Kansas City 1400 Baltimore Avenue, Kansas City, MO 64105 | 816-395-2222 | BlueKC.com

Select Prescription Drug List Updates

<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 January 1, 2027.

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

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association.

## Select Prescription Drug List Updates Effective January 1, 2027

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

### Excluded Medications 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 |
|---|---|
| Antihistamine allergy medications | carbinoxamine solution |
| | clemastine tablet |
| | Clemasz tablet |
| | diphenhydramine elixir |
| | Ryclora solution |
| Antihistamine eye medications | epinastine drops 0.05% |
| Nasal allergy medications | azelastine HCl-fluticasone propionate nasal spray |
| | olopatadine nasal spray 0.6% |
| | Ryaltris |
| Topical acne medications | tretinoin gel 0.08% |

### New Excluded Medications with Alternatives

| Drug Class | Excluded Medications | Covered Alternative(s) |
|---|---|---|
| Antibiotic eye medications | moxifloxacin solution 0.5% | moxifloxacin solution (three-time daily) |
| Antibiotics | Dificid tablet 200 mg | fidaxomicin tablet |
| Anti-inflammatory eye medications | bromfenac drops | diclofenac ophthalmic solution, ketorolac ophthalmic solution |
| | Prolensa drops 0.07% | |
| | ketoprofen capsule 50 mg | celecoxib capsule, diclofenac ER/DR tablet, etodolac capsule/tablet, ibuprofen tablet, meloxicam tablet, indomethacin capsule |
| Appetite stimulant medications | megestrol suspension 625 mg/5M | megestrol suspension 40 mg/mL |
| Blood pressure and heart medications | Verelan capsule | verapamil ER tablet, amlodipine, diltiazem ER capsule, propranolol |
| Blood pressure medications | captopril tablet | lisinopril tablet, enalapril tablet, ramipril capsule |
| | trando/verapamil tablet 1-240 | trandolapril tablet and verapamil tablet ER |
| Glaucoma eye medications | Betimol solution 0.5% | timolol maleate ophthalmic solution |
| | timolol hemi solution 0.5% | |
| | brinzolamide suspension 1% | dorzolamide ophthalmic solution |

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| | | |
|---|---|---|
| Impotence medications | avanafil tablet | sildenafil, tadalafil |
| | Stendra tablet | sildenafil tablet, tadalafil tablet |
| Migraine medications | Brekiya injection 1 mg/mL | dihydroergotamine, sumatriptan injection, Nurtec, Ubrelvy, Zavzpret |
| Opioid overdose reversal medications | Zimhi solution | naloxone, Narcan |
| Opioid pain medications | Hysingla ER tablet | hydrocodone ER capsule/tablet, Xtampza ER |
| | Oxycontin | hydrocodone ER tablet, morphine ER, oxymorphone HCl ER, Xtampza ER |
| | Roxybond tablet | oxycodone IR tablet |
| Phosphate-lowering medications | sevelam HCl tablet | sevelamer carbonate tablet, calcium acetate capsule, calcium carbonate tablet |
| Rosacea medications | Rhofade cream 1% | brimonidine gel, Mirvaso |
| Topical acne medications | Retin-a micr gel 0.06%, Retin-a micr gel 0.08% pump | adapalene/benzoyl peroxide, tazarotene, erythromycin/benzoyl peroxide, clindamycin phosphate/benzoyl peroxide, Onexton, Epiduo forte |
| Topical pain medications | Ztlido pad 1.8% | lidocaine patch 5% |
| Topical skin medications | fluticasone lotion 0.05% | betamethasone lotion, hydrocortisone lotion, triamcinolone lotion |
| | imiquimod cream 3.75% | imiquimod cream 5% |

## New Excluded Medications with Covered Generic Equivalents

| | | | |
|---|---|---|---|
| Arixtra injection | Atrovent HFA | Briviact solution | Briviact tablet |
| Condylox gel 0.5% | Edarbi tablet | Edurant tablet | Endari powder |
| Entresto tablet | Farxiga tablet | Gleostine capsule | Horizant ER tablet |
| Jynarque tablet | Lumigan solution 0.01% | Mitigare capsule | Myrbetriq tablet |
| Myrbetriq suspension | Nascobal spray | Ofev capsule | Opsumit tablet |
| Pomalyst capsule | Procentra solution | Promacta powder | Revlimid capsule |
| Savella tablet | Saxenda | Selzentry tablet | Taclonex suspension |
| Xeljanz solution | Xeljanz tablet | Xeljanz XR tablet | Xigduo XR tablet |

## New Step Therapy Requirements

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

| |
|---|
| Chantix |

## Tier Changes Affecting Member Copayment

| Medications Moving from Tier 2 to Tier 3 | | |
|---|---|---|
| Epclusa | Harvoni | Janumet XR |
| Radicava ORS | Sotyktu | |

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Date

Premium Prescription Drug List Updates

<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 January 1, 2027.

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

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## Premium Prescription Drug List Updates Effective January 1, 2027

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

### 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 |
|---|---|
| Antihistamine allergy medications | carbinoxamine solution |
| | clemastine tablet |
| | Clemasz tablet |
| | Dicopanol suspension |
| | diphenhydramine elixir |
| | Ryclora solution |
| Antihistamine eye medications | epinastine drops 0.05% |
| Nasal allergy medications | azelastine HCl-fluticasone propionate nasal spray |
| | olopatadine spray 0.6% |
| | Ryaltris |
| Topical Acne medications | Retin-A Micro gel 0.06% pump |
| | Retin-A Micro gel 0.08% pump |
| | tretinoin gel 0.08% |

### New Excluded Medications with Alternatives

| Drug Class | Excluded Medications | Covered Alternative(s) |
|---|---|---|
| Antibiotic eye medications | moxifloxacin solution 0.5% (two-time daily) | moxifloxacin solution (three-time daily) |
| Anti-inflammatory eye medications | bromfenac drops | diclofenac ophthalmic solution, ketorolac ophthalmic solution |
| Anti-inflammatory pain medications | ketoprofen capsule 50 mg | celecoxib capsule, diclofenac ER/DR tablet, etodolac capsule/tablet, ibuprofen tablet, meloxicam tablet, indomethacin capsule |
| Appetite stimulant medications | megestrol suspension 625 mg/5 mL | megestrol suspension 40mg/mL |
| Blood pressure medications | captopril tablet | azilsartan tablet, enalapril tablet, lisinopril tablet, losartan tablet, olmesartan tablet, ramipril capsule, telmisartan tablet, valsartan tablet |
| | Edarbi tablet | |
| | trandolapril/verapamil tablet 1-240 | trandolapril tablet and verapamil tablet ER |
| Glaucoma eye medications | Betimol solution 0.5% | timolol maleate ophthalmic solution |
| | timolol hemi solution 0.5% | |

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| | | |
|---|---|---|
| | brinzolamide suspension 1% | dorzolamide ophthalmic solution |
| Heart failure medications | Corlanor oral solution | ivabradine tablet |
| Hepatitis C antiviral medications | Epclusa | Mavyret, Vosevi |
| | Harvoni | |
| | Sovaldi | |
| Impotence medications | avanafil tablet | sildenafil, tadalafil |
| Long-acting opioid pain medications | Hysingla ER | hydrocodone ER capsule/tablet, Xtampza ER |
| | OxyContin | |
| Multiple sclerosis medications | Mavenclad pack | cladribine tablet therapy pack, Bafiertam, Kesimpta, Mayzent, Vumerity, Zeposia |
| Nerve pain and restless legs medications | Horizant tablet ER | gabapentin IR capsule/tablet, gabapentin ER (once daily) tablet |
| Opioid overdose reversal medications | Zimhi solution | naloxone, Narcan |
| Phosphate-lowering medications | sevelamer HCl tablet | sevelamer carbonate tablet, calcium acetate capsule, calcium carbonate tablet |
| Psoriasis medications | Sotyktu | Please talk to your provider about your options. |
| Topical skin medications | fluticasone lotion 0.05% | betamethasone lotion, hydrocortisone lotion, triamcinolone lotion |
| | imiquimod cream 3.75% | imiquimod cream 5% |

## New Excluded Medications with Covered Generic Equivalents

| | | | |
|---|---|---|---|
| Arixtra injection | Atrovent HFA | Briviact solution | Briviact tablet |
| Condylox gel 0.5% | Edurant tablet | Endari powder | Farxiga tablet |
| Gleostine capsule | Janumet tablet | Janumet XR tablet | Januvia tablet |
| Lumigan 0.01% eye drops | Myrbetriq tablet | Nascobal spray 500 mcg | Ofev capsule |
| Opsumit tablet | Pomalyst capsule | Procentra solution 5 mg/5 mL | Revlimid capsule |
| Risperdal injection | Savella tablet | Saxenda | Selzentry tablet |
| Taclonex suspension | Xeljanz solution | Xeljanz tablet | Xeljanz XR tablet |
| Xigduo XR | | | |

## Tier Changes Affecting Member Copayment

| Medications Moving from Tier 2 to Tier 3 |
|---|
| Radicava ORS |

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Date

Essential Health Benefits (EHB)
Prescription Drug List Updates

<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 January 1, 2027.

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

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## Essential Health Benefits (EHB) Prescription Drug List Updates Effective January 1, 2027

*Please Note: These changes ONLY apply to members on the EHB ACA Small Group 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 |
|---|---|---|
| Autoimmune disease medications | Actemra Actpen | Avtozma |
| Eye medications | Zylet | Please talk to your provider about your options |
| Migraine medications | Ajovy Inj | Aimovig, Emgality, Nurtec ODT |
| Osteoporosis medications | teriparatide | Please talk to your provider about your options. |
| Seizure medications | valproate sodium inj | Please talk to your provider about your options. |

### New Excluded Medications with Covered Generic Equivalents

| | | | |
|---|---|---|---|
| Briviact tablet | Climara | Farxiga tablet | Lumigan Sol 0.01% |
| Minivelle | Myrbetriq tablet | Savella tablet | Xigduo XR tablet |

### Tier Changes Affecting Member Copayment

| Medications moving from Tier 3 to Tier 2 | | |
|---|---|---|
| Dotti TD patch 0.075 mg (twice weekly) | estradiol TD patch 0.075 mg (twice weekly) | Lyllana TD patch 0.075 mg (twice weekly) |
| **Medications Moving from Tier 1 to Tier 3** | | |
| brivaracetam tablet | | |

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