



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

Re: Premium 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 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 any questions, please contact your Blue KC representative.

Sincerely,

The Blue KC Pharmacy Team

Enclosure

Premium Prescription Drug List Updates Effective July 1, 2024

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
Cancer Agents	Xatmep oral solution
Cardiovascular Agents	Hemangeol oral solution

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Anti-Infective Agents	Uretron D/S tablet	Please talk to your doctor about other option(s).
Dermatological Agents	Rhofade cream	Mirvaso gel
Gastrointestinal Agents	Debacterol solution	Please talk to your doctor about other option(s).
Muscle Relaxants	Fleqsuvy, baclofen suspension	baclofen tablet
Nonsteroidal Anti-Inflammatory Agents (NSAIDs)	EC-Naproxen tablet	naproxen tablet
	tolmetin sodium capsule	celecoxib, diclofenac tablet, etodolac, ibuprofen, meloxicam tablet, indomethacin capsule
	tolmetin sodium tablet	
Ophthalmic Agents	Prolensa	ketorolac op sol 0.5%, flurbiprofen op sol 0.03%, diclofenac op sol 0.1%
Renal and Genitourinary Agents	Oracit solution	oral citrate solution
	Tricitrates solution	Please talk to your doctor about other option(s).
	Phospha 250 tablet	wes-phos 250 neutral tablet, phosphorous tablet
	K Citrate solution	Please talk to your doctor about other option(s).
Upper Respiratory Combinations	promethazine & phenylephrine syrup	covered generic cough and cold products
	promethazine-phenylephrine-codeine syrup	

Tier Changes Affecting Member Copayment

Medications moving from Tier 3 to Tier 2
Mirvaso gel

New Excluded Drugs with Covered Generic Equivalents

Actonel tablet	Agrylin capsule	Alphagan P solution	Avalide tablet
Cardizem tablet	Cardura tablet	Diflucan tablet	EC-Naprosyn tablet
Effient tablet	Fosrenol chew	Gastrocrom concentrate	Inspra tablet
Jalyn capsule	Mestinon tablet	Namenda tablet	Nebusal nebulizer 3%
Spiriva Handihaler	Urocit-K tablet	Urso 250 tablet	Urso Forte tablet
Vancocin capsule			

New Excluded Medications with Over-the-Counter (OTC) Alternatives

The following drugs are now excluded but alternatives are available for members to purchase out of pocket, over the counter.

Drug Class	Excluded Medications	Alternative
Antifungal Agents	Mycozyl AL 1% external	OTC tolnaftate
Nonsteroidal Anti-inflammatory (NSAID) Agents	Topical diclofenac (cream, gel, solution)	Use OTC products containing an active ingredient such as diclofenac. Consult your pharmacist or physician about the appropriate option.
Dermatological Agents	adapalene	Use OTC products containing an active ingredient such as adapalene. Consult your pharmacist or physician about the appropriate option.
	Tazorac, tazarotene	
	tretinoin, tretinoin microsphere gel	
Ophthalmic Agents	alcaftadine	Use OTC ophthalmic products containing an active ingredient such as olopatadine, ketotifen, or alcaftadine. Consult your pharmacist or physician about the appropriate option.
	azelastine HCL	
	bepotastine besilate	
	cetirizine HCL	
	olopatadine HCL	
	ketotifen fumarate	