PREMERA | BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Formulary (Drug Changes)

UPCOMING CHANGES Effective 07-01-2026

This Drug List Changes applies to the following Formularies:

- Preferred (B3, B4)
- Essentials (E1, E4)
- Metallic (M1, M2, M4)

Most of the changes in drug coverage happen at the beginning of each year (January 1). However, during the year, we may make changes to the formulary. For example, we may:

- Add or remove drugs from the formulary
- Move a drug to a higher or lower cost-sharing tier
- Add or remove a restriction on coverage for a drug
- Replace a brand name drug with a generic drug

Drug List Changes

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., metformin oral tablet).

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 am to 8 pm Pacific time.

Preferred (B3)

Name of Affected Drug	Reason for Change	Alternative Drug
Adzenys XR ODT tablets	Moving to Tier 3	amphetamine ER orally disintegrating tablets
Cipro HC otic suspension	Moving to Tier 3	ciprofloxacin/ hydrocortisone suspension
Dalvance vial	Moving to Tier 3	dalbavancin vial

Fycompa suspension	Moving to Tier 3	perampanel suspension
Gleostine capsules	Moving to Tier 3	lomustine capsules
Kristalose packet	Moving to Tier 3	lactulose packet
Ravicti liquid	Moving to Tier 3	glycerol phenylbutyrate liquid
Revlimid capsules	Moving to Tier 3	lenalidomide capsules
Venofer vial	Moving to Tier 3	iron sucrose complex vial
Zylet suspension	Moving to Tier 3	tobramycin/loteprednol etabonate suspension

Preferred (B4)

Name of Affected Drug	Reason for Change	Alternative Drug
Adzenys XR ODT tablets	Moving to Tier 3	amphetamine ER orally disintegrating tablets
Cipro HC otic suspension	Moving to Tier 3	ciprofloxacin hydrocortisone suspension
Dalvance vial	Moving to Tier 3	dalbavancin vial
Fycompa suspension	Moving to Tier 3	perampanel suspension
Gleostine capsules	Moving to Tier 3	lomustine capsules
Kristalose packet	Moving to Tier 3	lactulose packet
Ravicti liquid	Moving to Tier 3	glycerol phenylbutyrate liquid
Revlimid capsules	Moving to Tier 3	lenalidomide capsules
Venofer vial	Moving to Tier 3	iron sucrose complex vial
Zylet suspension	Moving to Tier 3	tobramycin/loteprednol etabonate suspension

Essentials (E1/E3)

Name of Affected Drug	Reason for Change	Alternative Drug
Fycompa suspension	No longer covered	perampanel suspension
Gleostine capsules	No longer covered	lomustine capsules

Mavenclad tablets	No longer covered	cladribine tablets

Essentials (E1/E4)

Name of Affected Drug	Reason for Change	Alternative Drug
Fycompa suspension	No longer covered	perampanel suspension
Gleostine capsules	No longer covered	lomustine capsules
Mavenclad tablets	No longer covered	cladribine tablets

Metallic (M1/M2)

Name of Affected Drug	Reason for Change	Alternative Drug
Gleostine capsules	No longer covered	lomustine capsules
Revlimid capsules	No longer covered	lenalidomide capsules

Metallic (M4)

Name of Affected Drug	Reason for Change	Alternative Drug
Gleostine capsules	No longer covered	lomustine capsules
Revlimid capsules	No longer covered	lenalidomide capsules

If your prescriber believes that the alternative drugs listed above are not right for you due to your medical condition, you may request an exception to our formulary. To file a request, you may contact us by telephone at 888-261-1756 or fax your request to 888-260-9836. You may also make your request via mail by sending your request to: Premera Blue Cross, P.O. Box 327, MS432, Seattle, WA 98111. Your doctor or other prescriber must give us a statement that explains the medical reasons for requesting an exception.

If you disagree with our decision to make the above formulary changes, you may file a grievance by calling customer service or notifying us in writing.

This information is not a complete description of benefits. Call Customer Service at 800-722-1471 (TTY/TDD: 711) for more information. Limitations, copayments, and restrictions may apply. Copayments and/or co-insurance may change on January 1 of each year. This is not a complete list of drugs covered by our plan. For a complete listing, please call customer service or visit premera.com. The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.