

Essentials E4 HMO Formulary Drug List Changes

UPCOMING CHANGES Effective 02-01-2026

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

HMO 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).

The following drugs will be removed from the Premera Blue Cross Essentials E4-HMO Formulary.

Name of Affected Drug	Reason for Change	Alternative Drug
Emflaza tablets	No longer covered	deflazacort tablets
Endometrin inserts	No longer covered	progesterone micronized inserts
Gralise extended-release tablets	No longer covered	gabapentin extended-release tablets
Premarin tablets	No longer covered	conjugated estrogen tablets
Sandostatin LAR Depot vial	No longer covered	octreotide acetate microspheres vial
Saxenda pen	No longer covered	liraglutide pen
Tracleer tablets	No longer covered	bosentan tablets for suspension
Vuity eye drops	No longer covered	pilocarpine eye drops

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 844-261-1756 or fax your request to 888-260-9836. You may also make your request via mail by sending your request to: Premera Blue Cross HMO, P.O. Box 327, 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. See Chapter 9 of your Evidence of Coverage for instructions.

This information is not a complete description of benefits. Call Customer Service at 844-722-4661 (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](https://www.premera.com). The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.