

Subject: Premium Prescription Drug List Updates

Preheader: Updates effective January 1, 2026

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 January 1, 2026.

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 January 1, 2026

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
Opioid Analgesics	methadone solution

Tier Changes Affecting Member Copayment

Medications Moving to a Lower Tier
Emgality
Medications Moving from Tier 2 to Tier 3
Depen Titratabs

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Antidementia Agents	Namzaric ER Pack	donepezil tablet, memantine tablet, memantine-donepezil capsule
	Namzaric ER 7/10 mg	donepezil tablet and memantine tablet
Biologic Agents	Stelara	Yesintek or Ustekinumab-aaaz
Headache Agents	Ajovy	Aimovig, Emgality 120 mg/ml
	butalbital-apap-caffeine-codeine 50-300-40-30 mg cap	butalbital-apap-caffeine-codeine 50-325-40-30 mg cap
Phosphate Binders	Auryxia tab	calcium carbonate tablet, calcium acetate capsule/tablet, sevelamer oral powder/tablet
Sleep Disorder Agents	Dayvigo tab	eszopiclone tablet, ramelteon tablet, zaleplon capsule, zolpidem tablet, Belsomra

New Excluded Drugs with Covered Generic Equivalents

Activella	Acular	Adderall XR	Aldactone tab
Analpram-HC cream	Aptiom tab	Azulfidine tab	Brilinta tab
Carbaglu tab	Cipro tab	Daraprim tab	Detrol LA
Dymista	Edecrin	Emend BiPack, Tripack	Entresto tab
Estrogel pump	Hydrea cap	Invega tab	Kaletra tab
Lomotil tab	Macrobid cap	Maxitrol	Namzaric ER 14/10 mg, 21/10 mg, 28/10 mg
Nardil tab	Ocuflox soln	Reglan tab	Remeron tab
Reyataz cap	Salagen tab	Sinemet tab	Tenoretic tab
Tiazac cap	Zyprexa Zydi tab		

Subject: Select Prescription Drug List Updates

Preheader: Updates effective January 1, 2026

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 January 1, 2026.

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.

Select Prescription Drug List Updates Effective January 1, 2026

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)
Antidementia Agents	Namzaric cap	Both of the following generics: memantine and donepezil OR generic memantine/donepezil capsule
Diabetic Testing Supplies	One Touch meters, test strips	Contour AND any one of the following: Freestyle or Precision

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

Aptiom tab	Brilinta tab	Entresto tab	Estrogel gel 0.06%
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New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Antidepressant Agents	Raldesy solution
Opioid Analgesics	methadone solution

Tier Changes Affecting Member Copayment

Medications moving from Tier 3 to Tier 2		
Emgality		
Medications moving from Tier 2 to Tier 3		
Brilinta tab	Depen Titratabs	Entresto tab
Namzaric cap	OneTouch meters	OneTouch test strips

New Excluded Drugs with Covered Generic Equivalents

Activella tab	Acular	Adderall XR cap	Adipex-P tab
Aldactone tab	Analpram-HC cream	Azopt	Azulfidine tab
Carbaglu tab	Carnitor tab	Cipro tab	Cortef tab
Cosopt, Cosopt PF	Daraprim tab	Detrol LA cap	Dymista
Edecrin tab	Emend BiPack, Tripack	Estrace tab	Invega tab
Kaletra tab	Lomotil tab	Macrobid cap	Maxitrol
Nardil tab	Neurontin solution	Ocuflox	Pred Forte
Reglan tab	Remeron tab	Reyataz cap	Salagen tab
Sinemet tab	Tamiflu suspension	Tenoretic tab	Tiazac cap
Venxxiva tab	Vigamox	Zenzedi tab	Zyprexa Zydi tab

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Biologic Agents	Stelara	Yesintek or Ustekinumab-aauz
Blood Pressure Agents	Inzirgo suspension	hydrochlorothiazide capsule/tablet
Headache Agents	Ajovy	Aimovig, Emgality 120 mg/ml
	butalbital-apap-cafeine-codeine 50-300-40-30 mg cap	butalbital-apap-cafeine-codeine 50-325-40-30 mg cap
Phosphate Binders	Auryxia tab	calcium carbonate tablet, calcium acetate capsule/tablet, sevelamer oral powder/tablet
	ferric citrate tab	
Sleep Disorder Agents	Dayvigo tab	eszopiclone tablet, ramelteon tablet, zaleplon capsule, zolpidem tablet, Belsomra

Subject: Essential Health Benefits Prescription Drug List Updates

Preheader: Updates effective January 1, 2026

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 January 1, 2026.

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 (EHB) Prescription Drug List Updates Effective January 1, 2026

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

Tier Changes Affecting Member Copayment

*only applicable to Kansas members

Medications Moving to a Lower Tier			
azelaic acid gel 15%	Clomid tab*	desloratadine tab 5 mg	nalbuphine inj 10mg/mL
nilutamide tab	repaglinide tab 0.5 mg, 1 mg, 2 mg	Tranexamic acid tab 650 mg	
Medications Moving to a Higher Tier			
Leukeran tablet			

Specialty Drug Classification Changes

New pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs
Leukeran tablet

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Analgesics	Nucynta ER	hydrocodone bitartrate tab ER, morphine sulfate tab ER, oxycodone hcl tab ER, Xtampza ER
Biologic Agents	Stelara	Yesintek or Ustekinumab-aaaz
Dental Agents	Fluoridex Daily Renewal	Prevident, sodium fluoride rinse, sodium fluoride cream, sodium fluoride gel
	Easygel gel 0.4%	

New Excluded Drugs with Covered Generic Equivalents

Proctosol HC	Promethegan suppository	Sajazir injectable
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