cream (Vanos)			
Vanos 0.1% cream			
amcinonide 0.1% cream and ointment			
clobetasol propionate 0.05% emulsion foam (Olux-E), tovet 0.05% emulsion foam			
Olux-E 0.05% emulsion foam			
diflorasone diacetate 0.05% ointment			
hydrocortisone 2% lotion, ala-scalp 2% lotion			
esomeprazole magnesium 40mg dr capsule (Nexium)	Erosive esophagitis, GERD, Gastric ulcer, Duodenal ulcer, Hypersecretory conditions	Step therapy	
tadalafil tablet (Cialis) <sup>1</sup>	Erectile dysfunction, BPH	Step therapy	
armodafinil (Nuvigil) <sup>1</sup>	Narcolepsy, OSA, Shift work sleep disorder		
Nuvigil			

1. Applies to Grandfathered plans

**DRUGS MOVED to a DIFFERENT TIER**

The following drugs were moved to a higher or lower tier for the Plus and Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status
timolol maleate 0.25%, 0.5% ophthalmic gel forming solution <sup>2</sup>	Glaucoma	Tier 1
methadone 40mg tablet for oral suspension <sup>2</sup> , methadose 40mg tablet for oral suspension <sup>2</sup>	Opioid addiction	Tier 1 w Prior authorization

2. Does not apply to Grandfathered plans

The following drugs were moved to a higher or lower tier for the Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status
galantamine hydrobromide tablet, galantamine hydrobromide er capsule	Alzheimer's disease	Tier 1

Drug	FDA Indication(s)	New Tier Status
candesartan cilexetil-hctz (Atacand HCT)	Hypertension	Tier 1
telmisartan-hctz (Micardis HCT)		Tier 1
fluocinolone acetonide 0.01% solution (Synalar)	Corticosteroid responsive dermatoses	Tier 1
fluocinolone acetonide 0.01% body oil (Derma-Smoothe/FS)	Atopic dermatitis	Tier 1
fluocinolone acetonide 0.01% scalp oil (Derma-Smoothe/FS)	Psoriasis	Tier 1
solifenacin succinate (Vesicare)	Overactive bladder	Tier 1

The following drugs were moved to a higher or lower tier for the Plus Drug Formulary as noted:

Drug	FDA Indication(s)	New Tier Status
baclofen 5mg/5ml oral solution (Ozobax) <sup>1</sup>	Spasticity	Tier 1 w Prior authorization
eletriptan hydrobromide (Relpax) <sup>2</sup>	Acute migraine	Tier 1
Namzaric 21-10mg er capsule <sup>3</sup>	Alzheimer's disease	Tier 3
Derma-Smoothe/FS Body oil	Atopic dermatitis	Tier 2
tadalafil tablet (Cialis) <sup>2</sup>	Erectile dysfunction, BPH	Tier 1
Betimol 0.5% ophthalmic solution <sup>3</sup>	Glaucoma	Tier 3
fluocinolone acetonide 0.01% otic oil <sup>2</sup>	Eczematous otitis externa	Tier 1
armodafinil (Nuvigil) <sup>2</sup>	Narcolepsy, OSA, Shift work sleep disorder	Tier 2
Hemmorex-HC 25mg rectal suppository	Hemorrhoids, Post-irradiation proctitis, Ulcerative colitis, Cryptitis, Inflammatory conditions of anorectum and pruritis ani	Tier 2
diclofenac 3% topical gel (Solaraze) <sup>2</sup>	Actinic keratosis	Tier 3 w Prior authorization
chlorzoxazone 375mg, 500mg, 750mg tablet <sup>2</sup>	Musculoskeletal pain	Tier 2 w Prior authorization

1. Applies to Grandfathered plans; 2 Does not apply to Grandfathered plans; 3. Effective 8/1/2025

## DRUGS ADDED to FORMULARY

The following drugs were ADDED to the Plus and Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Feirza	Contraceptive	
Valya		
auranofin (Ridaura)	Rheumatoid arthritis	
ticagrelor 90mg tablet (Brilinta)	Arterial thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	

The following drugs were ADDED to the Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
clonazepam odt (Klonopin Wafer)	Seizures, Panic disorder	
clonidine er tablet (Kapvay)	ADHD	
methylphenidate hcl er capsule (Metadate CD)		Age-limit

Drug	FDA Indication(s)	Coverage Restriction(s)
eletriptan hydrobromide (Relpax)	Acute migraine	
minocycline hcl 50mg, 75mg, 100mg tablet	Bacterial infection	
pindolol tablet	Hypertension	
timolol maleate tablet	Hypertension, MI, Migraine	
Trintellix	Major depressive disorder	Prior authorization
dapsone 5% & 7.5% gel	Acne vulgaris	Step-therapy
tazarotene 0.05% cream & gel (Tazorac)	Plaque psoriasis	
tazarotene 0.1% cream & gel (Tazorac)	Acne vulgaris, Plaque psoriasis	
acyclovir 5% ointment (Zovirax)	Genital herpes, Mucocutaneous Herpes simplex virus infections	
clobetasol propionate 0.05% lotion (Clobex)	Corticosteroid responsive dermatoses	
fluocinonide 0.1% cream (Vanos)		
Derma-Smoothe/FS Body oil	Atopic dermatitis	
esomeprazole magnesium 40mg dr capsule (Nexium)	Erosive esophagitis, GERD, Gastric ulcer, Duodenal ulcer, Hypersecretory conditions	Step therapy
tadalafil tablet (Cialis)	Erectile dysfunction, BPH	
tropium chloride er (Sanctura XR)	Overactive bladder	
estradiol (Estrogel)	Vasomotor symptoms, Vulvar and vaginal atrophy	
estradiol (Divigel)	Vasomotor symptoms	
Armour thyroid	Hypothyroidism, Euthyroid goiter	
NP Thyroid		
Thyroid		
mesalamine 1gm suppository (Canasa)	Ulcerative proctitis	
loteprednol etabonate 0.2% ophthalmic suspension (Alrex)	Allergic conjunctivitis	
loteprednol etabonate 0.5% ophthalmic suspension (Lotemax)	Post-op inflammation, Steroid responsive inflammatory conditions	
fluocinolone acetonide 0.01% otic oil	Eczematous otitis externa	
olopatadine hcl 0.6% nasal solution (Patanase)	Allergic rhinitis	

The following drugs were **ADDED** to the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
memantine hcl-donepezil hcl 21-10mg er capsule (Namzaric)	Alzheimer's dementia	
rivaroxaban 2.5mg tablet (Xarelto)	DVT, PE, Atrial fibrillation	
timolol hemihydrate 0.5% ophthalmic solution (Betimol)	Glaucoma	

## MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 1, 2025, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

Refer to medication policy for complete details. For description of change, refer to top of medication policy. For additional information, please call 1-800-535-9481

<i>New Policies</i>
<ul style="list-style-type: none"><li>• Alhemo (concizumab-mtci)</li><li>• BKEMV (eculizumab-aeeb)*</li><li>• Datroway (datopotamab deruxtecan-dlnk)</li><li>• Encelto (revakinagene taroretcel-lwey)</li><li>• Epysqli (eculizumab-aagh)*</li><li>• Onapgo (apomorphine hydrochloride)</li><li>• Soliris (eculizumab)</li><li>• Tremfya (guselkumab)</li></ul>
<i>Updated Policies</i>
<ul style="list-style-type: none"><li>• Adcetris (brentuximab vedotin)</li><li>• Amvuttra (vutrisiran)</li><li>• Amondys 45 (casimersen)</li><li>• bendamustine</li><li>• Besponsa (inotuzumab ozogamicin)</li><li>• bevacizumab</li><li>• Blincyto (blinatumomab)</li><li>• Cyramza (ramucirumab)</li><li>• Darzalex Faspro (daratumumab and hyaluronidase-fihj)</li><li>• Enhertu (fam-trastuzumab deruxtecan-nxki)</li><li>• Exondys 51 (eteplirsen)</li><li>• Gazyva (obinutuzumab)</li><li>• Iluvien (fluocinolone acetonide)</li><li>• Imfinzi (durvalumab)</li><li>• IVIG (immunoglobulin)</li><li>• Jemperli (dostarlimab-gxly)</li><li>• Keytruda (pembrolizumab)</li><li>• Khapzory (levoleucovorin sodium)</li><li>• Mylotarg (gemtuzumab ozogamicin)</li><li>• Opdivo (nivolumab)</li><li>• Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)</li><li>• Oxlumo (lumasiran)</li><li>• Pluvicto (lutetium Lu 177 vipivotide tetraxetan)</li><li>• Reblozyl (luspatercept-aamt, SC)</li><li>• Soliris (eculizumab)</li><li>• Spravato (esketamine)</li><li>• Susvimo (ranibizumab)</li><li>• Tevimbra (tislelizumab-jsgr)</li><li>• tocilizumab products<ul style="list-style-type: none"><li>○ Actemra (tocilizumab)</li><li>○ Tofidence (tocilizumab-bavi)</li></ul></li></ul>

<ul style="list-style-type: none"> <li>○ Tyenne (tocilizumab-aazg)</li> <li>● Viltepso (viltolarsen)</li> <li>● Vyondys 53 (golodirsen)</li> <li>● Yervoy (ipilimumab)</li> <li>● Zynyz (retifanlimab-dlwr)</li> </ul>
<b>Retired Policies</b>
<ul style="list-style-type: none"> <li>● azacitidine</li> <li>● Beqvez (fidanacogene elaparvovec-dzkt)</li> <li>● clofarabine</li> <li>● decitabine</li> <li>● levoleucovorin (Fusilev)</li> <li>● paclitaxel albumin-bound (Abraxane)</li> </ul>

\*Added to site of care program

**PHARMACY BENEFIT MEDICATION POLICIES:**

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Refer to medication policy for complete details. For additional information, please call 1-800-535-9481

<b>New Policies</b>
<ul style="list-style-type: none"> <li>● Blujepa (gepotidacin)</li> <li>● Fulvicin P/G 165mg (griseofulvin)</li> <li>● Gomekli (mirdametinib)</li> <li>● Inzirqo (hydrochlorothiazide)</li> <li>● Journavx (suzetrigine)</li> <li>● metaxalone 640 mg tablet</li> <li>● Nivestym (filgrastim-aafi)</li> <li>● metronidazole 125 mg tablet</li> <li>● Raldesy (trazodone)</li> <li>● Romvimza (vimseltimib)</li> <li>● topiramate sprinkle capsule 50 mg</li> <li>● Xromi (hydroxyurea)</li> <li>● Zunveyl (benzgalantamine)</li> </ul>
<b>Updated Policies</b>
<ul style="list-style-type: none"> <li>● Adbry (tralokinumab-ldrm)</li> <li>● adalimumab-aacf and non-preferred adalimumab products</li> <li>● amcinonide cream/ointment</li> <li>● Angiotensin Receptor Blockers (ARBs) <ul style="list-style-type: none"> <li>○ Edarbi</li> <li>○ Edarbyclor</li> <li>○ Telmisartan-Amlodipine</li> </ul> </li> <li>● Cabometyx (cabozantinib)</li> <li>● Cimzia (certolizumab)</li> <li>● Daurismo (glasdegib)</li> <li>● diflorasone cream/ointment</li> <li>● Doptelet (avatrombopag)</li> <li>● Enbrel (etanercept)</li> </ul>

- Esbriet (pirfenidone)
- Fabhalta (iptacopan)
- Furoscix on-body infusor (furosemide)
- Ala-scalp lotion (hydrocortisone 2% lotion)
- Idhifa (enasidenib)
- Inrebic (fedratinib)
- Kevzara (sarilumab)
- Kineret (anakinra)
- Lenvima (lenvatinib)
- Motpoly XR (lacosamide)
- Nubeqa (darolutamide)
- Ofev (nintedanib esylate)
- Olumiant (baricitinib)
- Onglyza (saxagliptin), Kombiglyze XR (saxagliptin-metformin)
- Orenia (abatacept)
- Qsymia (phentermine-topiramate)
- Otezla (apremilast)
- Ozempic (semaglutide)
- Pomalyst (pomalidomide)
- Promacta (eltrombopag)
- Revlimid (lenalidomide)
- Rinvoq (upadacitinib)
- Rydapt (midostaurin)
- levetiracetam 250 mg
- Simponi (golimumab)
- Sulfacetamide-Sulfur Topical Agents
  - Plexion Cleanser (sulfacetamide sodium-sulfur 9.8-4.8 % liquid)
  - Plexion CREAM (sulfacetamide sodium-sulfur 9.8-4.8 % cream)
  - Plexion 9.8-4.8 % LOTION (sulfacetamide sodium-sulfur 9.8-4.8 % lotion)
  - Plexion Cleansing Cloth (sulfacetamide sodium-sulfur 9.8-4.8 % pad)
  - Ovace Plus Wash (sulfacetamide sodium (cleans) 10 % gel)
- Synjardy, Synjardy XR (empagliflozin/metformin)
- Topical corticosteroids:
  - Olux-E (clobetasol topical foam)
  - Topicort Spray 0.25% liquid (desoximetasone)
- Tremfya (guselkumab)
- Trintellix (vortioxetine)
- Tyenne (tocilizumab) and non-preferred tocilizumab products
- Venclexta (venetoclax)
- Victoza (liraglutide)
- Vonjo (pacritinib)
- Xeljanz/Xeljanz XR (tofacitinib)
- Xigduo XR (dapagliflozin/metformin)
- Xospata (gilteritinib)
- Zolinza (vorinostat)

***Retired Policies***

- acyclovir 5% ointment
- Altabax (retapamulin)

- Angiotensin Receptor Blockers (ARBs)
  - Atacand (candesartan cilexetil), Atacand HCT (candesartan cilexetil-HCTZ)
  - Tribenzor (olmesartan-amlodipine-HCTZ)
  - Micardis HCT (telmisartan-HCTZ)
- Apadaz (benzhydrocodone/acetaminophen)
- Arymo ER (morphine sulfate extended-release tablets)
- Carac (fluorouracil)
- Clobex Spray 0.05% liquid (clobetasol 0.05% liquid)
- desonide 0.05% lotion
- Durlaza (aspirin)
- Fluoroplex cream (fluorouracil)
- methylphenidate hcl er (cd)
- Morphabond ER (morphine)
- Naftin (naftifine) 1% gel
- Nuvigil (armodafinil)
- Olux (clobetasol propionate 0.05% foam)
- Relpax (eletriptan)
- sildenafil tablet
- tadalafil tablet
- Teveten (eprosartan)
- tolterodine tablet
- Trezix (apap-caff-dihydrocodeine)
- Vanos 0.1% cream (fluocinonide 0.1% cream)
- Xepi (ozenoxacin)

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EFFECTIVE JANUARY 1, 2026  
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**DRUGS REMOVED from FORMULARY**

The following drug(s) were **removed from the Plus and Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
hydrocortisone 2% lotion <sup>2</sup> , ala-scalp 2% lotion <sup>2</sup>	Corticosteroid responsive dermatoses	hydrocortisone 2.5% lotion, fluocinolone acetonide 0.01% solution

<sup>2</sup>. Does not apply to Grandfathered plans

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
sulfacetamide sodium-sulfur 9%-4% liquid, sulfacetamide sodium-sulfur 9%-4% liquid wash Avar 10%-5% Cleanser SulfaCleanse 8%-4% topical suspension	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-5% liquid, sulfacetamide sodium-sulfur 8-4% suspension, sulfacetamide sodium-sulfur 10-2% liquid

sulfacetamide sodium-sulfur 10%-4% pad		
sulfacetamide sodium-sulfur 10%-5% topical suspension	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-5% lotion, cream
sulfacetamide sodium-sulfur 9.8%-4.8% cream		
sulfacetamide sodium-sulfur 10%-2% cream		
sulfacetamide sodium-sulfur 9.8%-4.8% lotion		
SSS 10-5 10%-5% foam	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-5% lotion, cream; sulfacetamide sodium-sulfur 10-5% liquid, sulfacetamide sodium-sulfur 8-4% suspension, sulfacetamide sodium-sulfur 10-2% liquid

#### EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
amlodipine-valsartan-hctz (Exforge HCT) <sup>1</sup>	Hypertension	Step therapy
Exforge HCT		
Avar LS 10%-2% Cleanser	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy
Avar-E LS 10%-2% cream		
Sumaxin 10%-4% pad <sup>1</sup>		

<sup>1</sup> Applies to Grandfathered plans

#### DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus and Standard/Value Drug Formularies** as noted:

Drug	FDA Indication(s)	New Tier Status
fluoxetine hcl (pmdd) 10mg, 20mg tablet <sup>2</sup>	Premenstrual dysphoric disorder	Tier 2
amlodipine-valsartan-hctz (Exforge HCT) <sup>2</sup>	Hypertension	Tier 2 w Step therapy
Prenaisance 29-1.25-325mg capsule	Prenatal vitamin	Tier 2

<sup>2</sup> Does not apply to Grandfathered plans

The following drugs were **moved to a higher or lower tier** for the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status
Anucort-HC 25mg rectal suppository	Hemorrhoids, Post-irradiation	Tier 3

Drug	FDA Indication(s)	New Tier Status
Anusol-HC 25mg rectal suppository <sup>1</sup>	proctitis, Ulcerative colitis, Cryptitis, Inflammatory conditions of anorectum and pruritis ani	Tier 3 w Prior authorization
Alphagan P 0.1% ophthalmic solution	Glaucoma	Tier 3
Cambia <sup>2</sup>	Acute migraine	Tier 4 w Prior authorization
Clobex 0.05% spray <sup>2</sup>	Psoriasis	Tier 4
Elmiron	Interstitial cystitis	Tier 3
Fabior <sup>2</sup>	Acne vulgaris	Tier 4 w Prior authorization
Percocet 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg tablet <sup>2</sup>	Pain	Tier 4
Xdemvy <sup>1</sup>	Demodex blepharitis	Tier 4 w Prior authorization
sulfacetamide sodium-sulfur 9.8%-4.8% cream	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Tier 2 w Step therapy
sulfacetamide sodium-sulfur 9.8%-4.8% lotion (Plexion)		
sulfacetamide sodium-sulfur 10%-4% pad		
SSS 10-5 10%-5% foam		
sulfacetamide sodium-sulfur 9%-4% liquid, sulfacetamide sodium-sulfur 9%-4% liquid wash	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Tier 3 w Step therapy
sulfacetamide sodium 10% cleansing gel (Ovace Plus Wash)		
Avar 10%-5% Cleanser		
SulfaCleanse 8%-4% topical suspension		
sulfacetamide sodium-sulfur 10%-5% topical suspension		
sulfacetamide sodium-sulfur 10%-2% cream		
Avar-E Emollient 10%-5% cream		
Avar-E Green 10%-5% cream		
Plexion 9.8%-4.8% lotion <sup>2</sup>		
Plexion 9.8%-4.8% Cleansing Cloth <sup>2</sup>		
Sumaxin 10%-4% pad <sup>2</sup>	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Tier 4 w Step therapy

<sup>1</sup> Applies to Grandfathered plans; <sup>2</sup> Does not apply to Grandfathered plans

### **PHARMACY BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on January 1, 2026, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

For additional information, please call 1-800-535-9481

*New Policies*

- Emgality (galcanezumab-gnlm)
- Imbruvica 140 mg, 560mg tablets (ibrutinib)
- Tyenne (tocilizumab-aazg, SC)
- Yesintek (ustekinumab-kfce, IV/SC)

*Updated Policies*

- Enbrel (etanercept)
- Stelara (ustekinumab, IV/SC)