



<DATE>

<GROUP NAME>

Attn: <GROUP CONTACT FULL NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

**Re: Select 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

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

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)
Dermatological Agents	Rhofade cream	Mirvaso gel
Ophthalmic Agents	Prolensa	One of the following: ketorolac op sol 0.5%, flurbiprofen op sol 0.03%, diclofenac op sol 0.1%
Respiratory Agents	Spiriva Handihaler	tiotropium bromide inhal cap

### New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Cardiovascular Agents	Hemangeol solution
Cancer Agent	Xatmep solution

### Tier Changes Affecting Member Copayment

Please Note: The following tables report the impact of formulary changes to the most utilized medications.

Medications Moving to a Lower Tier		
Mirvaso gel		
Medications Moving to a Higher Tier		
Alphagan P	Prolensa	Spiriva

### New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Antiandrogens	Yonsa tablet	abiraterone acetate, Xtandi, Nubeqa, Erleada
Antifungal Agents	Brexafemme tab	fluconazole
Anti-Infective Agents	Uretron D/S tablet	Please talk to your doctor about other option(s).
Antiretroviral Agents	Vemlidy tab	entecavir, tenofovir disoproxil
Blood Glucose Monitoring	Tempo Welcome Kit	Ascencia (contour, contour next) blood glucose monitor
Cardiovascular Agents	Camzyos capsule	carvedilol, metoprolol er, diltiazem
	Inpefa tablet	Farxiga, Jardiance

Drug Class	Excluded Medications	Covered Alternative
Endocrine and Metabolic Agents	Isturisa tablet	ketoconazole tablet
	Mycapssa capsule	octreotide acetate injection
	Palynziq injection	sapropterin powder/tablet
Gastrointestinal Agents	Debacterol solution	Please talk to your doctor about other option(s).
	Relistor tablet	Symproic
Hematological Agents	Oxbryta tablet	hydroxyurea
Immunologic Agents	Ponvory tablet	glatiramer, glatopa, dimethyl fumarate, fingolimod
	Rezurock tablet	Jakafi, Imbruvica
	Tascenso ODT	Please talk to your doctor about other option(s).
Muscle Relaxants	baclofen suspension	baclofen tablet
Nonsteroidal Anti-Inflammatory Agents (NSAIDs)	EC-Naproxen tablet	naproxen tablet
	tolmetin sodium	celecoxib, diclofenac tablet, etodolac, ibuprofen, meloxicam tablet, indomethacin capsule
Ophthalmic Agents	Cequa solution 0.09%	Restasis, Xiidra
	Iyuzeh drops 0.005%	latanoprost ophthalmic solution
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).
Respiratory Agents	Airduo Digihaler	Advair HFA, Breo Ellipta, Symbicort
	Airduo Resplick	
	Tudorza Pressair	Spiriva
Upper Respiratory Combinations	promethazine & phenylephrine syrup	covered generic cough and cold products

### New Excluded Drugs with Covered Generic Equivalents

Actonel tablet	Agrylin capsule	Avalide tablet	Cardizem tablet
Cardura tablet	Diflucan tablet	EC-Naprosyn tablet	Effient tablet
Fleqsuvy suspension	Fosrenol chew	Gastrocrom concentrate	Inspra tablet
Jalyn capsule	Mestinon tablet	Namenda tablet	Nebusal nebulizer 3%
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	