



<DATE>

<GROUP NAME>

Attn: <FIRST NAME> <LAST NAME>

<ADDRESS 1>

<ADDRESS 2>

<CITY>, <STATE> <ZIP>

Re: Regular Formulary Updates Effective March 1, 2017

Dear <FIRST NAME> <LAST NAME>:

I am writing to notify you of changes to the Blue Cross and Blue Shield of Kansas City (Blue KC) Prescription Drug List that will go into effect on March 1, 2017.

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 on the basis of drug safety and costs.

The enclosed materials outline the changes in detail. These updates affect employer group members with Blue-Care® (HMO), BlueSelect Plus (PPO), Preferred-Care® (PPO) and Preferred-Care Blue® (PPO) plans. These changes do not affect group members on the Express Scripts High Performance Formulary. Benefit exclusions may apply.

Communications

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

- Affected members will receive a similar letter in mid-January, which will include a complete summary of medications impacted as well as a list of lower cost alternatives.
- Blue KC has partnered with Rx Savings Solutions to notify impacted members by email and/or phone. Their team of pharmacists and technicians are able to answer questions about medication alternatives, step therapy and how to request a change from a physician.

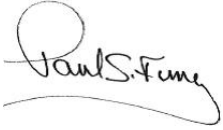
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- Prescribing physicians will be notified by letter prior to March 1. Blue KC will notify them of these changes in the event their patients contact them to discuss alternative medications.

If you have questions, please contact your Blue KC marketing representative.

Sincerely,

A handwritten signature in black ink that reads "Paul S. Fung". The signature is written in a cursive style with a large, looped initial "P".

Paul Fung, Pharm.D., MHA
Pharmacy Director

Enclosures



Kansas City

Tier Changes Increasing Member Copayment

Medications Moving From Tier 2 to Tier 3

Effective March 1, 2017, the following updates will be made to the Blue KC Prescription Drug List. Benefit exclusions may apply.

Affected Medications (Alphabetical Order)				
Actonel	Edex	Iodoflex	Niaspan	Ribasphere
Analpram-HC	Elixophyllin	Iodosorb	Nicotrol	Rifater
Asacol HD	Endo-Avitene	Isopto Carbachol	Nicotrol NS	Roxicet Solution
Avelox	Epifoam	Isopto Homatropine	Nitro-Dur	Saxenda
Avelox ABC Pack	Epivir HBV	Isopto Hyoscine	Nitro-Stat	Seromycin
Azopt	Equetro	Kombiglyze XR	Noritate	Siderol
Bactroban Nasal	Ergomar	K-Phos No. 2	Norpace CR	Singulair
Betaseron	Estring	Kristalose	Novacort	Solaraze
Blephamide	Eurax	Levulan	Nutricap	Soriatane
Blephamide SOP	Evista	Lidocaine-HC	Omnitrope	SSKI
Campral	Exelderm	Lidoderm	Onglyza	Supervite
Capital with Codeine	Flarex	Lithostat	Oracit	Tanzeum
Ciloxan	Fluorabon	Locoid Lipocream	Oticin	Theo-24
Cipro HC	Fluoroplex	Lovaza	Oxistat	Thyrolar
Cloderm	FML Forte	Lufyllin	Panretin	Tobi
Coly-Mycin S	Folastin	Magnacet	Paser	Tobrex
Cortisporin	Forfivo XL	MagneBind 400	PCE	Trilipix
Cortisporin TC	Galzin	Maxidex	PhisoHex	Tri-Luma
Coumadin	Gelfilm	Mepron	Phrenilin Forte	Trizivir
Cuprimine	Gelfoam	Monurol	Potaba	Valcyte
Cyclomydril	Golytely	Motofen	Pramosone	Vexol
Cycloserine	Gordo-Urea	Mycobutin	Prandin	Viramune XR
Delzicol	Halog	Naftin	Pred-G	Zepatier
Dilantin	Helidac	Namenda	Primsol	Zydane
Dyrenium	Hematron	Nephron FA	Ribapak	Zymaxid

Tier Changes Decreasing Member Copayment

Medications Moving From Tier 3 to Tier 2

Effective March 1, 2017, the following updates will be made to the Blue KC Prescription Drug List. Benefit exclusions may apply.

Affected Medications (Alphabetical Order)			
Acanya	Divigel	Narcan Nasal Spray	Qnasl
Actemra	Genotropin	Norditropin	Simponi 100mg
Apriso	Gonal-F	Onexton	Stelara
Arnuity Elipta	Humatrope	Oracea	Technivie
Asmanex	Ilevro	Otezla	Tradjenta
Carac	Lazanda	Pentasa	Trulicity
Cosentyx	Lumigan	Picato	Viekira Pak
Crinone 8% Gel	Morgidox	Prolensa	Xeljanz

Other Changes

Oral Cancer Medications Moving to Specialty Pharmacy – Members utilizing an oral medication to treat cancer must obtain their cancer medication at Accredo Specialty pharmacy. In addition to cost management, this change ensures members will receive these medications from a pharmacy that has provided education or has properly trained employees regarding special handling.

New Step Therapy Requirements

Members must try at least two of the following therapeutic alternatives before other drugs will be covered. Current utilizing members will not be grandfathered on therapy, and step therapy will apply. New step therapy rules will take effect once any current prior authorizations have expired.

Category Drug Class	Alternatives (Try First)	Drugs Requiring a Trial of At Least Two Alternatives*
Narcotic Antagonist	Naloxone Syringe, Narcan Nasal Spray	Evzio
Pain medication	Fentanyl Citrate Lozenges, Lazanda	Abstral, Fentora, Subsys
Rosacea	Avidoxy, Doryx, Doxycycline, Morgidox, Oracea	Doxycycline 40mg Capsules
Acne	Clindamycin/Benzoyl Peroxide, Clindamycin/Tretinoin, Acanya, Onexton	Veltin
Actinic Keratosis	Diclofenac Gel, Fluorouracil 5% Cream, Fluorouracil 2% Solution, Imiquimod 5% Cream, Carac, Picato	Fluorouracil 0.5% Cream, Zyclara
Diabetes**	Metformin Extended-Release (Generic Of Glucophage Xr)	Glumetza, Generic Of Glumetza, Generic Of Fortamet
Diabetes – SGLT2s**	Metformin	Farxiga, Xigduo, Invokana, Invokamet, Jardiance, Synjardy
Diabetes – DPP4s	Januvia, Janumet, Janumet Xr, Tradjenta, Jentadueto, Jentadueto Xr	Alogliptin, Nesina, Onglyza, Alogliptin/Metformin, Kazano, Kombiglyze XR
Diabetes – GLP-1s	Bydureon, Byetta, Trulicity	Tanzeum, Victoza
Nasal Steroids	Budesonide, Flunisolide, Fluticasone, Mometasone, QNASL	Beconase AQ, Omnaris, Veramyst, Zetonna
Ear Infections	Ciprofloxacin Ear Solution, Ofloxacin Ear Solution, Ciprodex	Cetraxal
Growth Hormones	Genotropin, Humatrope, Norditropin	Omnitrope, Nutropin Aq, Saizen, Zomacton
Pain / Ulcer Agents	Ibuprofen + Famotidine, Omeprazole + Naproxen	Duexis, Vimovo
Topical Estrogen	Divigel, Evamist, Elestrin, Estrasorb	Estrogel
Topical Testosterone	Androgel 1.62%, Axiron	Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo
Inflammatory Bowel Agents	Apriso, Pentasa, Lialda, Balsalazide, Sulfasalazine	Asacol Hd, Delzicol, Dipentum
Pancreatic Enzymes	Creon, Zenpep	Pancreaze, Pertzye, Ultresa
Antivirals	Moderiba, Ribavirin Capsules, Ribavirin Tablets	Ribasphere, Ribapak, Ribatab
Hepatitis C***	Viekira Pak (Genotype 1), Technivie (Genotype 4)	Daklinza, Olysio, Sovaldi, Zepatier

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Category Drug Class	Alternatives (Try First)	Drugs Requiring a Trial of At Least Two Alternatives*
Inflammatory Conditions	Actemra, Cosentyx, Enbrel, Humira, Otezla, Remicade, Simponi 100mg, Stelara, Xeljanz, Xeljanz XR	Cimzia, Kineret, Orencia, Simponi 50mg, Taltz
Gout	Colcrys, Mitigare	Colchicine
Fertility Agents – GnRH	Cetrotide, Pregnyl, Novarel, Chorionic Gonadotropin	Ganirelix
Fertility Agents – Follitropins**	Gonal-F	Bravelle, Follistim AQ
Fertility Agents – Progesterones**	Crinone 8% Gel	Endometrin
Glaucoma Agents – Beta Blockers	Betaxolol Drops, Levobunolol Drops, Timolol Drops, Alphagan P 0.1%, Combigan	Istalol
Glaucoma Agents – Prostaglandins	Latanoprost Drops, Travoprost Drops, Lumigan, Travatan Z	Zioptan
Ophthalmic Anti-inflammatories	Bromfenac Drops, Diclofenac Drops, Ketorolac Drops, Ilevro, Nevanac, Prolensa	Acuvail
Asthma – inhaled steroids	Arnuity Elipta, Asmanex, Flovent, Pulmicort, Qvar	Alvesco
Asthma – short-acting inhalers	Proair HFA, Ventolin HFA	Proventil HFA, Xopenex HFA
Erectile Dysfunction	Cialis, Viagra	Levitra, Staxyn, Stendra
Weight Loss	Phentermine, Adipex-P, Benzphetamine, Regimex, Saxenda	Qsymia

*In the rare circumstance that the member's doctor believes the Second Step medicine is the only medically appropriate therapy for the member, his or her doctor will need to request a clinical exception via the prior authorization eForm submission.

**A trial of only one alternative is required.

***Current therapies will be grandfathered.