

Re: PREFERRED FORMULARY UPDATES

Dear Provider Partner:

WHY YOU'RE RECEIVING THIS LETTER

We want to let our contracted providers know of updates to the Blue KC Preferred Prescription Drug List that will go into effect on July 1, 2021.

The Blue KC Medical and Pharmacy Management Committee reviews and maintains the Prescription Drug List. 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.

WHAT YOU NEED TO KNOW

These updates only impact our commercial line of business. Group-specific benefit exceptions may apply. Blue Medicare Advantage (MA) and ACA Qualified Health Plans (QHP) are not impacted. These changes do NOT apply to members using the Premium formulary.

How We Will Communicate These Changes

Blue KC is taking proactive steps to limit disruption, including:

- Impacted members will receive a letter notifying them of the changes.
- All in-area providers will be notified by letter in the event their patients contact them to discuss alternative medications.

Below are the Prescription Drug List updates that are effective July 1, 2021:

New Step Therapy Requirements

- Members must try preferred alternative(s) before other drugs will be covered.
- Exceptions can be requested through the prior authorization process.
- *Members currently utilizing these drugs will be grandfathered on therapy.

New Step Therapy Requirements		
Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternative(s) (Try First)
Acne, psoriasis	Fabior, Tazorac, tazarotene	Topical tretinoin
Anaphylaxis Agents	Epipen, Epipen Jr, Auvi-Q .15MG, 0.3MG	Epinephrine, epinephrine auto injector
Antipsychotics	Caplyta*, Fanapt*, Saphris*, Secuado*, Vraylar*	At least TWO generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone

Antiretrovirals	Truvada	Generic emtricitabine-tenofovir disoproxil fumarate
Atopic dermatitis	Protopic, Elidel, pimecrolimus	Generic topical tacrolimus ointment
Contraceptives	Twirla	An oral contraceptive AND a contraceptive patch
Multiple Sclerosis	Plegridy*, Gilenya*, Rebif*	At least TWO of the following: Avonex, Bafiertam, Betaseron, Copaxone/glatopa, Kesimpta, Vumerity
	Tecfidera	Generic dimethyl fumarate
Osteoporosis	Forteo*	Tymlos, teriperatide
Otic Agents	Ciprodex	Generic ciprofloxacin-dexamethasone otic suspension

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Authorization
Interstitial Cystitis Agents	Elmiron
Antifungals	Noxafil (Posaconazole)
Contraceptives	Phexxi
Anti-Infective Agents	Xifaxan

Tier Changes Increasing Member Copayment

- Members will now be required to pay Tier 3 cost sharing for the following medications.

Medications moving from Tier 2 to Tier 3	
Epipen Jr	Rebif
Forteo	Tazorac
Gilenya	Tecfidera
Plegridy	

QUESTIONS?

We value and appreciate you as our partner in providing quality care. If you have questions about any of this information, please call the Blue KC Provider Hotline at 816-395-3929.

Sincerely,

John Gardynik

John Gardynik
Senior Director, Pharmacy