



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

Re: Preferred Formulary Updates Effective July 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 July 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

Preferred Prescription Drug List Updates Effective July 1, 2023

Please Note: These changes only apply to groups 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.

Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Nonsteroidal Anti-Inflammatory Agents (NSAIDs)	diclofenac potassium (generic Cambia)	At least TWO generic NSAIDs: ibuprofen, diclofenac, fenoprofen, ketoprofen, naproxen, nabumetone, etc.
	naproxen and esomeprazole (generic Vimovo)	At least FIVE generic NSAIDs: ibuprofen, diclofenac, fenoprofen, ketoprofen, naproxen, nabumetone, etc.
Urea Cycle Disorder Treatment Agents	Ravicti	sapropterin tab/powder

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

Arimidex	Aromasin	Banzel susp, tablet	Clozaril
Depo-Testosterone	Gilenya	Mirapex ER	Patanase
Plaquenil	Selzentry	Xeloda	

Tier Changes Affecting Member Copayment

Medications moving from Tier 2 to Tier 3	
Members will now pay Tier 3 cost sharing for the following medications	
Feriprox (500mg, 1000mg)	Ravicti

New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Renal and Genitourinary Agents	penicillamine cap/tab
Enzyme Deficiency Agents	Sucraid



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

Re: Premium Formulary Updates Effective July 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 July 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 July 1, 2023

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

New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Enzyme Deficiency Agents	Sucraid

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Antihistamines	Patanase spr	azelastine nasal spr, cromolyn nasal sol
Antihypertensive Combination Agents	Atacand HCT tab	telmisartan and hydrochlorothiazide, valsartan-hydrochlorothiazide
Anti-Infective Agents	minocycline ER cap	minocycline IR cap
Cystic Fibrosis Agents	Cayston inh 75mg	topramycin neb sol, Tobi podhaler
Metabolic Agents Multivitamins	Palynziq injection	sodium phenylbutyrate powder sapropterin tablet and powder packet
	Poly-vi-flor suspension, Poly-vi-flor w/ iron suspension	Any preferred versions of the following: multivitamin w/ fluoride drops, multivitamin w/ fluoride and iron drops
Nonsteroidal Anti-Inflammatory Agents (NSAIDs)	Indocin sus 25mg/ml	indomethacin cap, ibuprofen sus
Overactive Bladder Agents	fesoterodine tab ER	oxybutynin tablet ER, tolterodine cap ER, solifenacin tab
Testosterone Agents	Depo-testosterone injection	testosterone cypionate IM injection
Topical Corticosteroids	Cordran ointment 0.05%	triamcinolone ace ointment, fluocinolone ace ointment

New Excluded Drugs with Covered Generic Equivalents

Arimidex tab 1mg	Aromasin	Banzel	Clozaril
Depakote tab	Feriprox	Gilenya	Mirapex ER
Plaquenil tab	Selzentry	Xeloda	

New Excluded Non-FDA Approved Drugs

Bilac cap	Sodium Chloride Solution Nebulizer 7%	Vytone Cream
-----------	--	--------------