



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

**Re: Essential Health Benefits Prescription Drug List Updates Effective July 1, 2024**

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 July 1, 2024.

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

## EHB Prescription Drug List Updates Effective July 1, 2024

*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
Anticonvulsants	Celontin cap	methsuximide cap
Blood Modifiers	Mozobil	plerixafor injection
Metabolic Agents	Orfadin cap	nitisinone cap
Ophthalmic Agents	Alphagan P	brimonidine ophthalmic solution 0.1%
	Prolensa	ketorolac op sol 0.5%, flurbiprofen op sol 0.03%, diclofenac op sol 0.1%, bromfenac op sol 0.07%