LifeWise
Health Plan of Washington

Formulary (Drug Changes)

UPCOMING CHANGES Effective 07-01-2026

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
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

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 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**. The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.