



PREMIUM VERSION

<Date>

<GROUP NAME>

Attn: Group Benefit Manager

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

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, 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.

Sincerely,

The Blue KC Pharmacy Team

Enclosure

Premium Prescription Drug List Updates Effective July 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
Antihypertensive Agents	Arbli suspension 10 mg/mL
Chelating Agents	Depen tablet 250 mg

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative(s)
Antidepressants	sertraline capsule 150 mg, 200 mg	sertraline tablet
Antiemetic Agents	ondansetron tab 16mg ODT	ondansetron ODT 4 mg, 8 mg
Antihypertensive Agents	valsartan solution 20mg/5mL	valsartan tablet
Antiparkinson Agents	Vyalev Injection	carbidopa-levodopa ER/IR tablet, entacapone, pramipexole, rasagiline, ropinirole, selegiline, tolcapone
Cancer Agents	abiraterone tab 500 mg	abiraterone tablet 250 mg
Dermatological Agents	Twynéo cream	Epiduo Forte, Onexton, Retin-A-Micro gel 0.06%, 0.08%
Diuretic Agents	triamterene cap	amiloride tablet, eplerenone tablet, spironolactone tablet
Gastrointestinal Agents	glycerol phe liq 1.1gm/mL	sodium phenylbutyrate powder
Glycemic Agents	Zegalogue Injection	Baqsimi, Glucagon Emergency Kit (made by Fresenius Kabi)
Hormonal Agents	Premarin tablet	conjugated estrogen tablet, Duavee
Muscle relaxants	baclofen sol 5mg/5mL	baclofen tablet
	baclofen sol 10mg/5mL	
Otic antibiotic	ciprofloxacin-hydrocortisone suspension	ciprofloxacin-dexamethasone otic suspension, [ciprofloxacin otic] together with [fluocinolone otic]

New Excluded Drugs with Covered Generic Equivalents

Complera tablet	Dificid tablet	Dyrenium capsule	Iressa 250 mg
Korlym tablet	Lovenox injection	Motegrity tablet	Nexavar tablet 200 mg
NuvaRing	Pradaxa capsule	Promacta powder, tablet	Purixan suspension
Rytary capsule	Tasigna capsule	Thalitone tablet	



SELECT VERSION

<DATE>

<GROUP NAME>

Attn: Group Benefit Manager

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<CITY>, <STATE> <ZIP>

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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.

Sincerely,

The Blue KC Pharmacy Team

Enclosure

Select Prescription Drug List Updates Effective July 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 the generic equivalent before listed drug(s) will be covered.

NuvaRing

New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Antihypertensive Agents	Arbli suspension 10 mg/mL
Chelating Agents	Depen tablet 250 mg

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative(s)
Antidepressants	sertraline capsule 150 mg, 200 mg	sertraline tablet
Antidiabetic Agents	Exenatide injection	liraglutide injection, Bydureon BCise, Byetta
Antiemetic Agents	ondansetron tab 16mg ODT	ondansetron ODT 4 mg, 8 mg
Antimigraine Agents	Trudhesa nasal spray	dihydroergotamine nasal spray
Antiparkinsons Agents	Vyalev injection	carbidopa-levodopa ER/IR tablet, entacapone, pramipexole, rasagiline, ropinirole, selegiline, tolcapone
Dermatological Agents	Twynéo cream	adapalene-benzoyl peroxide gel, Epiduo Forte, Onexton, Retin-A Micro gel 0.06%,0.08%
Diuretic Agents	Dyrenium capsule triamterene capsule	amiloride tablet, eplerenone tablet, spironolactone tablet
Glycemic Agents	Zegalogue injection 0.6/0.6	Baqsimi, Glucagon Emergency Kit (made by Fresenius Kabi)
Growth Hormones	Genotropin injection	Omnitrope, Norditropin
Hormonal Agents	Premarin tablet	conjugated estrogen tablet, Duavee
Phosphate Binders	Velphoro chew	calcium carbonate, calcium acetate, sevelamer

New Excluded Drugs with Covered Generic Equivalents

Aptiom tablet	Brilinta tablet	Complera tablet	Entresto tablet
Imitrex injectable	Iressa tablet	Korlym tablet	Lovenox injectable
Lyrica solution 20mg/mL	Motegrity tablet	Nexavar tablet	Pradaxa capsule
Promacta tablet	Purixan suspension 20 mg/mL	Rytary capsule	Spiriva HandiHaler
Tasigna capsule	Thalitone tablet	Tikosyn capsule	Victoza inj 18 mg/3 mL



EHB VERSION

<Date>

<GROUP NAME>

Attn: Group Benefit Manager

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

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, 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.

Sincerely,

The Blue KC Pharmacy Team

Enclosure

Essential Health Benefits (EHB) Prescription Drug List Updates Effective July 1, 2026

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

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Monoclonal Antibody	Prolia injection	Xtrenbo
	Xgeva injection	Enoby

New Excluded Drugs with Covered Generic Equivalents

Brilinta tablet	Complera tablet	Entresto tablet	Fycompa tablet
Pradaxa capsule	Premarin tablet	Promacta tablet	Tasigna capsule
Tracleer tablet	Xarelto suspension	Xarelto tablet	