

<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

**Re: **Essential Health Benefits (EHB) 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 ACA small group 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

## EHB Prescription Drug List Updates Effective January 1, 2023

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

### 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)
Gastrointestinal Agents	Plenvu	Any of the following: Clenpiq, Suprep

### New Prior Authorization Requirements

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Authorization
Cardiovascular Agents	Dibenzylidine
Central Nervous System Agents	Botox
Gastrointestinal Agents	glycopyrrolate oral solution
Urea Cycle Disorder Treatment Agents	Carbaglu

### 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
Lysodren	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		

Please Note: The following tables report impact of formulary changes to the most utilized medications.

<b>Medications Moving to a Higher Tier</b>	
Accutane cap	adapalene/benzoyl gel
alprazolam tab ER/XR	amnestem cap
balsalazide cap	betamethasone dip ointment
buprenorphine/naloxone mis	clindamycin/benzoyl
clorazepate dipotassium tab	difluprednate emulsion
enoxaparin inj	famotidine sus
levalbuterol neb	mesalamine cap/tab
mometasone spray	nebivolol tab
neomycin/polymyxin/hydrocortisone otic	pilocarpine tab
potassium citrate ER	rabeprazole tab
scopolamine patch	tacrolimus ointment
telmisartan tab	tolterodine cap
tretinoin cream	ursodiol cap
zolpidem tab ER	

### **New Excluded Medications with Alternatives**

<b>New Excluded Medications with Alternatives</b>	
<b>Excluded Medications</b>	<b>Covered Alternative(s)</b>
apo-varenicline	varenicline tab
azelaic acid	Consult your doctor for covered alternative(s)
BD Posiflush	sodium chloride flush
butalbital/apap/caffeine cap	butalbital/apap/caffeine tab
chlorzoxazone tab	cyclobenzaprine, tizanidine
Combigan	brimonidine and timolol ophthalmic solution
Dexilant	omeprazole, pantoprazole
dexlansoprazole	omeprazole, pantoprazole
Emgality	Aimovig
Fosfomycin pow	Consult your doctor for covered alternative(s)
ivermectin cream	Consult your doctor for covered alternative(s)
metaxalone	cyclobenzaprine, tizanidine
metronidazole gel	Consult your doctor for covered alternative(s)
sucralfate sus	sucralfate tab
temazepam cap	diazepam, temazepam cap 15mg, 30mg, lorazepam
triazolam tab	Consult your doctor for covered alternative(s)
Vemlidy	Consult your doctor for covered alternative(s)

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**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<sup>®</sup> (HMO), BlueSelect Plus (PPO), Preferred-Care<sup>®</sup> (PPO) and Preferred-Care Blue<sup>®</sup> (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



## 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 <b>THREE</b> of the following: amphetamine-dextroamphetamine IR, dextroamphetamine IR/ER, dexamethylphenidate IR/ER, methylphenidate IR/ER, Vyvanse
Phosphate Binders	Auryxia	At least <b>TWO</b> of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Velphoro
	Fosrenol, Phoslyra	At least <b>TWO</b> 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 sufficient history of metformin</i>	Adlyxin, Byetta, Bydureon, Bydureon BCise Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza

Rapid-Acting Insulin	insulin lispro, insulin aspart
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### 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, Quilivant 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
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