

<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

## **Re: Premium Prescription Drug List Updates Effective January 1, 2024**

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 (PDL) that will go into effect January 1, 2024.

The Blue KC Medical and Pharmacy Management Committee reviews and maintains the PDL. 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 BlueSelect Plus (PPO/EPO), Preferred-Care Blue® (PPO/EPO) Preferred-Care® (PPO), and Blue-Care® (HMO) 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 (PDL) Updates Effective January 1, 2024

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

### New Step Therapy Requirements

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

Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
ADHD Agents	Evekeo ODT Tab	<b>Any THREE of the following generics:</b> amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER

### New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Posterior Pituitary Hormones	Nocdurna

### New Excluded Drugs with Covered Generic Equivalents

Actoplus Met tab	Ampyra	Aricept	Aubagio
Betapace AF	Copaxone 20mg	D.H.E 45 Inj	DDAVP tab
Esbriet	Feldene cap	Jadenu granules	Latuda
Migranal	Pylera	Revatio	Rozerem tab
Stalevo tab	Trokendi XR	Targretin gel 1%	Vaseretic 10-25mg
Vyvanse	Xyrem		

### Tier Changes Affecting Member Copayment

Medications moving from Tier 3 to Tier 2		
Qvar Redihaler		
Medications moving from Tier 2 to Tier 3		
Complera	Mekinist	Retin-A Micro
Tafinlar	Tivicay/PD	

## New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
ADHD Agents	Relexxii tab ER 45mg, 63mg methylphenidate tab ER (OSM) 45mg, 63mg	amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Anti-Infective Agents	Baxdela tab 450mg	levofloxacin, ciprofloxacin, moxifloxacin, ofloxacin
Cancer Agents	Xalkori	Please talk to your doctor about other option(s).
Cancer Agents	Imbruvica tab	Calquence, Imbruvica 140 MG cap
Central Nervous System Agents	rivastigmine dis	donepezil tab, galantamine, rivastigmine cap
Dermatological Agents	Sod sul/sulf emu 10-5%	Please talk to your doctor about other option(s).
	Urea cream 47%	Please talk to your doctor about other option(s).
Hematological Agents	sajazir inj	icatibant injection
Hormonal Agents	Xyosted	testosterone cypionate, testosterone enanthate
Immunological Agents	Cinryze	Haegarda, Orladeyo, Takhzyro
Inflammatory Bowel Disease Agents	Pentasa	mesalamine dr cap 400mg, mesalamine dr tab 800mg, 1.2mg, Apriso cap
Prenatal Vitamins	Neonatal PLS	Prenatal tabs, Preplus tabs
	Wesnate DHA	
	Virt-nate DHA	
	Nestabs	
Pulmonary Agents	Advair Diskus	Advair HFA, Breo Ellipta Inh, Symbicort Aer
	Pulmicort Flexhaler, Flovent Diskus, Flovent HFA	Arnuity Ellipta, Qvar Redihaler Aer

<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

## **Re: Preferred Prescription Drug List Updates Effective January 1, 2024**

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 (PDL) that will go into effect January 1, 2024.

The Blue KC Medical and Pharmacy Management Committee reviews and maintains the PDL. 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 BlueSelect Plus (PPO/EPO), Preferred-Care Blue® (PPO/EPO) Preferred-Care® (PPO), and Blue-Care® (HMO) plans. Subject to group specific coverage limitations.

### **Other Changes to the Preferred PDL**

Beginning January 1, 2024, the Preferred PDL will have these additional changes:

1. Certain medications will be replaced with effective but lower-cost alternatives to better promote cost-effective utilization.
2. The PDL will be standardized to maximize medication use management and efficiency
3. The name will change to Select Prescription Drug List

### **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



### Preferred Prescription Drug List (PDL) Updates Effective January 1, 2024

Please Note: To better promote cost-effective utilization, certain medications will be replaced with effective but lower-cost alternatives. Also, effective January 1, 2024, this PDL will be standardized to maximize medication use management and efficiency. Going forward, this PDL will be referred to as the Select Prescription Drug List. Group-specific benefit exceptions may apply.

#### New Step Therapy Requirements

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

Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Antidepressants	Savella	amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin IR
Antigout Agents	febuxostat	allopurinol
Antiseizure Agents	Briviact	lamotrigine IR, levetiracetam IR, levetiracetam ER, oxcarbazepine IR, topiramate IR
Dermatologic Agents	Klisyri	fluorouracil, imiquimod
Gastrointestinal Agents	lubiprostone	Linzess, Movantik, Symproic
	Linzess	lactulose, polyethylene glycol
	Motegrity	
	Trulance	
Glucose Elevating Agents	Gvoke Hypopen	Baqsimi, glucagon, Zegalogue
Inhaled Corticosteroids	Asmanex HFA	Arnuity Ellipta, Qvar Redihaler
Opioid Agonist	Suboxone	Buprenorphine/naloxone
Thyroid Agents	levothyroxine capsule	levothyroxine tablets

#### New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Acne Agents	Adapalene gel 1%, Altreno, tazarotene
Androgens	testosterone, testosterone cypionate, testosterone pump

Antiemetic Agents	doxylamine succinate/pyridoxine hcl
Antifungal Agents	itraconazole, tavaborole
Antiseizure Agents	clobazam
Cancer Agents	capecitabine, Revlimid, Sprycel, temozolomide
Cardiovascular Agents	Corlanor
Hormones	leuprolide acetate
Inhaled Corticosteroids	budesonide/formoterol fumarate dihydrate
Migraine Agents	Trudhesa
Multiple Sclerosis Agents	dimethyl fumarate
Ophthalmic Agents	Restasis, cyclosporine emu, Xiidra

### **Tier Changes Affecting Member Copayment**

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

<b>Medications Moving to a Higher Tier</b>			
Advair Diskus	Armour Thyroid	Asmanex HFA	Atrovent HFA
Combipatch	Complera tab	Copaxone Inj 20mg/ml	Corlanor
Edarbi	Enstilar	Epidiolex	Estring
Fetzima	Flovent Diskus, Flovent HFA	Gralise	Livalo
Lo Loestrin FE	Lotemax SM	Mekinist tab	Nascobal
Nayzilam	Onexton	Pulmicort Flexhaler	Pylera cap
Qbrexza	Rhofade	Savella	Soolantra
Tafinlar cap 50mg, 75mg	Tivicay/PD	Trikafta	Trulance
Vemlidy	Verzenio	Vyvanse	Xifaxan

### **New Excluded Drugs with Covered Generic Equivalents**

Acanya gel	Actoplus Met tab	Altace	Amitiza
Aricept	Aubagio	Betapace AF	Cardizem LA tab 120mg
D.H.E 45 Inj	DDAVP tab	Delizicol cap	Denavir cream
Differin gel 0.3%	Dilaudid tab	Exelon Dis	Exforge HCTZ
Feldene cap	Gilenya	Hetlioz cap 20mg	Imitrex spray
Jadenu granules	Migranal	MS Contin tab	Pentasa cap 500mg CR
Rozerem tab	Stalevo tab	Targretin gel 1%	Tazorac gel 0.05%
Vaseretic 10-25mg	Wellbutrin XL	Xyrem	

## New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Acne Agents	Aklief	adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream/gel, Amzeeq, Epiduo Forte, Onexton, Twyneo
	clindamycin phosphate gel 1%	clindamycin gel/lotion/solution
	dapsone gel	adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream/gel
	Winlevi	adapalene cream/gel, clindamycin gel/lotion/solution, tazarotene cream, tretinoin cream/gel
ADHD Agents	Concerta, Relexxii tab ER 45mg, 63mg methylphenidate tab ER (OSM) 45mg, 63mg	amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Androgens	Jatenzo	testosterone, Androderm
Antidepressants	fluoxetine hcl tablets	fluoxetine capsules
	venlafaxine hcl er tablets	venlafaxine er capsules
Antidiabetic Agents	metformin hcl ER (generic Glumetza, generic Fortamet)	metformin hcl ER (generic Glucophage XR)
Anti-fungal Agents	Jublia	ciclopirox sol, terbinafine, tavaborole sol
Anti-infective Agents	Baxdela tab 450mg	levofloxacin, ciprofloxacin, moxifloxacin, ofloxacin
Antihistamines	desloratadine	loratadine tab, levocetirizine tab, cetirizine, fexofenadine
Antihypertensive Combinations	telmisartan/hydrochlorothiazide	telmisartan + hydrochlorothiazide, valsartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide
Anti-infective Agents	doxycycline hyclate DR tablet	doxycycline hyclate capsule
	minocycline hcl tablet	minocycline IR capsule, doxycycline hyclate capsule
Cancer Agents	Imbruvica tab	Calquence, Imbruvica 140 MG cap
Cardiovascular Agents	Bystolic	atenolol, bisoprolol, metoprolol, carvedilol
	carvedilol ER capsule	carvedilol tablet
	clonidine hcl patch	clonidine tablet
	fenofibrate	fenofibrate (generic Tricor), fenofibric acid DR (generic Trilipix), gemfibrozil
	Roszet, generic ezetimibe-rosuvastatin tab	Ezetimibe, rosuvastatin

Drug Class	Excluded Medications	Covered Alternative
Central Nervous System Agents	alprazolam ODT	alprazolam tablet
	rivastigmine dis	donepezil tab, galantamine, rivastigmine cap
Dermatological Agents	Sod sul/sulf emu 10-5%	Please talk to your doctor about other option(s).
	Urea cream 47%	Please talk to your doctor about other option(s).
Gastrointestinal Agents	mesalamine DR	balsalazide, mesalamine (generic Delzicol)
	sucralfate susp	sucralfate tablet 1gm
Hematological Agents	sajazir inj	icatibant injection
Migraine Agents	frovatriptan succinate	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Muscle Relaxants	metaxalone	methocarbamol 500mg/700mg, orphenadrine ER, cyclobenzaprine tab (except 7.5mg), tizanidine tablet
Ophthalmic Agents	Combigan	brimonidine tartrate-timolol ophthalmic sol
	loteprednol etabonate 0.5%	prednisolone ophthalmic susp, fluorometholone ophthalmic susp
Prenatal Vitamins	Neonatal PLS	Prenatal tabs, Preplus tabs
	Wesnate DHA	
	Virt-nate DHA	
	Nestabs	
Proton Pump Inhibitors	dexlansoprazole	omeprazole, pantoprazole
Topical Anti-Infectives	mupirocin 2% cream	mupirocin ointment
Topical Antiviral Agents	acyclovir cream	valacyclovir, famciclovir

### Excluded Drugs with Over-the-Counter Alternatives

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

Drug Class	Excluded Medications
Gastrointestinal Agents	cimetidine
	esomeprazole magnesium
	famotidine
	lansoprazole
	rabeprazole sodium
Intranasal Steroids	mometasone furoate
	Xhance



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

**Re: Essential Health Benefits Prescription Drug List Updates Effective January 1, 2024**

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 (PDL) that will go into effect January 1, 2024.

The Blue KC Medical and Pharmacy Management Committee reviews and maintains the PDL. 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 any questions, please contact your Blue KC representative.

Sincerely,

The Blue KC Pharmacy Team

Enclosure

## Essential Health Benefits Prescription Drug List (EHB PDL) Updates Effective January 1, 2024

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

### New Step Therapy Requirements

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

Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Antipsychotic Agents	Invega Hafyera	Invega Sustenna or Invega Trinza

### New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Nutritional Agents	Sucraid
Urea Cycle Disorder (UCD) Treatment Agents	Buphenyl powder, Buphenyl tab 500mg

### New Excluded Drugs with Covered Generic Equivalents

Adderall	Concerta	Copaxone	Gilenya
Viibyrd			

### Tier Changes Affecting Member Copayment

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

Medications Moving to a Higher Tier				
Dotti dis	estradiol dis	fesoterodine	fluorouracil cream	hydrocortisone valerate
Lyllana	Nebusal			
Medications Moving to a Lower Tier				
dimethyl fumarate	Epclusa	Mavyret		

### Excluded Drugs with Over-the-Counter Alternatives

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

Aspirin	EC-Naproxen	desloratadine
Naproxen DR		

## New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Aminosalicylates	mesalamine DR	Please talk to your doctor about other option(s).
Androgens	Depo-testosterone inj 200mg/ml	testosterone cypionate, testosterone enanthate, testosterone solution
	testosterone gel 1% (50mg)	testosterone gel pump, testosterone cypionate
Antiseizure Agents	clorazepate dipotassium	Please talk to your doctor about other option(s).
Antispasmodics	darifenacin tab	Please talk to your doctor about other option(s).
	trosipium cap	
ADHD Agents	methylphenidate chew 10mg	Please talk to your doctor about other option(s).
	methylphenidate sol 5mg/5ml	
Dermatological Agents	calcipotriene cream 0.005%	calcipotriene ointment 0.005%
	clindamycin lotion 1%	clindamycin gel solution 1%
Estrogens	Bijuva cap	amabelz tablet, fyavolv tablet, Prempro tablet
	Divigel gel	estradiol gel, estradiol dis weekly patch
Hormonal Agents	clobetasol shampoo	clobetasol cream, gel or solution
	Desonide lotion 0.05%	Desonide cream, ointment
Laxatives	Suprep Bowel prep kit	Sodium sulfate/potassium sulfate/magnesium sulfate
Ophthalmic Agents	brinzolamide	dorzolamide sol 2%
	loteprednol etabonate	fluorometholone
	Restasis	cyclosporine emu
	Rocklatan	Please talk to your doctor about other option(s).
	Xiidra	cyclosporine emu
	Zirgan gel 0.15%	Please talk to your doctor about other option(s).
Phosphate Binders	Velphoro chew	fosrenol powder, sevelamer tablet
Potassium Removing Agents	Veltassa Pow	sodium polystyrene sulfonate powder, SPS suspension
Selective Estrogen Receptor Modifying Agents	Osphena	Premarin vaginal cream