



## 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

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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.

<b>Medications moving from Tier 2 to Tier 3</b>			
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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