



<DATE>

<GROUP NAME>

Attn: Group Benefits Manager

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

**Re: Preferred Formulary Updates Effective July 1, 2022**

Dear Group Benefits Manager:

I am writing to notify you of changes to the Blue Cross and Blue Shield of Kansas City (Blue KC) Prescription Drug List that will go into effect July 1, 2022.

The Blue KC Medical and Pharmacy Management Committee reviews and maintains the Prescription Drug List. The Committee, consisting of practicing physicians and pharmacists in the Kansas City area, holds quarterly meetings to evaluate new drug therapies and review drug utilization issues. Medications are evaluated based on drug safety and costs.

The enclosed document outlines the changes in detail. These updates affect employer group members with Blue-Care® (HMO), BlueSelect Plus (PPO), Preferred-Care® (PPO) and Preferred-Care Blue® (PPO) plans. Subject to group-specific coverage limitations.

**How We Will Communicate These Changes**

Blue KC is taking proactive steps to limit disruption, including:

- Sending a letter to impacted members notifying them of the changes.
- Notifying all in-area providers by letter in the event their patients contact them to discuss alternative medications.

If you have any questions, please contact your Blue KC representative.

Sincerely,

Jay Weaver  
VP, Chief Pharmacy Officer

Enclosure

## Preferred Prescription Drug List Updates Effective July 1, 2022

Please Note: These changes only apply to groups that are on the Blue KC Preferred formulary (this does NOT impact small group ACA or members on the Premium formulary). Group-specific benefit exceptions may apply.

### New Step Therapy Requirements

**Members must try preferred alternative(s) before other drugs will be covered.**

**\*Members currently utilizing these drugs will be grandfathered on therapy.**

New Step Therapy Requirements		
Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Anti-inflammatory Agents	Pennsaid	Five generic Oral NSAIDs <b>AND</b> two generic topical agents
Anti-migraine Agents	Emgality 120mg	Ajovy <b>AND</b> Aimovig
Hepatitis Agents	Vemlidy*	entecavir <b>OR</b> tenofovir

**Members must try the direct generic before the name brand drug will be covered.**

Drug Class	Drugs Requiring a Trial of Direct Generic
Cancer Agents	Afinitor, Sutent
Glucose Elevating Agents	Glucagon
Lung Disease Agents	Brovana

### New Prior Authorization Requirements

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Auth
Central Nervous System Agents	Nuedexta

## Tier Changes Increasing Member Copayment

Members will now be required to pay Tier 3 cost sharing for the following medications.

Medications moving from Tier 2 to Tier 3			
Daytrana	Emgality 120mg	Glucagen	Quillichew ER
Quillivant			

## New Excluded Non-FDA Approved Drugs

Chromagen Cap	hyoscyamine drop 0.125/ML	Nulev Tab 0.125MG
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