



November 2025

Standard 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 *Standard Drug Formulary* from the P&T Committee as of December 2025. Please visit our website to [download a copy](#) of the *Standard 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)	Tier
cephalexin 250mg, 500mg tablet	Bacterial infection		Tier 1
clobetasol propionate 0.05% foam (Olux)	Corticosteroid-responsive dermatoses		Tier 1
desonide 0.05% lotion	Corticosteroid-responsive dermatoses		Tier 1
cyclosporine 0.05% ophthalmic emulsion single-use vial (Restasis)	Dry eye disease	Quantity limit	Tier 1
dabigatran etexilate mesylate 75mg, 110mg, 150mg capsule (Pradaxa)	Atrial fibrillation, DVT/PE, VTE	Quantity limit	Tier 1
Eliquis Sprinkle capsule, Eliquis tablet for suspension	Venous thromboembolism	Quantity limit	Tier 2
darifenacin hydrobromide (Enablex)	Overactive bladder	Quantity limit	Tier 1

1. Drugs added to the formulary

Drug	FDA indication(s)	Coverage restriction(s)	Tier
fenofibrate micronized 43mg, 130mg capsule (Antara)	Hypertriglyceridemia, Hyperlipidemia	Step therapy, Quantity limit	Tier 1
insulin glargine-yfgn (by CivicaScript)	Diabetes	Quantity limit	Tier 2
Liomny	Hypothyroidism, Thyroid cancer, Thyroid suppression test		Tier 1
Luizza	Contraceptive		Tier 1
Orquidea	Contraceptive		Tier 1
Valtya	Contraceptive		Tier 1
Milophene	Infertility		Tier 1
progesterone 100mg vaginal insert (Endometrin)	Infertility	Prior authorization	Tier 2
naproxen sodium 275mg, 550mg tablet (Anaprox, Anaprox DS)	RA, OA, AS, pJIA, Tendonitis, Brusitis, Acute gout, Pain, Dysmenorrhea		Tier 1
Nurtec ODT	Migraine	Prior authorization, Quantity limit	Tier 2
alprazolam er tablet (Xanax XR)	Panic disorder	Quantity limit	Tier 1
paroxetine er tablet (Paxil CR)	Depression, Panic disorder, Social anxiety disorder		Tier 1
paliperidone er tablet (Invega)	Schizophrenia, Schizoaffective disorder	Quantity limit	Tier 1
quetiapine fumarate er tablet (Seroquel XR)	Schizophrenia, Bipolar disorder, Major depressive disorder		Tier 1
Se-natal 19	Prenatal vitamin		Tier 1
Select-OB	Prenatal vitamin	Quantity limit	Tier 1
Trulance	Constipation	Age limit, Quantity limit	Tier 2

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
brimonidine tartrate 0.15% ophthalmic solution (Alphagan P)	Glaucoma		Tier 2
cefepodoxime proxetil tablet	Bacterial infection		Tier 1

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

Drug	FDA indication(s)	Coverage restriction(s)	New tier status
lidocaine 5% ointment	Pain	Quantity limit	Tier 1
lurasidone (Latuda)	Schizophrenia, Bipolar depression	Quantity limit	Tier 1
olanzapine odt (Zyprexa Zydus)	Schizophrenia, Bipolar depression		Tier 1
potassium chloride 20meq/15ml (10%), 40meq/15ml (20%) oral solution	Hypokalemia	Remove Prior authorization	Tier 1

3. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
bosentan 32mg tablet for suspension (Tracleer)	PAH	Prior authorization, Quantity limit
Otezla XR, Otezla/Otezla XR Initiation Pack	Psoriatic arthritis, Plaque psoriasis, Behcet's disease	Prior authorization, Quantity limit

Standard Drug Formulary changes – Part 2

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:

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- New information from key physician experts
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- Recent medical literature

See below for changes to the *Standard Drug Formulary* from the P&T Committee as of **January 2026**. Please visit our website to [download a copy](#) of the *Standard Drug Formulary*.

The drugs listed below are used for FDA-approved indications, but may also be used for other conditions.

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
Avonex	Multiple sclerosis	Prior authorization, Quantity limit	Tier 4
fluoxetine 10mg, 20mg tablet	Premenstrual dysphoric disorder	Quantity limit	Tier 2
Prenaisance	Prenatal vitamin		Tier 2

2. Drugs added to specialty tier (Tier 4)

Specialty drug	FDA indication(s)	Coverage restriction(s)
Fulphila	Chemotherapy-induced neutropenia, Acute radiation syndrome	Prior authorization
Kesimpta	Multiple sclerosis	Prior authorization, Quantity limit
Vumerity		

3. Drugs removed from the formulary

Brand-name drugs removed from the formulary due to an available generic drug. The generic has been added to the formulary.

Drug	FDA indication(s)	Alternative(s)
Endometrin ¹	Infertility	progesterone vaginal insert
Entresto	Heart failure	sacubitril-valsartan
Epipen, Epipen Jr.	Allergic reaction	epinephrine auto-injector
Klor-con ER tablet	Hypokalemia	potassium chloride er tablet
Promacta ²	Thrombocytopenia, Aplastic anemia	eltrombopag olamine
Revlimid ²	Multiple myeloma, MDS, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	lenalidomide
Tasigna ²	Ph+ CML	nilotinib hcl
Tracleer 32mg tablet for suspension ²	PAH	bosentan
Vyvanse capsule	ADHD, Binge-eating disorder	lisdexamfetamine

1. Effective: 5/1/2026; 2. Non-formulary drugs that meet the Tier 4 description will require a medical necessity exception to be covered at the Tier 4 share of cost.

Drugs removed from the formulary. These now require a formulary exception based on medical necessity for coverage.

Drug	FDA indication(s)	Alternative(s)
insulin glargine, insulin glargine solostar	Diabetes	Tresiba, Lantus
Nyvepria ²	Chemotherapy-induced neutropenia	Fulphila
Spiriva HandiHaler	COPD	Spiriva Respimat, Incruse Ellipta
Stelara ²	Plaque psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	Yesintek
Avar 10%-5% cleanser	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 9%-4% liquid		
Sulfacetamide sodium-sulfur wash 9%-4% liquid		
SulfaCleanse 8/4 8%-4% topical suspension		
Sulfacetamide sodium-sulfur 10%-4% pad	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	sulfacetamide sodium-sulfur 10-5% lotion, cream
Sulfacetamide sodium-sulfur 9.8%-4.8% cream		
Sulfacetamide sodium-sulfur 9.8%-4.8% lotion		

Drugs removed from the formulary. These now require a formulary exception based on medical necessity for coverage.

Drug	FDA indication(s)	Alternative(s)
Sulfacetamide sodium-sulfur 10%-2% cream	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
Sulfacetamide sodium-sulfur 10%-5% topical suspension		
SSS 10-5 10%-5% foam		

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

Drugs removed from the formulary. These now require a formulary exception based on medical necessity for coverage. Benefit limitations apply.

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

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	CAD, Atherosclerosis, Hyperlipidemia	lovastatin, atorvastatin, fluvastatin capsule, pravastatin, rosuvastatin, simvastatin
Enstilar	Psoriasis	calcipotriene-betamethasone dipropionate topical suspension
Epsolay	Acne rosacea	metronidazole 0.75% cream, gel & lotion, metronidazole 1% gel, azelaic acid 15% gel
ala-scalp 2% lotion	Steroid responsive dermatoses	hydrocortisone 2.5% lotion, fluocinolone acetonide 0.01% solution
hydrocortisone 2% lotion		

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

Drug	FDA indication(s)	Alternative(s)
halcinonide 0.1% topical solution (Halog)		fluocinonide 0.05% solution, betamethasone dipropionate 0.05% cream & ointment, TAC 0.5% cream & ointment
ibuprofen-famotidine (Duexis)	RA, OA	ibuprofen 800mg tablet, famotidine
Kristalose powder	Constipation	lactulose 10gm/15ml oral solution
metformin hcl er tablet (Glumetza)	Type 2 diabetes	metformin 500mg er tab, metformin 750mg er tab (Glucophage XR)
Nityr	Hereditary tyrosinemia type 1	nitisinone capsule
omeprazole-sodium bicarbonate 40-1100mg capsule (Zegerid)	Ulcer, GERD	omeprazole 40mg dr capsule
Pirfenidone 534mg tablet	Idiopathic pulmonary fibrosis	pirfenidone 267mg tablet or capsule
Rayos	Inflammatory, allergenic, and autoimmune disorders	prednisone
Soaanz	Edema	torsemide 20mg tablet