



**Subject:** Premium Prescription Drug List Updates

We are 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 July 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 questions, please contact your Blue KC representative.

## Premium Prescription Drug List Updates Effective July 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)
Oral Contraceptives	Femlyv tablet	Any of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe

### New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Cholesterol Agents	Trilipix capsule	fenofibric DR capsule
Corticosteroids	deflazacort suspension	prednisone oral solution
Miscellaneous Gastrointestinal Agents	Chenodal tablet	ursodiol tablet
Topical Anti-infectives	Crotan lotion 10%	permethrin cream

### New Excluded Drugs with Covered Generic Equivalents

Corlanor tablet	Dasliresp tablet	Evista tablet	Fosamax tablet
Intelligence tablet 100 mg	Intelligence tablet 200 mg	Lucemyra tablet	mesalamine kit
Proscar tablet	Rowasa kit	Sprycel tablet	Viibryd tablet

### Specialty Drug Classification Changes

Now Classified as Non-Specialty Drugs		
Jesduvroq tab	Vafseo tab	Xphozah tab



**Subject:** Select Prescription Drug List Updates

We are 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 July 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-CareBlue® (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 questions, please contact your Blue KC representative.

## Select Prescription Drug List Updates Effective July 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)
Oral Contraceptives	Femlyv tablet	Any of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe

### New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Cholesterol Agents	Livalo tablet	atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, simvastatin tablet
	Trilipix capsule	fenofibric DR capsule
Corticosteroids	delflazacort suspension	prednisone oral solution
Miscellaneous Gastrointestinal Agents	Chenodal tablet	ursodiol tablet
	mesalamine kit	mesalamine enema
Topical Anti-infectives	Crotan lotion 10%	permethrin cream

### New Excluded Drugs with Covered Generic Equivalents

Corlanor tablet	Dasliresp tablet	Evista tablet	Fosamax tablet
Intelence tablet 100 mg	Intelence tablet 200 mg	Lucemyra tablet	Oxtellar XR tablet
Proscar tablet	Rowasa kit	Sprycel tablet	Viibryd tablet

### Specialty Drug Classification Changes

Now Classified as Non-Specialty Drugs		
Jesduvroq tab	Vafseo tab	Xphozah tab



**Subject:** Essential Health Benefits Prescription Drug List Updates

We are 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 July 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 questions, please contact your Blue KC representative.

## Essential Health Benefits Prescription Drug List (EHB PDL) Updates Effective July 1, 2025

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

### New Excluded Drugs with Covered Generic Equivalents

Compro suppository	Motegrity tablet	Spiriva HandiHaler	Sprycel
Symbicort inhaler	Votrient tablet		