



May 2025

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 Blue Shield *Plus Drug Formulary* from the P&T Committee as of May 2025. 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)
rivaroxaban 2.5mg tablet (Xarelto)	DVT, PE, Atrial fibrillation	Quantity limit
ticagrelor 90mg tablet (Brilinta)	Arterial thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	
tolmetin sodium 600mg tablet ¹	RA, OA, jRA	Prior authorization
topiramate 50mg capsule sprinkle ¹	Partial-onset seizures, Generalized tonic-clonic seizures, Lennox-Gastaut syndrome, Migraine prophylaxis	Prior authorization
Feirza	Contraceptive	
Valtya	Contraceptive	
auranofin (Ridaura)	Rheumatoid arthritis	
timolol hemihydrate 0.5% ophth solution (Betimol)	Glaucoma	

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
baclofen (Ozobax) ¹	Spasticity	Prior authorization, Quantity limit	Tier 1
chlorzoxazone 375mg, 500mg, 750mg tablet ²	Musculoskeletal pain	Prior authorization, Quantity limit	Tier 2
Brilinta 90mg tablet ³	Arterial thromboembolism prophylaxis, CAD, Stroke or MI prophylaxis	Quantity limit	Tier 3
diclofenac sodium 3% gel (Solaraze) ²	Actinic keratosis	Prior authorization, Quantity limit	Tier 3
methadone hcl 40mg tablet for oral suspension ² , methadose ²	Opioid addiction	Prior authorization, Quantity limit	Tier 1
eletriptan hydrobromide (Relpax)	Acute migraine	Remove Step therapy, Quantity limit	Tier 1
Relpax	Acute migraine	Remove Step therapy, Quantity limit	Remain Tier 3
candesartan cilexetil (Atacand)	Hypertension, Heart failure	Quantity limit, Remove Step therapy	Remain Tier 1
Atacand	Hypertension, Heart failure	Quantity limit, Remove Step therapy	Remain Tier 3
candesartan cilexetil- hctz (Atacand HCT)	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 1
Atacand HCT	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 3
olmesartan- amlodipine-hctz (Tribenzor)	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 1
Tribenzor	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 3
telmisartan-hctz (Micardis HCT)	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 1
Micardis HCT	Hypertension	Quantity limit, Remove Step therapy	Remain Tier 3
methylphenidate hcl er capsule (Metadate CD)	ADHD	Age-limit, Quantity limit, Remove Step therapy	Remain Tier 1
Namzaric 21-10mg er capsule	Alzheimer's disease	Quantity limit	Tier 3
adapalene-benzoyl peroxide (Epiduo)	Acne vulgaris	Age-limit, Remove Step therapy	Remain Tier 1
Epiduo	Acne vulgaris	Age-limit, Remove Step therapy	Remain Tier 3
acyclovir 5% ointment (Zovirax)	Genital herpes, Mucocutaneous Herpes simplex virus infections	Quantity limit, Remove Prior authorization	Remain Tier 1

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
clobetasol propionate 0.05% foam (Olux)	Psoriasis	Remove Prior authorization	Remain Tier 1
Olux 0.05% foam	Psoriasis	Remove Prior authorization	Remain Tier 3
clobetasol propionate 0.05% spray (Clobex)	Psoriasis	Quantity limit, Remove Prior authorization	Remain Tier 3 ² , Remain Tier 1 ¹
Clobex 0.05% spray	Psoriasis	Remove Prior authorization	Remain Tier 3, Tier 4 ^{2, 4}
Ultravate 0.05% lotion	Psoriasis	Quantity limit, Remove Step therapy, Add Prior authorization	Remain Tier 4 ² , Remain Tier 3 ¹
desonide 0.05% lotion	Steroid responsive skin conditions	Remove Step therapy	Remain Tier 1
Derma-Smoothe/FS 0.01% body oil	Atopic dermatitis		Tier 2
fluocinonide 0.1% cream (Vanos)	Steroid responsive skin conditions	Remove Prior authorization	Remain Tier 1
Vanos 0.1% cream	Steroid responsive skin conditions	Remove Prior authorization	Remain Tier 3
amcinonide 0.1% cream and ointment	Steroid responsive skin conditions	Remove Step therapy, Add Prior authorization	Remain Tier 3 ² , Remain Tier 1 ¹
clobetasol propionate 0.05% emulsion foam (Olux-E), tovet 0.05% emulsion foam	Steroid responsive skin conditions	Remove Prior authorization, Add Step therapy	Remain Tier 1
Olux-E 0.05% emulsion foam	Steroid responsive skin conditions	Remove Prior authorization, Add Step therapy	Remain Tier 3
diflorasone diacetate 0.05% cream and ointment	Steroid responsive skin conditions	Remove Step therapy, Add Prior authorization	Remain Tier 3 ² , Remain Tier 1 ¹
hydrocortisone 2% lotion, ala-scalp 2% lotion	Steroid responsive skin conditions	Remove Step therapy, Add Prior authorization	Remain Tier 3
esomeprazole magnesium 40mg dr capsule (Nexium)	Erosive esophagitis, GERD, Gastric ulcer, Duodenal ulcer, Hypersecretory conditions	Quantity limit, Remove Prior authorization, Add Step therapy	Remain Tier 1
sildenafil citrate tablet (Viagra)	Erectile dysfunction	Quantity limit, Remove Prior authorization	Remain Tier 1
tadalafil tablet (Cialis)	Erectile dysfunction, BPH	Quantity limit, Remove Prior authorization	Tier 1 ² , Remain Tier 1 ¹
tolterodine tartrate (Detrol)	Overactive bladder	Quantity limit, Remove Step therapy	Remain Tier 1

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
tolterodine tartrate er capsule (Detrol LA)	Overactive bladder	Quantity limit, Remove Step therapy	Remain Tier 1
clomiphene citrate, Clomid	Infertility	Remove Quantity limit	Remain Tier 1
norelgestromin-ethinyl estradiol, Xulane, Zafemy	Contraceptive	Remove Quantity limit	Remain Tier 1
Twirla	Contraceptive	Remove Quantity limit	Remain Tier 3
etonogestrel-ethinyl estradiol, EluRyng, EnilloRing, Haloette	Contraceptive	Remove Quantity limit	Remain Tier 1
Nuvaring	Contraceptive	Remove Quantity limit	Remain Tier 3
levonorgestrel-ethinyl estradiol, Amethyst, Dolishale	Contraceptive	Remove Quantity limit	Remain Tier 1
Betimol 0.5% ophth solution	Glaucoma		Tier 3 ³
timolol maleate 0.25%, 0.5% ophth gel forming solution	Glaucoma		Tier 1 ²
Xdemy	Demodex blepharitis	Prior authorization, Quantity limit	Tier 4 ^{1,4}
fluocinolone acetonide 0.01% otic oil	Eczematous otitis externa		Tier 1 ²
armodafinil (Nuvigil)	Narcolepsy, OSA, Shift work sleep disorder	Quantity limit, Remove Prior authorization	Tier 2 ² , Remain Tier 1 ¹
Nuvigil	Narcolepsy, OSA, Shift work sleep disorder	Quantity limit, Remove Prior authorization	Remain Tier 3
Hemmorex-HC	Hemorrhoids, Post- irradiation proctitis, Ulcerative colitis, Cryptitis, Inflammatory conditions of anorectum and pruritis ani		Tier 2

1. Applies to grandfathered plans; 2. Does not apply to grandfathered plans; 3. Effective 8/2025; 4. Effective: 1/2026

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Abirtega	Prostate cancer	Prior authorization, Quantity limit
Gomekli	Neurofibromatosis	Prior authorization, Quantity limit
mercaptopurine 20mg/ml suspension (Purixan)	Acute lymphoblastic leukemia	Age-limit, Quantity limit
Romvimza	Tenosynovial giant cell tumor	Prior authorization, Quantity limit
ferric citrate 210mg tablet (Auryxia) ²	Hyperphosphatemia	Prior authorization, Quantity limit
Inzirqo ²	Hypertension, Edema	Age-limit, Quantity limit
Purified Cortrophin Gel	Rheumatic disorders, Collagen disease, Dermatological diseases, Allergic states, Ophthalmic diseases, Respiratory diseases, Edematous states, Nervous system disorder	Prior authorization, Quantity limit
Raldesy ²	Depression	Prior authorization, Quantity limit
Xromi ²	Sickle cell anemia	Prior authorization, Quantity limit

2. Does not apply to grandfathered plans