

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