



## 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, Cotelpla, Daytrana, Dynavel, Focalin/XR, Methylin, Mydayis, Qullichew, Qullivant, Ritalin/LA, Zenzedi	At least <b>THREE</b> of the following: Dextroamphetamine, dextroamphetamine and Amphetamine/ER, dexamethylphenidate/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 <b>TWO</b> 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-yfng, Basaglar	At least <b>TWO</b> 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 <b>TWO</b> of the following: atomoxetine, guanfacine, clonidine
Non-steroidal anti-inflammatory drugs	Meloxicam caps 5mg, 10mg	At least <b>FIVE</b> generic NSAIDs: ibuprofen, diclofenac, fenoprofen, ketoprofen, naproxen, nabumetone, etc.

Renal Agents	Fosrenol, Phoslyra	Any of the following: calcium, lanthanum, sevelamer
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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**

<b>Medications moving from Tier 3 to Tier 2</b>				
Members will now pay Tier 2 cost sharing for the following medications				
Enbrel	Evotaz	Rukobia	Symfi	Symfi Lo
Tybost				
<b>Medications moving from Tier 2 to Tier 3</b>				
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**

<b>New Prior Authorization Requirements</b>	
<b>Drug Class</b>	<b>Drugs Requiring Prior Authorization</b>
Antifungals	Jublia
Antiviral Agents	Prevymis
Urea Cycle Disorder Treatment Agent	Buphyhenyl

### **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.

<b>Now Classified as Specialty Drugs</b>			
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
<b>Now Classified as Non-Specialty Drugs</b>			
Deferasirox	Gocovri	Hemangeol	Livtensity
Megestrol Acetate	Otrexup	Rasuvo	Reditrex
Tosymra	Xatmep		