

Formulary (Drug List Changes)

UPCOMING CHANGES Effective 10-01-2025

This Drug List Changes applies to the following Formularies:

- Preferred (B3, B4)
- Metallic (M1, 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 number on the back of your card.

Preferred (B3)

Name of Affected Drug	Reason for Change	Alternative Drug
APOKYN CARTRIDGE	Moving to Tier 3	apomorphine cartridge
BRILINTA TABLETS	Moving to Tier 3	ticagrelor tablets
XARELTO 2.5MG TABLETS	Moving to Tier 3	rivaroxaban 2.5mg tablets

Preferred (B4)

Name of Affected Drug	Reason for Change	Alternative Drug
BRILINTA TABLETS	Moving to Tier 3	ticagrelor tablets
XARELTO 2.5MG TABLETS	Moving to Tier 3	rivaroxaban 2.5mg tablets

Metallic (M1/M2)

Name of Affected Drug	Reason for Change	Alternative Drug
BRILINTA TABLETS	No longer covered	ticagrelor tablets
JYNARQUE TABLETS	No longer covered	tolvaptan tablets
PROMACTA TABLETS	No longer covered	eltrombopag tablets
STELARA SYRINGES/VIALS	No longer covered	STEQEYMA/YESINTEK SYRINGES/VIALS
XARELTO 2.5MG TABLETS	No longer covered	rivaroxaban 2.5mg tablets

Metallic (M4)

Name of Affected Drug	Reason for Change	Alternative Drug
BRILINTA TABLETS	No longer covered	ticagrelor tablets
JYNARQUE TABLETS	No longer covered	tolvaptan tablets
PROMACTA TABLETS	No longer covered	eltrombopag tablets
STELARA SYRINGES/VIALS	No longer covered	STEQEYMA/YESINTEK SYRINGES/VIALS
XARELTO 2.5MG TABLETS	No longer covered	rivaroxaban 2.5mg tablets

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 800-592-6804 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. Employer based plans can call Customer Service at 800-592-6804 (TTY/TDD: 711), Individual & Family plans can call 800-817-3056 (TTY/TDD: 711). 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.premiera.com). The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.