

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

PART 1 - CHANGES EFFECTIVE DECEMBER 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 fourth 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”, “Plus Drug Formulary”, or “Performance 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, Standard/Value** and **Performance Drug Formularies** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
progesterone 100mg vaginal insert (Endometrin)	Infertility	Prior authorization

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

Drug	FDA Indication(s)	Coverage Restriction(s)
fidaxomicin 200mg tablet (Dificid)	C. difficile diarrhea	Prior authorization
liraglutide (Saxenda) <sup>1</sup>	Weight management	Prior authorization

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

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)
pilocarpine ophthalmic solution (Vuity)	Presbyopia	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)
Otezla XR, Otezla/Otezla XR Initiation Pack	Psoriatic arthritis, Plaque psoriasis, Behcet's disease	Prior authorization
bosentan 32mg tablet for suspension (Tracleer)	PAH	Prior authorization

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Brukinsa 180mg tablet	MCL, Waldenstrom macroglobulinemia, MZL, CLL, SLL, NHL	Prior authorization
Doptelet Sprinkle	Thrombocytopenia	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)
everolimus 0.25mg, 0.5mg, 0.75mg, 1mg tablet (Zortress)	Kidney and liver transplantation rejection prophylaxis	
Vyvgart Hytrulo	Generalized myasthenia gravis, Chronic inflammatory demyelinating polyneuropathy	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)
Anzupgo	Chronic hand eczema	Prior authorization
Brinsupri	Non-cystic fibrosis bronchiectasis	Prior authorization
Blujepa <sup>2</sup>	Uncomplicated UTI	Prior authorization
Orlynvah <sup>2</sup>		
Exxua <sup>2</sup>	Depression	Prior authorization
Hernexeos	NSCLC	Prior authorization
Inluriyo	Breast cancer	Prior authorization
Modeyso	Glioma	Prior authorization
Phyrago	Ph+ CML, Ph+ ALL	Prior authorization
Dawnzera	Prevention of HAE attacks	Prior authorization
Egrifta WR	Lipodystrophy	Prior authorization
Enbumyst <sup>2</sup>	Edema	Prior authorization
Forzinity	Barth syndrome	Prior authorization
Harliku	Alkaptonuria	Prior authorization
Leqembi Iqlik	Alzheimer's disease	Prior authorization
Palsonify	Acromegaly	Prior authorization
Rhapsido	Chronic spontaneous urticaria	Prior authorization
Wayrilz	Immune thrombocytopenic purpura	Prior authorization
Sephience	Hyperphenylalaninemia in those with	Prior authorization

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Zelvysia	PKU	
Jaythari	Duchenne muscular dystrophy	Prior authorization
Pyquvi		

2. 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)
dabigatran etexilate mesylate 75mg, 110mg, 150mg capsule (Pradaxa) <sup>1</sup>	Atrial fibrillation, DVT/PE, VTE	
Pradaxa		
darifenacin hydrobromide (Enablex)	OAB	
Enablex		
paliperidone er tablet (Invega)	Schizophrenia, Schizoaffective disorder	
Invega		
quetiapine fumarate er tablet (Seroquel XR)	Schizophrenia, Bipolar disorder, Major depressive disorder	
Seroquel XR		
Saphris <sup>3</sup>	Schizophrenia, Bipolar disorder	
potassium chloride 20meq/15ml (10%), 40meq/15ml (20%) oral solution <sup>1</sup>	Hypokalemia	

1. Applies to Grandfathered plans; 3. Effective 11/1/2025

**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
lurasidone (Latuda) <sup>2</sup>	Schizophrenia, Bipolar depression	Tier 1

2. Does not apply to Grandfathered plans

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

Drug	FDA Indication(s)	New Tier Status
potassium chloride 20meq/15ml (10%), 40meq/15ml (20%) oral solution <sup>2</sup>	Hypokalemia	Tier 1

2. Does not apply to Grandfathered plans

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

Drug	FDA Indication(s)	New Tier Status
brimonidine tartrate 0.15% ophthalmic solution (Alphagan P)	Glaucoma	Tier 2
cefepodoxime proxetil tablet	Bacterial infection	Tier 1
lidocaine 5% ointment	Pain	Tier 1
olanzapine odt (Zyprexa Zydus)	Schizophrenia, Bipolar depression	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
dabigatran etexilate mesylate 75mg, 110mg, 150mg capsule (Pradaxa) <sup>2</sup>	Atrial fibrillation, DVT/PE, VTE	Tier 1
Trulance	Constipation	Tier 2 w Age limit
venlafaxine hcl 37.5mg, 75mg, 150mg extended-release tablet 24hr <sup>2</sup>	Depression, Social anxiety disorder	Tier 1

2. Does not apply 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)
Eliquis Sprinkle capsule, Eliquis tablet for suspension	VTE	
cyclosporine 0.05% ophthalmic emulsion single-use vial (Restasis)	Dry eye disease	
insulin glargine-yfgn (by CivicaScript)	Diabetes	
Liomny	Hypothyroidism, Thyroid cancer, Thyroid suppression test	
Milophene	Infertility	
Luizza	Contraceptive	
Orquidea		
Valtya		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
alprazolam er tablet (Xanax XR)	Panic disorder	
cephalexin 250mg, 500mg tablet	Bacterial infection	
dabigatran etexilate mesylate 75mg, 110mg, 150mg capsule (Pradaxa)	Atrial fibrillation, DVT/PE, VTE	
darifenacin hydrobromide (Enablex)	OAB	
fenofibrate micronized 43mg, 130mg capsule (Antara)	Hypertriglyceridemia, Hyperlipidemia	
naproxen sodium 275mg, 550mg tablet (Anaprox, Anaprox DS)	RA, OA, AS, pJIA, Tendonitis, Brusitis, Acute gout, Pain, Dysmenorrhea	
paroxetine er tablet (Paxil CR)	Depression, Panic disorder, Social anxiety disorder	
paliperidone er tablet (Invega)	Schizophrenia, Schizoaffective disorder	
quetiapine fumarate er tablet (Seroquel XR)	Schizophrenia, Bipolar disorder, Major depressive disorder	
clobetasol propionate 0.05% foam (Olux)	Corticosteroid-responsive dermatoses	
desonide 0.05% lotion		
Se-natal 19	Prenatal vitamin	
Select-OB		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Nurtec ODT	Migraine	Prior authorization
Trulance	Constipation	Age limit

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

Drug	FDA Indication(s)	Coverage Restriction(s)
diclofenac-misoprostol (Arthrotec)	OA or RA and high-risk for NSAID-induced gastric or duodenal ulcers	
salsalate 500mg, 750mg tablet	RA, OA	
pentazocine-naloxone hcl (Talwin NX)	Pain	Age limit
eslicarbazepine acetate (Aptiom)	Partial-onset seizures	Step therapy
rufinamide tablet (Banzel)	Lennox-Gastaut Syndrome	Step therapy
memantine er capsule (Namenda XR)	Alzheimer's dementia	
fluvoxamine maleate er capsule (Luvox CR)	OCD	Step therapy
paroxetine mesylate (Brisdelle)	Vasomotor symptoms associated with menopause	
venlafaxine hcl 37.5mg, 75mg, 150mg extended-release tablet 24hr	Depression, Social anxiety disorder	
doxylamine-pyridoxine (Diclegis)	Nausea and vomiting of pregnancy	
terconazole 80mg vaginal suppository	Vulvovaginal candidiasis	
pyridostigmine bromide 60mg/5ml oral solution	Myasthenia gravis	
pyridostigmine bromide 180mg er tablet		
pramipexole dihydrochloride er tablet (Mirapex ER)	Parkinson's disease	
tizanidine 2mg, 4mg, 6mg capsule (Zanaflex)	Spasticity	
diazoxide oral suspension (Proglycem)	Hypoglycemia due to hyperinsulinism	
isradipine (DynaCirc)	Hypertension	
moexipril (Univasc)		
nisoldipine (Sular)		
potassium chloride 20meq/15ml (10%), 40meq/15ml (20%) oral solution	Hypokalemia	
lubiprostone (Amitiza)	Constipation	Age limit
potassium & sodium citrate-citric acid oral solution	Urinary alkalization, Renal tubular acidosis	
progesterone 50mg/ml in oil for injection	Amenorrhea, Abnormal uterine bleeding	
testosterone 30mg/actuation (Axiron)	Hypogonadism	Prior authorization
calcitriol 1mcg/ml oral solution (Rocaltrol)	Hyperparathyroidism, Hypocalcemia	
paricalcitol capsule (Zemlar)	Hyperparathyroidism	
bimatoprost 0.03% ophthalmic solution (Lumigan)	Glaucoma	Step therapy
brinzolamide 1% ophthalmic suspension (Azopt)		
brimonidine tartrate 0.1% ophthalmic		

Drug	FDA Indication(s)	Coverage Restriction(s)
solution (Alphagan P)		
timolol hemihydrate 0.5% ophthalmic solution (Betimol)		
bromfenac sodium 0.09% ophthalmic solution (Bromday)	Post-op ocular inflammation and pain	
arformoterol tartrate nebulizer solution (Brovana)	COPD	
carisoprodol 250mg tablet (Soma)	Acute, painful musculoskeletal conditions	Age limit
metaxalone 400mg, 800mg tablet (Skelaxin)		
orphenadrine citrate 100mg tablet		
doxepin 3mg, 6mg tablet (Silenor)	Insomnia	Step therapy
triazolam 0.125mg, 0.25mg tablet (Halcion)		

### **MEDICAL BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"> <li>• Papzimeos (zopapogene imadenovec-drba, SC)</li> <li>• Tyruko (natalizumab-sztn, IV)*</li> </ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"> <li>• Actemra (tocilizumab, IV)</li> <li>• Alhemo (concizumab-mtci, SC)</li> <li>• Benlysta (belimumab, IV)</li> <li>• Botulinum toxin agents (Botox, Dysport, Myobloc, Xeomin)</li> <li>• Brineura (cerliponase alfa, intracerebroventricular)</li> <li>• Cimzia (certolizumab-pegol, SC)</li> <li>• Cinqair (reslizumab, IV)</li> <li>• Entyvio (vedolizumab, IV)</li> <li>• Evenity (romosozumab-aqag, SC)</li> <li>• Fasenra (benralizumab, SC)</li> <li>• Infliximab, IV (Avsola, Inflectra, Renflexis, Remicade)</li> <li>• Leqvio (inclisiran, SC)</li> <li>• Nplate (romiplostim, SC)</li> <li>• Nucala (mepolizumab, SC)</li> <li>• Omvoh (mirikizumab-mrkz, IV)</li> <li>• PiaSky (crovalimab-akkz, IV/SC)</li> <li>• Skyrizi (risankizumab-rzaa, IV)</li> <li>• Skysona (elivaldogene autotemcel, IV)</li> <li>• Soliris (eculizumab, IV)</li> <li>• Tezspire (tezepelumab-ekko, SC)</li> </ul>

<ul style="list-style-type: none"> <li>• Tremfya (guselkumab, IV)</li> <li>• Tysabri (natalizumab, IV)</li> <li>• Ultomiris (ravulizumab-cwvz, IV)</li> <li>• ustekinumab products, IV</li> <li>• Vyepti (eptinezumab-jjmr, IV)</li> <li>• Winrevair (sotatercept, SC)</li> <li>• Xiaflex (collagenase clostridium histolyticum, injection for intralesional use)</li> <li>• Xolair (omalizumab, SC)</li> </ul>
<b>Retired Policies</b>
<ul style="list-style-type: none"> <li>• None</li> </ul>

\*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

<b>New Policies</b>
<ul style="list-style-type: none"> <li>• Anzupgo (delgocitinib, topical)</li> <li>• Brekiya (dihydroergotamine mesylate, SC)</li> <li>• Brinsupri (brensocatic, oral)</li> <li>• Brynovin solution (sitagliptin, oral)</li> <li>• Carbzah oral solution (carbinoxamine, oral)</li> <li>• Clemsza (clemastine Fumarate, oral)</li> <li>• Dawnzera (donidalorsen, SC)</li> <li>• dicyclomine 40 mg tablet, oral</li> <li>• Enbumyst (bumetanide, nasal spray)</li> <li>• Exxua (gepirone, oral)</li> <li>• fluticasone furoate Ellipta inhalation</li> <li>• Forzinity (elamipretide, SC)</li> <li>• Harliku (nitisinone, oral)</li> <li>• Hernexeos (zongertinib, oral)</li> <li>• ibuprofen 300mg, oral</li> <li>• Inluriyo (imlunestrant, oral)</li> <li>• Leqembi IQLIK (lecanemabirimb, SC)</li> <li>• Lurbiro (flurbiprofen, oral)</li> <li>• Modeyso (dordaviprone, oral)</li> <li>• Orlynvah (sulopenem etzadroxil and probenecid, oral)</li> <li>• Palsonify (paltusotine, oral)</li> <li>• Phyrago (dasatinib, oral)</li> <li>• Rhapsido (remibrutinib, oral)</li> <li>• Sephience (sepiapterin, oral)</li> <li>• Vizz (aceclidine, ophthalmic solution)</li> <li>• Wayrilz (rilzabrutinib, oral)</li> <li>• Zanaflex 8 mg (tizanidine, oral)</li> </ul>
<b>Updated Policies</b>

- abiraterone (Abirtega, Zytiga), oral
- Adbry (tralokinumab, SC)
- Aimovig (erenumab-aooe, SC)
- Ajoovy (fremanezumab-vfrm, SC)
- Alvaiz (eltrombopag tablet, oral)
- Ampyra (dalfampridine extended-release, oral)
- Benlysta (belimumab, SC)
- bexarotene (Targretin, oral)
- Brukinsa (zanubrutinib, oral)
- Calquence (acalabrutinib, oral)
- Cibinqo (abrocitinib, oral)
- Cimzia (certolizumab, SC)
- Doptelet, Doptelet Sprinkle (avatrombopag, oral)
- Dupixent (dupilumab, SC)
- Duvyzat (givinostat, oral suspension)
- Ebglyss (lebrikizumab, SC)
- Emgality (galcanezumab-gnlm, SC)
- Empaveli (pegcetacoplan, SC)
- Eplclusa (sofosbuvir-velpatasvir, oral)
- Entyvio (vedolizumab, SC)
- Fabhalta (iptacopan, oral)
- Fasenra (benralizumab, SC)
- fidaxomicin, oral
- Furoscix (furosemide, on-body infusor)
- Gocovri (amantadine ER, oral)
- Harvoni (ledipasvir-sofosbuvir, oral)
- Hydrocortisone topical products
- Ibsrela (tenapanor hcl, oral)
- Impavido (miltefosine, oral)
- Jakafi (ruxolitinib, oral)
- Kerendia (finerenone, oral)
- Kineret (anakinra, SC)
- Kuvan (sapropterin, oral)
- Mavyret (glecaprevir-pibrentasvir, oral)
- Motegrity (prucalopride succinate, oral)
- Nemluvio (nemolizumab, SC)
- Nexletol (bempedoic acid, oral)
- Nexlizet (bempedoic acid-ezetimibe, oral)
- Non-formulary Drug
- Non-formulary Drug Exception
- Non-preferred/preferred adalimumab products, SC
- Non-preferred/preferred ustekinumab products, SC
- Nucala (mepolizumab, SC)
- Nurtec (rimegepant, oral)
- Omvoh (mirikizumab-mrkz, SC)
- Praluent (alirocumab, SC)
- Promacta (eltrombopag, oral)
- Qulipta (atogepant, oral)

- Repatha (evolocumab, SC)
- Reyvow (lasmiditan, oral)
- Rezdifra (resmetirom, oral)
- Rinvoq (upadacitinib, oral)
- Rolvedon (eflapegrastim, SC)
- Ryvent tablet (carbinoxamine, oral)
- Scemblix (asciminib, oral)
- Simponi (golimumab, SC)
- Skyrizi (risankizumab-rzaa, SC)
- Skytrofa (lonapegsomatropin-tcgd, SC)
- Sovaldi (sofosbuvir, oral)
- Tezspire (tezepelumab-ekko, SC)
- Tremfya (guselkumab, SC)
- Trulance (plecanatide, oral)
- Ubrelvy (ubrogepant, oral)
- Velsipity (etrasimod, oral)
- Voquezna (vonoprazan, oral)
- Voranigo (vorasidenib, oral)
- Vosevi (sofosbuvir-velpastasvir-voxilaprevir, oral)
- Wegovy (semaglutide, SC)
- Winrevair (sotatercept, SC)
- Xeljanz/Xeljanz XR (tofacitinib, oral)
- Xolair (omalizumab, SC)
- Yorvipath (palopegteriparatide, oral)
- Zepatier (elbasvir-grazoprevir, oral)
- Zeposia (ozanimod, oral)
- Zavzpret (zavegepant, nasal)
- Zymfentra (infliximab-dyyb, SC)

#### *Retired Policies*

- AzesChew Prenatal/Postnatal chew tab
- Butrans (buprenorphine)
- cyclosporine 0.05% ophthalmic single use vials
- Darifenacin Hydrobromide ER
- Endari (L-glutamine) – for Performance only
- Exservan (riluzole oral film)
- Extavia (interferon beta-1b)
- Fenofibrate micronized (Antara) 30mg & 90 mg capsule
- Invega (paliperidone ER)
- Muse (alprostadil)
- Ocaliva (obeticholic acid)
- Osmolex ER (amantadine ER)
- Otrexup (methotrexate)
- Potassium chloride solution
- Pradaxa capsule (dabigatran mesylate)
- Saphris (asenapine)
- Seroquel ER (quetiapine fumarate ER)

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- *Non-formulary and non-preferred drugs that require prior authorization or step therapy.*
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**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)
Endometrin <sup>5</sup>	Infertility	progesterone vaginal insert
Entresto	Heart failure	sacubitril-valsartan
Epipen, Epipen Jr	Allergic reaction	epinephrine auto-injectors
Klor-con ER tablet	Hypokalemia	potassium chloride er tablet
Nyvepria <sup>4</sup>	Chemotherapy-induced neutropenia	Fulphila, Udenyca
Promacta <sup>4</sup>	Thrombocytopenia, Aplastic anemia	eltrombopag olamine
Revlimid <sup>4</sup>	Multiple myeloma, MDS, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	lenalidomide
Spiriva HandiHaler	COPD	Spiriva Respimat, Incruse Ellipta
Avar 10%-5% cleanser	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-5% liquid, sulfacetamide sodium-sulfur 8-4% suspension, sulfacetamide
Sulfacetamide sodium-sulfur 9%-4% liquid		

Drug	FDA Indication(s)	Alternative(s)
Sulfacetamide sodium-sulfur wash 9%-4% liquid	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-2% liquid
SulfaCleanse 8/4 8%-4% topical suspension		
Sulfacetamide sodium-sulfur 10%-4% pad		
Sulfacetamide sodium-sulfur 9.8%-4.8% cream		
Sulfacetamide sodium-sulfur 9.8%-4.8% lotion		
Sulfacetamide sodium-sulfur 10%-2% cream		
Sulfacetamide sodium-sulfur 10%-5% topical suspension		
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
Tasigna <sup>4</sup>	Ph+ CML	nilotinib hcl
Tracleer 32mg tablet for suspension <sup>4</sup>	PAH	bosentan
Vyvanse capsule	ADHD	lisdexamfetamine dimesylate

4. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost; 5. Effective 5/1/2026

The following drug(s) were removed from the **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)
Saxenda	Weight management	

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)
insulin glargine, insulin glargine solostar	Diabetes	Tresiba, Lantus
Stelara <sup>4</sup>	PsA, Ps, CD, UC	Yesintek

4. 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) were removed from the **Standard Drug Formulary**:

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

Drug	FDA Indication(s)	Alternative(s)
Adipex-P	Obesity	
benzphetamine hcl		
diethylpropion hcl		
Lomaira		
phendimetrazine tartrate		
phentermine hcl		
Qsymia		

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)
Dificid	C. difficile diarrhea	vancomycin, fidaxomicin
Endari <sup>4</sup>	Sickle cell disease	Droxia
Linzess	Constipation	Trulance, lubiprostone
Myrbetriq	OAB, Neurogenic detrusor overactivity	mirabegron
OneTouch Ultra, OneTouch Ultra Test, OneTouch Ultra Blue Test, OneTouch Verio	Blood glucose test strips	Accu-Chek brand
Semglee	Diabetes	Tresiba

<sup>4</sup> 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 there is a same or similar drug option available.

Drug	FDA Indication(s)	Alternative(s)
Altoprev <sup>2</sup>	CAD, Atherosclerosis, Hyperlipidemia	lovastatin, atorvastatin, pravastatin, rosuvastatin, simvastatin, fluvastatin cap
Epsolay <sup>2</sup>	Acne rosacea	metronidazole 0.75% cream, gel & lotion, metronidazole 1% gel, azelaic acid 15% gel
halcinonide 0.1% topical solution (Halog) <sup>2</sup>	Steroid responsive dermatoses	fluocinonide 0.05% solution, betamethasone dipropionate 0.05% cream/ointment, TAC 0.5% cream/ointment
ala-scalp 2% lotion <sup>2</sup>		hydrocortisone 2.5% lotion, fluocinolone acetonide 0.01% solution
hydrocortisone 2% lotion <sup>2</sup>		
ibuprofen-famotidine (Duexis) <sup>2</sup>	RA, OA	ibuprofen 800mg tablet, famotidine
Kristalose 10gm, 20gm powder packet <sup>2</sup>	Constipation	lactulose 10gm/15ml oral solution
metformin hcl er tab (Glumetza) <sup>2</sup>	Type 2 diabetes	metformin 500mg & 750mg er tab (generic Glucophage XR)
omeprazole-sodium bicarbonate 40-110mg capsule (Zegerid) <sup>2</sup>	Ulcer, GERD	omeprazole 40mg dr capsule
Pirfenidone 534mg tablet <sup>2</sup>	Idiopathic pulmonary fibrosis	pirfenidone 267mg tab or cap
Soanz <sup>2</sup>	Edema	torse mide 20mg tablet

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

The following drug(s) are no longer covered on the **Plus** and **Standard/Value Drug Formularies** because there is a same or similar drug option available.

Drug	FDA Indication(s)	Alternative(s)
Enstilar <sup>2</sup>	Plaque psoriasis	calcipotriene-betamethasone dipropionate topical solution
Nityr <sup>2</sup>	Hereditary tyrosinemia type 1	nitisinone capsule
Rayos <sup>2</sup>	Inflammatory, allergic, and autoimmune disorders	prednisone

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

The following drug(s) are no longer covered on the **Performance Drug Formulary** because there is a same or similar drug option available.

Drug	FDA Indication(s)	Alternative(s)
Oracea	Acne rosacea	doxycycline 20mg tablet

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

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **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)
Fulphila	Chemotherapy-induced neutropenia, Acute radiation syndrome	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)
Vumerity	Multiple sclerosis	Prior authorization

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Avonex	Multiple sclerosis	Prior authorization
Kesimpta		

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)
Revcovi	ADA-SCID	Prior authorization

#### 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)
Mirvaso <sup>1</sup>	Acne rosacea	Prior authorization
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, Standard/Value and Performance Drug Formulary:

Drug	FDA Indication(s)	New Tier Status
fluoxetine 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
Prenaissance	Prenatal vitamin	Tier 2

2. 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
Alphagan P 0.1% ophthalmic solution	Glaucoma	Tier 3
Anucort-HC 25mg suppository	Hemorrhoids, Proctitis, UC, Cryptitis	Tier 3
Anusol-HC 25mg suppository <sup>1</sup>		Tier 3 w Prior authorization
Cambia <sup>2</sup>	Acute migraine	Tier 4
Elmiron	Interstitial cystitis	Tier 3
Endometrin <sup>5</sup>	Infertility	Tier 3 w Prior authorization
Entresto	Heart failure	Tier 3
Epipen, Epipen Jr	Allergic reaction	Tier 3
Fabior <sup>2</sup>	Acne vulgaris	Tier 4 w Prior authorization
halcinonide 0.1% topical solution (Halog) <sup>1</sup>	Steroid responsive dermatoses	Tier 1 w Prior authorization
insulin glargine, insulin glargine solostar	Diabetes	Tier 3 w Prior authorization
Klor-con ER tablet	Hypokalemia	Tier 3
Mirvaso <sup>2</sup>	Acne rosacea	Tier 4 w Prior authorization
Myrbetriq	OAB, Neurogenic detrusor overactivity	Tier 3 w Step therapy
Percocet 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg tablet <sup>2</sup>	Pain	Tier 4
Spiriva HandiHaler	COPD	Tier 3 w Prior authorization
Sulfacetamide sodium 10% cleansing gel	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Tier 3 w Step therapy
Avar 10%-5% cleanser		
Sulfacetamide sodium-sulfur 9%-4% liquid		
Sulfacetamide sodium-sulfur wash 9%-4% liquid		
SulfaCleanse 8/4 8%-4% topical suspension		
Sulfacetamide sodium-sulfur 10%-2% cream		
Sulfacetamide sodium-sulfur 10%-5% topical suspension		
Avar-E Emollient 10%-5% cream		
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		
SSS 10-5 10%-5% foam		
Sulfacetamide sodium-sulfur 10%-4% pad		

Drug	FDA Indication(s)	New Tier Status
Plexion 9.8%-4.8% lotion <sup>2</sup>	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Tier 4 w Step therapy
Plexion 9.8%-4.8% cleansing cloth <sup>2</sup>		
Sumaxin 10%-4% pad <sup>2</sup>		

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 5. Effective 5/1/2026

**DRUGS ADDED to FORMULARY**

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

Drug	FDA Indication(s)	Coverage Restriction(s)
mirabegron (Myrbetriq)	OAB, Neurogenic detrusor overactivity	Step therapy

**MEDICAL 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 → 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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"> <li>None</li> </ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"> <li>Denosumab biosimilar products for Prolia <ul style="list-style-type: none"> <li>Jubbonti, Conexence, Stoboclo</li> </ul> </li> <li>Denosumab biosimilar products for Xgeva <ul style="list-style-type: none"> <li>Bomynta, Osenvelt, Wyost</li> </ul> </li> <li>eculizumab products <ul style="list-style-type: none"> <li>BKEMV, Epsyqli, Soliris</li> </ul> </li> <li>IVIG products <ul style="list-style-type: none"> <li>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%</li> </ul> </li> </ul>
<b><i>Retired Policies</i></b>
<ul style="list-style-type: none"> <li>None</li> </ul>

**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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"> <li>None</li> </ul>
<b><i>Updated Policies</i></b>

- Epsolay (benzoyl peroxide)
- Nityr (nitisinone)
- Non-preferred basal insulin
- Pirfenidone [534 mg]
- Spiriva Handihaler (tiotropium)
- Stelara (ustekinumab)
- Vumerity (diroximel fumarate)

*Retired Policies*

- None