

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

CHANGES EFFECTIVE SEPTEMBER 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 third 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. 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. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) were removed from the **Standard/Value, and Performance 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)
Brilinta 60mg ¹	Thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	ticagrelor 60mg
Complera ¹	HIV-1 infection	emtricitabine- rilpivirine-tenofovir disoproxil fumarate

¹ Effective: 11/2025

The following drug(s) were removed from the **Performance Drug Formulary**.

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

Drug	FDA Indication(s)	Alternative(s)
Aptiom ¹	Partial-onset seizures	carbamazepine, divalproex sodium, lamotrigine, levetiracetam
teriparatide ²	Osteoporosis	Tymlos
Forteo ²		

² Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost

The following drug(s) are no longer covered on the **Plus, Standard/Value** and **Performance Drug Formularies** because they should be administered by a healthcare provider.

Drug	FDA Indication(s)	Alternative(s)
neomycin-polymyxin b g irrigation solution	Prevent bacturia and bactermia	Covered under Medical Benefit.
Xgeva	Multiple myeloma, Bone metastases, Giant cell tumor, Hypercalcemia	Covered under Medical Benefit. Prior authorization required.

NEW GENERICS with RESTRICTIONS

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

Drug	FDA Indication(s)	Coverage Restriction(s)
phentermine-topiramate (Qsymia)	Obesity and chronic weight management	Prior authorization

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)
eslicarbazepine acetate (Aptiom)	Partial-onset seizures	Step therapy
topiramate oral solution (Eprontia)	Partial-onset seizures, Generalized tonic clonic seizure, Lennox-Gastaut syndrome, Migraine prophylaxis	Prior authorization

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
eltrombopag olamine (Promacta)	Thrombocytopenia, Aplastic anemia	Prior authorization
nilotinib hcl (Tasigna)	Ph+ CML	Prior authorization
Yesintek	PsA, Ps, CD, UC	Prior authorization

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Jynarque	Polycystic kidney disease	Prior authorization
Piqray	Breast cancer	Prior authorization
Scemblix	Chronic myelogenous leukemia	Prior authorization
Simlandi 20mg, 80mg	RA, pJIA, PsA, AS, Ps, CD, UC, HS, Uveitis	Prior authorization
Trikafta	Cystic fibrosis	Prior authorization

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Lumakras	KRAS G12C-mutated NSCLC	Prior authorization
Orladeyo	Prophylaxis against HAE attacks	Prior authorization
Selarsdi	PsA, Ps, CD, UC	Prior authorization
Steqeyma		

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)
Andembry	Prevention of HAE attacks	Prior authorization
Cinryze		
Berinert		
Ekterly	Treatment of acute attacks of HAE	Prior authorization
Ruconest		
Avmapki Fakzynja Co-Pack		
Ensacove	Ovarian cancer	Prior authorization
IbTROZI	ALK-positive NSCLC	Prior authorization
IbTROZI	ROS-1 positive NSCLC	Prior authorization
Nilotinib D-Tartrate	Ph+ CML	Prior authorization
Arbli ³	Hypertension, Hypertension with left ventricular hypertrophy, Diabetic nephropathy	Prior authorization
Bonsity	Osteoporosis	Prior authorization
Khindivi	Adrenal insufficiency in pediatrics	Prior authorization
Leqselvi	Alopecia areata	Prior authorization
Pruradik ³	Scabies, Pruritic skin	Prior authorization
Tezrul ⁴	BPH, HTN	Prior authorization
tolvaptan (Jynarque)	Polycystic kidney disease	Prior authorization
Tryptry ³	Dry eye disease	Prior authorization
Vanrafia	Primary immunoglobulin A nephropathy	Prior authorization
Venxxiva	Cystinuria	Prior authorization
Vyalev	Parkinson's disease	Prior authorization
Vykat XR	Hyperphagia in those with Prader-Willi Syndrome	Prior authorization
Vyvgart Hytrulo syringe	Myasthenia gravis, Chronic inflammatory demyelinating polyneuropathy	Prior authorization
Yutrepia	PAH, Interstitial lung disease	Prior authorization
Zelsuvmi ³	Molluscum contagiosum	Prior authorization

³. 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 Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
calcipotriene-betamethasone dipropionate topical suspension (Taclonex)	Scalp psoriasis	

Drug	FDA Indication(s)	Coverage Restriction(s)
Taclonex topical suspension		
buprenorphine patch (Butrans)	Pain	
Butrans		
Pancreaze	Pancreatic insufficiency	Prior authorization
Pertzye		
Viokace		

DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status
fingolimod hcl 0.5mg capsule (Gilenya) ³	Multiple sclerosis	Tier 2

³. 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
Alkindi Sprinkle ⁴	Adrenal insufficiency	Tier 4 w Prior authorization
baclofen 10mg/5ml oral solution ⁴	Spasticity	Tier 1 w Prior authorization
brimonidine 0.33% topical gel (Mirvaso) ⁴	Acne rosacea	Tier 1 w Prior authorization
Complera ¹	HIV-1 infection	Tier 3
Emgality 300mg dose	Cluster headache	Tier 2 w Prior authorization
mirabegron (Myrbetriq)	Overactive bladder, Neurogenic detrusor overactivity	T2 w Step therapy ³ T1 w Step therapy ⁴
ketorolac nasal spray (Sprix) ⁴	Pain	Tier 4 w Prior authorization
Sprix ⁴		

¹. Effective: 11/2025; ³. Does not apply to Grandfathered plans; ⁴. Applies to Grandfathered plans

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Abigale, Abigale Lo	Menopause	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate (Complera)	HIV-1 infection	
rivaroxaban granules (Xarelto)	Pediatrics VTE, and thromboprophylaxis	
ticagrelor 60mg tablet (Brilinta)	Thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	
Averi	Contraceptive	
Gabriela		
Meleya		
Rosyrah		
Xelria Fe		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
buprenorphine patch (Butrans)	Pain	
calcipotriene-betamethasone dipropionate topical suspension (Taclonex)	Scalp psoriasis	
rivaroxaban 2.5mg tablet (Xarelto)	DVT, PE, Atrial fibrillation	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Emgality 300mg dose	Cluster headache	Prior authorization
mirabegron (Myrbetriq)	Overactive bladder, Neurogenic detrusor overactivity	Step therapy

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Clemasz	Allergic rhinitis, Urticaria, Angioedema	
RenThyroid	Hypothyroidism, Euthyroid goiter	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on September 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"> • Denosumab biosimilar products for Prolia <ul style="list-style-type: none"> ○ Jubbonti, Conexence, Stoboclo • Denosumab biosimilar products for Xgeva <ul style="list-style-type: none"> ○ Bomynta, Osenvelt, Wyost • Emrelis (telisotuzumab vedotin-tllv) • Imaavy (nipocalimab-aahu) • Qfitlia (fitusiran sodium) • Ryzneuta (Efbemalenograstim alfa-vuxw) • Zevaskyn (prademagene zamikeracel)
<i>Updated Policies</i>
<ul style="list-style-type: none"> • Abecma (idecabtagene vicleucel) • Actemra (tocilizumab) • Bavencio (avelumab) • Beleodaq (belinostat) • bendamustine • bortezomib • Camcevi (leuprolide mesylate) • Carvykti (ciltacabtagene autoleucel) • Columvi (glofitamab-gxblm)

- Cyramza (ramucirumab)
- Darzalex (daratumumab)
- Darzalex Faspro (daratumumab and hyaluronidase-fihj)
- Datroway (datopotamab deruxtecan-dlnk)
- Elevidys (delandistrogene moxparvovec)
- Elrexfio (elranatamab-bcmm)
- Empliciti (elotuzumab)
- Enhertu (fam-trastuzumab deruxtecan-nxki)
- Epcinly (epcoritamab-bysp)
- Erbitux (cetuximab)
- Faslodex (fulvestrant)
- Gamifant (emapalumab-lzsg)
- Imdelltra (tarlatamab-dlle)
- Imfinzi (durvalumab)
- Imlygic (talimogene laherparepvec)
- IVIG products
 - Alyglo 10%, Asceniv 10%, Bivigam 10%, Cytogam 2500mg/50mL, Flebogamma DIF 5%
Flebogamma DIF 10%, Gammagard S/D 5%, Gamunex-C 10%, Gammaked 10%, Gammaplex
10%, Gammaplex 5%, Panzyga 10%, Privigen 10%
- Ixempra (ixabepilone)
- Kadcylla (ado-trastuzumab)
- Keytruda (pembrolizumab)
- Kyprolis (carfilzomib)
- Libtayo (cemiplimab-rwlc)
- Monjuvi (tafasitamab-cxix)
- Nucala (mepolizumab) [vial]
- Onivyde (irinotecan liposome)
- Opdivo (nivolumab)
- Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)
- pemetrexed
- Perjeta (pertuzumab)
- Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)
- Prolia (denosumab)
- Reblozyl (luspatercept-aamt)
- Revcovi (elapegedemase-lvlr)
- Rybrevant (amivantamabvmjw)
- Sarclisa (isatuximab-irfc)
- SCIG products
 - Cutaquig 16.5%, Cuvitru 20%, Gammagard 10%, Gammaked 10%, Gamunex-C 10%, Hizentra 20%,
HyQvia 10%, Xembify 20%
- Susvimo (ranibizumab)
- Talvey (talquetamab-tgvs)
- Tecentriq (atezolizumab)
- Tecentriq Hybreza (atezolizumab and hyaluronidase)
- Tecvayli (teclistamab-cqyv)
- Tevimbra (tislelizumab-jsgr)
- Tivdak (tisotumab vedotin-tftv)
- Tofidence (tocilizumab-bavi)

<ul style="list-style-type: none"> • trastuzumab • Trodelvy (sacituzumab govitecan-hziy) • Tyenne (tocilizumab-aazg) • Uplizna (inebilizumab-cdon) • Ustekinumab products* <ul style="list-style-type: none"> ○ Imuldosa, Qtulfi, Pyzchiva, Selarsdi, Stelara, Wezlana • Vyvgart Hytrulo (efgartigimod-alfa and hyaluronidase-avfc) [vial] • Xolair (omalizumab) • Yervoy (ipilimumab) • Zynyz (retifanlimab-dlwr)
Retired Policies
<ul style="list-style-type: none"> • None

*Added to site of care program

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

New Policies
<ul style="list-style-type: none"> • Andembry (garadacimab-gxii) • Avmapki Fakzynja Co-Pack (avutometinib defactinib) • Berinert (human plasma-derived C1 esterase inhibitor) • Bucapsol capsule (buspirone) • Buprenorphine film • Cinryze (C1 esterase inhibitor [human]) • Combogesic (ibuprofen-acetaminophen) • Dolobid (diflunisal) • Ekterly (sebetralstat) • Ensacove (ensartinib) • Ibtrozi (taletrectinib) • Khindivi (hydrocortisone) • pancrelipase • Revcovi (elapegademase-lvlr) • Ruconest (recombinant C1 esterase inhibitor) • Symbravo (rizatriptan-meloxicam) • Tryptyr (acoltremon) • Vanrafia (atrasentan) • Vykate XR (diazoxide choline) • Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) [prefilled syringe] • Zelsuvmi (berdazimer)
Updated Policies
<ul style="list-style-type: none"> • abiraterone (Abitrega, Zytiga) • Actemra (tocilizumab) • Alecensa (alectinib) • Alunbrig (brigatinib)

- Balversa (erdafitinib)
- Dupixent (dupilumab)
- exenatide
- Firazyr (icatibant)
- Gemtesa (vibegron)
- Gilotrif (afatinib)
- Hetlioz (tasimelteon)
- Humatin (paromomycin)
- Ibrance (palbociclib)
- Inlyta (axitinib)
- Iressa (gefitinib)
- Isturisa (osilodrostat)
- Kerendia (finerenone)
- Krazati (adagrasib)
- liraglutide
- Lazcluze (lazertinib)
- Lorbreña (lorlatinib)
- Lumakras (sotorasib)
- Lynparza (olaparib)
- Mekinist (trametinib)
- mirabegron
- Mirvaso (brimonidine)
- Nerlynx (neratinib)
- Ninlaro (ixazomib)
- Noritate (metronidazole)
- Nucala (mepolizumab) [prefilled autoinjector/syringe]
- Ojemda (tovorafenib)
- Oxytrol (oxybutynin)
- Pomalyst (pomalidomide)
- Rayos (prednisone)
- Retevmo (selpercatinib)
- Revlimid (lenalidomide)
- Rinvoq (upadacitinib)
- Rubraca (rucaparib)
- Strensiq (asfotase alfa)
- Tabrecta (capmatinib)
- Tafinlar (dabrafenib)
- Tagrisso (osimertinib)
- Tarceva (erlotinib)
- Tepmetko (tepotinib)
- Thalomid (thalidomide)
- tolvaptan
- Tukysa (tucatinib)
- Tykerb (lapatinib)
- Ustekinumab products
 - Imuldosa, Qtulfi, Pyzchiva, Selarsdi, Stelara, Wezlana
- Vanflyta (quizartinib)
- Venclexta (venetoclax)

- Verquvo (vericiguat)
- Verzenio (abemaciclib)
- Vizimpro (dacotinib)
- Welireg (belzutifan)
- Xalkori (crizotinib)
- Xpovio (selinexor)
- Zejula (niraparib)
- Zelboraf (vemurafenib)
- Zilbrysq (zilucoplan)
- Zoryve (roflumilast) [foam]
- Zykadia (ceritinib)
- Zyvox (linezolid)

Retired Policies

- AirDuo Digihaler (fluticasone propionate/salmeterol)
- Altoprev (lovastatin)
- Androderm Patch (testosterone)
- ArmonAir Digihaler (fluticasone)
- Beconase AQ (beclomethasone)
- Gelnique (oxybutynin)
- Impeklo (clobetasol)
- Levemir (insulin detemir)
- Lonhala Magnair (glycopyrrolate)
- Minolira (minocycline ER)
- Neomycin Polymyxin Irrigation
- Nocdurna (desmopressin sublingual)
- ProAir Digihaler (albuterol)
- Qmiiz ODT (meloxicam)
- Reditrex injection (methotrexate)
- Symjepi (epinephrine)
- Tekturna HCT (aliskiren-hydrochlorothiazide)
- Tivorbex (indomethacin micronized)
- Tolmetin tablet 200mg
- Xenleta (lefamulin)
- Xgeva (denosumab)
- Ximino (minocycline ER)