



November 2025

Plus Drug Formulary changes – Part 1

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 *Plus Drug Formulary* from the P&T Committee as of **December 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)
Eliquis Sprinkle capsule, Eliquis tablet for suspension	Venous thromboembolism	Quantity limit
cyclosporine 0.05% ophthalmic emulsion single-use vial (Restasis)	Dry eye disease	Quantity limit
insulin glargine-yfgn (<i>by CivicaScript</i>)	Diabetes	Quantity limit
Liomny	Hypothyroidism, Thyroid cancer, Thyroid suppression test	
Milophene	Infertility	
progesterone 100mg vaginal insert (Endometrin)		Prior authorization
Luizza	Contraceptive	
Orquidea		
Valtya		
fidaxomicin 200mg tablet (Dificid)	C. difficile diarrhea	Prior authorization, Quantity limit
liraglutide (Saxenda) ¹	Weight management	Prior authorization, Quantity limit

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)
pilocarpine ophthalmic solution (Vuity)	Presbyopia	Prior authorization, Quantity limit

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
dabigatran 75mg, 110mg, 150mg capsule (Pradaxa)	Atrial fibrillation, DVT/PE, VTE	Quantity limit, Remove Prior authorization	Tier 1 ² Remains Tier 1 ¹
Pradaxa			Remains Tier 3
darifenacin hydrobromide (Enablex)	Overactive bladder	Quantity limit, Remove Step therapy	Remains Tier 1
Enablex			Remains Tier 3
paliperidone er tablet (Invega)	Schizophrenia, Schizoaffective disorder	Quantity limit, Remove Prior authorization	Remains Tier 1
Invega			Remains Tier 3
quetiapine fumarate er tablet (Seroquel XR)	Schizophrenia, Bipolar disorder, Major depressive disorder	Remove Step therapy	Remains Tier 1
Seroquel XR			Remains Tier 3
Saphris ³	Schizophrenia, Bipolar disorder	Quantity limit, Remove Step therapy	Remains Tier 3
potassium chloride 20meq/15ml (10%), 40meq/15ml (20%) oral solution	Hypokalemia	Remove Prior authorization	Tier 1 ² Remains Tier 1 ¹
lurasidone (Latuda) ²	Schizophrenia, Bipolar depression		Tier 1
Trulance	Constipation	Remove Prior authorization, Add Age limit	Tier 2
venlafaxine hcl 37.5mg, 75mg, 150mg extended-release tablet 24hr ²	Depression, Social anxiety disorder	Quantity limit	Tier 1

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 3. Effective 11/1/2025

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Anzupgo	Chronic hand eczema	Prior authorization, Quantity limit
bosentan 32mg tablet for suspension (Tracleer)	PAH	Prior authorization, Quantity limit

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Brinsupri	Non-cystic fibrosis bronchiectasis	Prior authorization, Quantity limit
Blujepa ²	Uncomplicated UTI	Prior authorization, Quantity limit
Orlynvah ²		
Exxua ²	Depression	Prior authorization, Quantity limit
Brukinsa 180mg tablet	MCL, Waldenstrom macroglobulinemia, MZL, CLL, SLL, NHL	Prior authorization, Quantity limit
Hernexeos	NSCLC	Prior authorization, Quantity limit
Inluriyo	Breast cancer	Prior authorization, Quantity limit
Modeyso	Glioma	Prior authorization, Quantity limit
Phyrago	Ph+ CML, Ph+ ALL	Prior authorization, Quantity limit
Dawnzera	Prevention of HAE attacks	Prior authorization, Quantity limit
Doptelet Sprinkle	Thrombocytopenia	Prior authorization, Quantity limit
Egrifta WR	Lipodystrophy	Prior authorization, Quantity limit
Enbumyst ²	Edema	Prior authorization, Quantity limit
Forzinity	Barth syndrome	Prior authorization, Quantity limit
Harliku	Alkaptonuria	Prior authorization, Quantity limit
Leqembi Iqlik	Alzheimer's disease	Prior authorization, Quantity limit
Otezla XR, Otezla/Otezla XR Initiation Pack	Psoriatic arthritis, Plaque psoriasis, Behcet's disease	Prior authorization, Quantity limit
Palsonify	Acromegaly	Prior authorization, Quantity limit
Rhapsido	Chronic spontaneous urticaria	Prior authorization, Quantity limit
Wayrilz	Immune thrombocytopenic purpura	Prior authorization, Quantity limit
Sephience	Hyperphenylalaninemia in those with PKU	Prior authorization, Quantity limit
Zelvysia		
Jaythari	Duchenne muscular dystrophy	Prior authorization, Quantity limit
Pyquvi		

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans

Plus Drug Formulary changes – Part 2

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
amlodipine-valsartan-hctz (Exforge HCT)	Hypertension	Step therapy, Quantity limit	Tier 2 ² Remains Tier 1 ¹
Exforge HCT			Remains Tier 3
fluoxetine 10mg, 20mg tablet ²	Premenstrual dysphoric disorder	Quantity limit	Tier 2
Mirvaso	Acne rosacea	Prior authorization, Quantity limit	Tier 4 ² Remains Tier 3 ¹
Prenaisance	Prenatal vitamin		Tier 2
Alphagan P 0.1% ophthalmic solution	Glaucoma		Tier 3
Anucort-HC 25mg suppository	Hemorrhoids, Proctitis, UC, Cryptitis		Tier 3
Anusol-HC 25mg suppository ¹	Hemorrhoids, Proctitis, UC, Cryptitis	Prior authorization	Tier 3
Cambia ²	Acute migraine	Prior authorization, Quantity limit	Tier 4
Elmiron	Interstitial cystitis		Tier 3
Entresto	Heart failure	Quantity limit	Tier 3
Epipen, Epipen Jr	Allergic reaction	Quantity limit	Tier 3

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
Fabior ²	Acne vulgaris	Prior authorization, Quantity limit	Tier 4
halcinonide 0.1% topical solution (Halog) ¹	Steroid responsive dermatoses	Prior authorization	Tier 1
insulin glargine, insulin glargine solostar	Diabetes	Prior authorization, Quantity limit	Tier 3
Klor-con ER tablet	Hypokalemia		Tier 3
Myrbetriq	OAB, Neurogenic detrusor overactivity	Step therapy, Quantity limit	Tier 3
Percocet 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg tablet ²	Pain	Quantity limit	Tier 4
Spiriva HandiHaler	COPD	Prior authorization, Quantity limit	Tier 3
Sulfacetamide sodium 10% cleansing gel	Seborrheic dermatitis, Seborrhea sicca, Bacterial infection	Step therapy, Quantity limit	Tier 3
SulfaCleanse 8/4 8%-4% topical suspension	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy	Tier 3
Sulfacetamide sodium-sulfur 9%-4% liquid			
Sulfacetamide sodium-sulfur wash 9%-4% liquid			
Sulfacetamide sodium-sulfur 10%-5% topical suspension			
Avar 10%-5% cleanser			
Avar LS 10%-2% cleanser			Remains Tier 3
Sulfacetamide sodium-sulfur 10%-2% cream	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy	Tier 3
Avar-E Emollient 10%-5% cream			
Avar-E LS 10%-2% cream			Remains Tier 3
Sulfacetamide sodium-sulfur 9.8%-4.8% cream			Tier 2
Sulfacetamide sodium-sulfur 9.8%-4.8% lotion			
SSS 10-5 10%-5% foam	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy	Tier 2
Sulfacetamide sodium-sulfur 10%-4% pad	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy	Tier 2
Sumaxin 10%-4% pad			Tier 4 ² Remains Tier 3 ¹

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
Plexion 9.8%-4.8% lotion ²	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy, Quantity limit	Tier 4
Plexion 9.8%-4.8% cleansing cloth ²			
Sumaxin 10%-4% pad		Step therapy	Tier 4 ² Remains Tier 3 ¹

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans

2. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Revcovi	ADA-SCID	Prior authorization

3. Brand-name drugs removed from the formulary or moved to the non-preferred drug tier. Generic equivalents are now available and on the formulary.

Drug	FDA indication(s)	Alternative(s)
Endometrin ⁴	Infertility	progesterone vaginal insert

4. Effective: 5/1/2026

4. Drugs excluded from coverage because there is a same or similar drug option available. Benefit limitations apply.

Drug	FDA indication(s)	Alternative(s)
Altoprev ²	CAD, Atherosclerosis, Hyperlipidemia	ovastatin, atorvastatin, pravastatin, osuvastatin, simvastatin, fluvastatin cap
Enstilar ²	Plaque psoriasis	calcipotriene-betamethasone dipropionate topical solution
Epsolay ²	Acne rosacea	metronidazole 0.75% cream, gel & lotion, metronidazole 1% gel, azelaic acid 15% gel
halcinonide 0.1% topical solution (Halog) ²	Steroid responsive dermatoses	fluocinonide 0.05% solution, betamethasone dipropionate 0.05% cream/ointment, TAC 0.5% cream/ointment
ala-scalp 2% lotion ²		hydrocortisone 2.5% lotion, fluocinolone acetonide 0.01% solution
hydrocortisone 2% lotion ²		
ibuprofen-famotidine (Duexis) ²	RA, OA	ibuprofen 800mg tablet, famotidine
Kristalose 10gm, 20gm powder packet ²	Constipation	lactulose 10gm/15ml oral solution

4. Drugs excluded from coverage because there is a same or similar drug option available. Benefit limitations apply.

Drug	FDA indication(s)	Alternative(s)
metformin hcl er tab (Glumetza) ²	Type 2 diabetes	metformin 500mg & 750mg er tab (generic Glucophage XR)
Nityr ²	Hereditary tyrosinemia type 1	nitisinone capsule
omeprazole-sodium bicarbonate 40-110mg capsule (Zegerid) ²	Ulcer, GERD	omeprazole 40mg dr capsule
Pirfenidone 534mg tablet ²	Idiopathic pulmonary fibrosis	pirfenidone 267mg tablet or capsule
Rayos ²	Inflammatory, allergenic, and autoimmune disorders	prednisone
Soaanz ²	Edema	torsemide 20mg tablet

2. Does not apply to Grandfathered plans