

Re: Preferred Formulary Updates Effective January 1, 2023

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 January 1, 2023.

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 questions, please contact your Blue KC representative.

Sincerely,

The Blue KC Pharmacy Team

Enclosure



Preferred Prescription Drug List Updates Effective January 1, 2023

Please Note: These changes only apply to groups are on the standard Blue KC 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 this drug will be grandfathered on therapy.

New Step Therapy Requirements		
Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
ADHD Agents	Adderall, Adhansia XR, Adzenys, Aptensio, Concerta, Cotempla, Daytrana, Dynavel, Focalin/XR, Methylin, Mydayis, Qullichew, Qullivant, Ritalin/LA, Zenzedi	At least THREE of the following: Dextroamphetamine, dextroamphetamine and Amphetamine/ER, dexmethylphenidate/ER, methylphenidate, Vyvanse
Antibiotic-Trichomoniasis	Solosec	Any of the following: clindamycin cream, metronidazole gel, metronidazole tab, tinidazole tablet
	Vandazole	Any of the following: metronidazole gel, clindamycin cream
Antidepressants	Viibryd	At least TWO of the following: vilazodone, citalopram, fluoxetine, paroxetine, sertraline
Antiretroviral Agents	Descovy*	emtricitabine and tenofovir disoproxil fumarate (generic Truvada)
	Intelence*	etravirine
	Temixys*	Cimduo
	Vocabria*	emtricitabine and tenofovir disoproxil fumarate (generic Truvada)
Basal Insulin Agents	Semglee, Insulin glargine-yfgn, Basaglar	At least TWO of the following: Lantus, Levemir, Toujeo, Tresiba
Iron deficiency Agents	Auryxia	Any of the following: calcium, lanthanum, sevelamer, Velphoro
Non-Stimulant ADHD Agents	Intuniv, Kapvay, Qelbree, Straterra	At least TWO of the following: atomoxetine, guanfacine, clonidine
Non-steroidal anti-inflammatory drugs	Meloxicam caps 5mg, 10mg	At least FIVE generic NSAIDs: ibuprofen, diclofenac, fenoprofen, ketoprofen, naproxen, nabumetone, etc.
Renal Agents	Fosrenol, Phoslyra	Any of the following: calcium, lanthanum, sevelamer

Members must try the generic equivalent before listed drug(s) will be covered.

Aczone 7.5% gel	Bethkis	Combigan	DDAVP
Exjade	Lotemax	Pentasa 500mg	Treximet (sumatriptan tablets + naproxen tablets)
Vimpat			

Tier Changes Affecting Member Copayment

Medications moving from Tier 3 to Tier 2 Members will now pay Tier 2 cost sharing for the following medications

Enbrel	Evotaz	Rukobia	Symfi	Symfi Lo
Tybost				

Medications moving from Tier 2 to Tier 3 Members will now be required to pay Tier 3 cost sharing for the following medications

Abilify Maintena	Aczone 7.5% gel	Aristada	Biktarvy	Combigan
Descovy	Genvoya	Jynarque	Latuda	Lotemax
Mydayis	Nexium Granules	Odefsey	Palynziq	RisperDAL Consta
Stribild	Temixys			

New Prior Authorization Requirements

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Authorization
Antifungals	Jublia
Antiviral Agents	Prevymis
Urea Cycle Disorder Treatment Agent	Bupyhenyl

Excluded Drugs with Over-the-Counter Availability

The following drugs are now excluded but are available for members to purchase out of pocket, over the counter.

azelastine 205.5 mcg/spray	olopatadine 0.1% drops
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Specialty Drug Classification Changes

New Pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs			
Arcalyst	Cetrotide	Chorionic Gonadotropin	Droxidopa
Follistim AQ	Gonal-F	Inbrija	Lupron Depot-Ped
Lyosdren	Menopur	Mesnex	Mycapssa
Novarel	Ovidrel	Penicillamine	Pregnyl
Prevymis	Pulmozyme	Sodium Phenylbutyrate	Tobi Podhaler

Tobramycin	Tolvaptan	Valtoco	Vivitrol
Now Classified as Non-Specialty Drugs			
Deferasirox	Gocovri	Hemangeol	Livtensity
Megestrol Acetate	Otrexup	Rasuvo	Reditrex
Tosymra	Xatmep		

Re: Premium Formulary Updates Effective January 1, 2023

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 January 1, 2023.

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-CareBlue[®] (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,

The Blue KC Pharmacy Team

Enclosure



Premium Prescription Drug List Updates Effective January 1, 2023

Please Note: These changes ONLY apply to members on the Premium Formulary; Group-specific benefit exceptions may apply.

*Members currently utilizing this drug will be grandfathered on therapy.

New Step Therapy Requirements

Members must try preferred alternatives before other drugs will be covered.

New Step Therapy Requirements		
Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
ADHD Agents	Adzenys ER, Aptensio XR, Methylin, Procentra	At least THREE of the following: amphetamine-dextroamphetamine IR, dextroamphetamine IR/ER, dexamethylphenidate IR/ER, methylphenidate IR/ER, Vyvanse
Phosphate Binders	Auryxia	At least TWO of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Velphoro
	Fosrenol, Phoslyra	At least TWO of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl
Vaginal Anti-infectives	Solosec	Any of the following: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream, metronidazole tablet, tinidazole tablet
	Vandazole	Any of the following: metronidazole 0.75% vaginal cream, clindamycin 2% vaginal cream

Members must try the generic equivalent before listed drug(s) will be covered.

Pentasa 500mg	Viibryd	Vimpat
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Tier Changes Decreasing Member Copayment

Medications moving from Tier 3 to Tier 2
Enbrel

New Prior Authorization Requirements

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Authorization
Antiviral Agents	Prevymis
GLP-1 Agonists <i>Note: PA will not be required if member has</i>	Adlyxin, Byetta, Bydureon, Bydureon BCise Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza

<i>sufficient history of metformin</i>	
Rapid-Acting Insulin	insulin lispro, insulin aspart

New Excluded Medications with Alternatives

New Excluded Medications with Alternatives		
Drug Class	Excluded Medications	Covered Alternative
ADHD Agents	Daytrana, methylphenidate tab 72mg ER, Mydayis, Quillichew ER, Quillivant Susp, Zenzedi	Amphetamine-dextroamphetamine, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER, Adderall XR, Azstarys, Vyvanse
Acne Agents	tretinoin gel pump	tretinoin cream
Analgesics	but/apap/caffeine capsule, Esgic, Zebutal	But/apap/caffeine tablet
	diclofenac/misoprostol tab 50-0.2mg, 75-0.2mg	diclofenac + misoprostol
Antidepressant	paroxetine cap 7.5mg	Paroxetine tablet
Antibacterial Agents	Xifaxan 200mg	Please talk to your doctor about other option(s).
Antidepressant Agents	Silenor tab	eszopiclone, zaleplon, zolpidem, ramelteon
Antifungals	Kerydin sol 5%	ciclopirox sol, terbinafine, tavaborole sol
	naftifine hcl cream	ciclopirox cream, terbinafine, clotrimazole
Antihypertensive Agents	clonidine patch	clonidine tablet
Anti-infective Agents	dapsone gel 7.5%	clindamycin gel/lotion/solution
	metronidazole cap 375mg	metronidazole tablet
	minocycline tab	minocycline IR capsule
Anti-seizure Agents	pregabalin ER tab	pregabalin ER capsule
Calcium Channel Blockers	Cardizem LA, diltiazem ER cap 120mg, 240mg, 300mg, 360mg, 420mg	diltiazem cap 60mg ER, 90mg ER
	Sular tab	diltiazem 60mg ER capsule, diltiazem 90mg ER capsule, verapamil ER tablet, amlodipine
	nicardipine cap	
	nisoldipine tab	
Cancer Agents	Rubraca tab*	Lynparza, Zejula
	Talzenna cap*	Lynparza
Corticosteroids	clobetasol aer 0.05%	clobetasol gel, solution
Hypertension Agents	droxidopa capsule	midodrine, fludrocortisone
	Nebivolol*	atenolol, bisoprolol, metoprolol, carvedilol
Muscle Relaxants	chlorzoxazone tab 250mg	methocarbamol, orphenadrine ER, cyclobenzaprine tablet, tizanidine

Ophthalmic Antihistamines	bepotastine dro 1.5%	azelastine ophthalmic sol, olopatadine ophthalmic sol, epinastine ophthalmic sol
Ophthalmic Corticosteroids	loteprednol sus 0.5%	prednisolone ophthalmic sol, olopatadine ophthalmic sol, epinastine ophthalmic sol
Topical Antibiotics	clindamycin aer 1% loteprednol sus 0.5%	clindamycin gel, lotion, solution

New Excluded Drugs with Covered Generic Equivalents

Combigan	Esbriet	Exjade tab	Noxafil tab
Toviaz			

Excluded Drugs with Over-the-Counter Availability

The following drugs are now excluded but are available for members to purchase out of pocket, over the counter.

Lacrisert
