

<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 01, 2025**

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, 2025.

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 and are 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, 2025

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

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

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
ADHD Agents	Vyvanse cap, Vyvanse chewable tab	lisdexamfetamine cap, amphetamine IR/ER, amphetamine/dextroamphetamine IR/ER, dexamethylphenidate IR/ER, atomoxetine, clonidine, guanfacine
Antidiabetic Agents	Victoza	BCise, Byetta, Bydureon, Mounjaro, Trulicity
	liraglutide	
Immunomodulators	Humira, Cyltezo, Hyrimoz	adalimumab-adbm (manufactured by Boehringer Ingelheim), Amjevita (manufactured by Nuvaia), Simlandi
Inhaled Corticosteroids	Flovent diskus	Arnuity Ellipta, fluticasone propionate diskus, Qvar RediHaler,
	Pulmicort Flexhaler	

Tier Changes Affecting Member Copayment

Medications Moving to a Lower Tier			
alprazolam ER 1 mg	amitriptyline hcl tab 10 mg, 25 mg, 50 mg	armodafinil tab	atomoxetine hcl cap 10 mg, 18 mg, 25 mg
Doxepin cap 10 mg, 50 mg	eletriptan tab	fenofibrate cap	fluvoxamine tab 50 mg, 100 mg
glyburide/metformin hcl tab	linezolid tab	neomycin/polymyxin/hc soln 1% otic	neomycin/polymyxin/hc susp 1% otic
sumatriptan nasal spray	sumatriptan auto-injector	zolmitriptan ODT	zolpidem tartrate ER
Medications Moving to a Higher Tier			
brimonidine sol 0.1%	brimonidine/timolol sol 0.2/0.5%	cyclosporine emu 0.05% OP	cyclosporine cap 25 mg, 100 mg
fluticasone prop/salmeterol diskus	levocarnitine sol 1 gm/10 mL	levocarnitine tab 330 mg	lisdexamfetamine cap
lisdexamfetamine chewable tab	mycophenolate cap 250 mg	mycophenolate tab 500 mg	mycophenolic DR tab
sumatriptan inj 6 mg/0.5 mL	tacrolimus cap	tafluprost sol 0.0015%	Wixela Inhub



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Re: Premium Prescription Drug List Updates Effective January 1, 2025

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, 2025.

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 and are 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 January 1, 2025

Please Note: These changes ONLY apply to members on the Premium formulary. 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)
Antibiotics	Avidoxy tablet 100 mg Mondoxyne NL capsule 100 mg	Any of the following generics: doxycycline, minocycline
Ophthalmic Nonsteroidal Anti-Inflammatory (NSAIDs)	bromfenac soln 0.07%	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac

Tier Changes Affecting Member Copayment

Medications Moving to a Lower Tier		
Auryxia tablet	Omvoh SC injection	Sotyktu tablet
Taltz SC injection		
Medications Moving from Tier 2 to Tier 3		
Mulpleta tablet 3 mg	Nutropin AQ	

Specialty Drug Classification Changes

New pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs	
Leukeran tablet	Filsuvez gel
No Longer Classified as Specialty Drugs	
Palforzia packet	

New Excluded Drugs with Covered Generic Equivalents

Apokyn inj 10 mg/mL	Celontin cap 300 mg	Compro sup 25 mg	Dantrium cap 25 mg
Doral tablet 15 mg	Fareston tablet 60 mg	Isatol sol 0.5%	Lanoxin tablet
Mestinon solution 60 mg/5 mL	Nexium granules DR 10 mg, 20 mg, 40 mg	Parnate tablet 10 mg	Prezista tablet 600 mg, 800 mg
Proctosol HC cream 2.5%	Proctozone cream HC 2.5%	Proglycem sus 50 mg/mL	Promethegan sup 12.5 mg, 25 mg
Rectiv ointment 0.4%	Samsca tablet	Vigadrone packet	Votrient tablet

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Acne Agents	clindamycin phosphate-tretinoin gel 1.2-0.025%	clindamycin together with tretinoin
	tazarotene gel 0.1%	tazarotene cream
Androgens	testosterone gel 1.62%	testosterone gel (generic Androgel)
Antidiabetic Agents	Victoza injection 18 mg/3mL	Bydureon BCise inj, Byetta inj, Mounjaro inj, Ozempic inj, Rybelsus tab, Trulicity inj
Antifungal Agents	naftfine gel 2%	ciclopirox cream, terbinafine cream, clotrimazole cream
Corticosteroids	budesonide tab ER 9 mg	mesalamine DR capsule 400 mg
Immunological Agents	Humira, Cyltezo, Hyrimoz	adalimumab-adbm (manufactured by Boehringer Ingelheim), Amjevita (manufactured by Nuvaaila), Simlandi
Ophthalmic Agents	timolol mal sol 0.25%	timolol ophthalmic solution (generic Timoptic)
	timolol mal sol 0.5%	
Phosphate Binders	lanthanum chew	sevelamer tablet
	Velphoro chewable tablet 500 mg	calcium carbonate tab, calcium acetate tab, lanthanum carbonate chew tab, sevelamer carbonate tab, sevelamer HCl tab, Auryxia tab



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Re: **Select Prescription Drug List Updates Effective January 1, 2025**

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, 2025.

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 and are 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

Select Prescription Drug List Updates Effective January 1, 2025

Please Note: These changes ONLY apply to members on the Select formulary. 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	Adderall tablet	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, lisdexamfetamine
Antibiotics	Avidoxy tab 100 mg Monodoxy NL cap 100 mg	Any one of the following generics: doxycycline, minocycline
Genitourinary Agents	Velphoro chewable tablets 500 mg	Any two of the following generics or preferred brands: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Auryxia
Ophthalmic Nonsteroidal Anti-Inflammatory (NSAIDs)	bromfenac soln 0.07%	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac

Tier Changes Affecting Member Copayment

Medications moving from Tier 3 to Tier 2		
Omvoh inj 100 mg/mL	Sotyktu tab 6 mg	Taltz
Medications moving from Tier 2 to Tier 3		
Levemir FlexPen	Levemir inj 100 units/mL	Mulpleta tab 3 mg
Nutropin AQ pen	Victoza inj 18 mg/3mL	

Specialty Drug Classification Changes

New pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs	
Leukeran tablet	Filsuvez gel
No Longer Classified as Specialty Drugs	
Palforzia packet	

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Acne Agents	clindamycin phosphate-tretinoin gel 1.2-0.025%	clindamycin together with tretinoin
	tazarotene gel 0.1%	tazarotene cream
Androgens	testosterone gel 1.62%	testosterone gel (generic Androgel)
Antifungal Agents	naftifine gel 2%	ciclopirox cream, terbinafine cream, clotrimazole cream
Corticosteroids	Uceris tablet ER 9 mg, budesonide tab ER 9 mg	mesalamine DR capsule 400 mg
Growth Hormones	Humatrope injection	Omnitrope, Nutropin AQ, Norditropin, Skytrofa, Ngenla
	Sogroya injection	
Immunological Agents	Humira, Abrilada, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry	Adalimumab-adbm (manufactured by Boehringer Ingelheim), Amjevita (manufactured by Nuvaila), Simlandi
Ophthalmic Agents	timolol mal soln 0.25%	timolol ophthalmic solution (generic Timoptic)
	timolol mal soln 0.5%	
	Timoptic soln 0.5%	
Opioid Analgesics	Nucynta ER tablet	hydrocodone ER, hydromorphone ER, Hysingla ER, oxycodone ER, morphine ER, Oxycontin
Phosphate Binders	lanthanum chew	sevelamer tablet
Respiratory Agents	Advair Diskus	Advair HFA, Breo Ellipta, Symbicort

New Excluded Drugs with Covered Generic Equivalents

Ampyra tablet	Anusol-HC cream	Apokyn inj 10 mg/mL	Celontin cap 300 mg
Cetrotide inj 0.25 mg	Clobex shampoo 0.05%	Compro sup 25 mg	Copaxone inj
Dantrium cap 25 mg	Doral tablet 15 mg	Esbriet capsule	Esbriet tablet
Evekeo tablet	Fareston tablet 60 mg	Forteo inj	Istalol soln 0.5%
Lanoxin tablet	Latuda tablet	Lialda tablet	Mestinon soln 60 mg/5mL
Nexium granules DR 10 mg, 20 mg, 40 mg	Onglyza tablet 5 mg	Parnate tablet 10 mg	Plavix tablet 75 mg
Prezista tablet 600 mg, 800 mg	Proctosol HC cream 2.5%	Proctozone cream HC 2.5%	Proglycem sus 50 mg/mL
Promethagan supp 12.5 mg, 25 mg	Proventil HFA	Qudexy XR capsule	Rectiv ointment 0.4%
Samsca tablet	Tobi solution 300 mg/5 mL	Trokendi XR capsule	Votrient tablet