



# Kansas Drug Utilization Review NEWSLETTER

Issue: Quarter 1 2021



Welcome to the quarterly edition of the *Kansas Drug Utilization Review Newsletter*, published by Health Information Designs, LLC. This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## New Features on the Kansas Department of Health and Environment (KDHE) Website

The KDHE website provides a plethora of invaluable resources for the provider community. It is a location to quickly find information relevant to daily practice. Several new features have been added to help streamline accessibility and maintain ease of use. The newly added aspects have been listed in detail below to give an accurate reflection of their purposes.

Recently added to the Pharmacy landing page is the DME Provider Billing Link. For quick access and convenience, it is listed under Billing Information.

This addition allows providers to access current information on:

- How to register as a DME Provider
- The costs involved in being a DME provider
- Review of the billing process

- **Billing Information**
  - [DME Provider Billing](#)
  - [FFS/MCO Billing Codes for Point-of-Sale Claims](#)
  - [Not Otherwise Classified or Specified Procedure Code to National Drug Code \(NDC\) Crosswalk Information](#)

Figure 1. Screen shot of pharmacy landing page, which includes a DME Provider Billing link: [www.kdheks.gov/hcf/pharmacy/download/KanCare\\_Pharmacy\\_DME\\_Provider\\_Billing.pdf](http://www.kdheks.gov/hcf/pharmacy/download/KanCare_Pharmacy_DME_Provider_Billing.pdf).

Another feature added to the Pharmacy landing page is the Medicaid Pharmacy Communication Opportunity Link.

- **Eligibility Verification**
- **Grievances and Appeals**
- **Medicaid Pharmacy Communication Opportunity**
- **Prior Authorization**

Figure 2. This link ([www.kdheks.gov/hcf/pharmacy/pharmacy\\_communication.htm](http://www.kdheks.gov/hcf/pharmacy/pharmacy_communication.htm)) directs providers to a page where non-urgent questions and suggestions can be submitted.

KDHE actively works to maintain a fiscally responsible and clinically sound Medicaid program and welcomes feedback that support this effort.

## Recently Approved Generic Drugs

November 2020	December 2020	January 2021
Brinzolamide ophthalmic 1% suspension (Azopt®)	Ritonavir capsules (Norvir®)	Levothyroxine capsules (Tirosint®)
Nitazoxanide tablets (Alinia®)	Asenapine sublingual tablets (Saphris®)	Epoprostenol for injection (Veletri®)
	Efinaconazole 10% topical solution (Jublia®)	Imiquimod cream 3.75% (Zyclara®)

### Kansas Department of Health and Environment Website Information

KanCare and Medicaid - Pharmacy  
[www.kdheks.gov/hcf/pharmacy/](http://www.kdheks.gov/hcf/pharmacy/)

### Important Phone Numbers

KMAP PA Phone: 800-933-6593  
 KMAP PA Fax: 800-913-2229

Aetna PA Pharmacy  
 Phone: 855-221-5656  
 Fax: 844-807-8453

Aetna PA Medical  
 Phone: 855-221-5656  
 Fax: 855-225-4102

Sunflower PA Pharmacy  
 Phone: 877-397-9526  
 Fax: 866-399-0929

Sunflower PA Medical  
 Phone: 877-644-4623  
 Fax: 888-453-4756

UHC PA Pharmacy  
 Phone: 800-310-6826  
 Fax: 866-940-7328

UHC PA Medical  
 Phone: 866-604-3267  
 Fax: 866-946-6474

## Prior Authorization Information

- **Prior Authorization**
  - [Advanced Medical Hold Manual Review](#)
  - [General Clinical](#)
  - [Non-Preferred PDL](#)

Figure 3. Prior authorization information.

### Advanced Medical Hold Manual Review (AMHMR).

New-to-market medications may be subject to AMHMR. To determine whether a new drug requires AMHMR, providers may review the list of drugs found on the website under the AMHMR link; and if needed, the AMHMR PA criteria and forms can be found there as well.

- [AMHMR PA Criteria](#)
- [AMHMR PA Form](#)
- [AMHMR Drug list](#)

Figure 4. Review the list of drugs in the following link: [www.kdheks.gov/hcf/pharmacy/medication\\_hold\\_review.htm](http://www.kdheks.gov/hcf/pharmacy/medication_hold_review.htm).

### General Clinical Prior Authorization.

Medications requiring Clinical Prior Authorizations can be found by clicking the ‘General Clinical’ link. Providers can search by drug name (in the table of contents) or by disease state/drug class to determine if clinical PA criteria is applicable. In the case that a clinical PA is required, the criteria and forms are linked to each drug or disease state/drug class.

To search a drug by drug name please click the [TABLE OF CONTENTS](#).  
Click here to search [Disease State/Drug Class PA Criteria](#).

Figure 5. Providers can search by drug name (in the table of contents) or by disease state/drug class to determine if clinical PA criteria is applicable.

If searching by drug name, the results will look like this:

PA FORM	GENERAL CLINICAL	PA CRITERIA	PA FORM
Ability Discrimit*	Aripiprazole	<a href="http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Antipsychotic_Medications_Safe_Use_for_All_Ages_PA_Criteria.pdf">http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Antipsychotic_Medications_Safe_Use_for_All_Ages_PA_Criteria.pdf</a>	<a href="http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Antipsychotic_Medications_PA_FORM.pdf">http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Antipsychotic_Medications_PA_FORM.pdf</a>
Ability Maintena*	Aripiprazole	<a href="http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Antipsychotic_Medications_Safe_Use_for_All_Ages_PA_Criteria.pdf">http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Antipsychotic_Medications_Safe_Use_for_All_Ages_PA_Criteria.pdf</a>	<a href="http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Antipsychotic_Medications_PA_FORM.pdf">http://www.kdheks.gov/hcf/pharmacy/pdl_authorization_forms/Antipsychotic_Medications_PA_FORM.pdf</a>

Figure 6. Results when searching by drug name.

If searching by disease state/drug class, you will be directed to a page that lists all approved clinical criteria. Further information can be obtained by clicking a specific link. KDHE is working to consolidate single agent criteria into class-specific documents in order to streamline the prior authorization program. Drugs with a PA, but not currently listed within a Class PA, can be found in the Table of Contents link.

## Class-Specific Clinical Criteria

- [Adult Rheumatoid Arthritis Agents](#)
- [Alpha1-Proteinase Inhibitors](#)
- [Ankylosing Spondylitis Agents](#)
- [Anti-Constipation Agents](#)
- [Anti-Emetics – Cannabinoids](#)

Figure 7. Results when searching by disease state/drug class.

PA Criteria	Initial Approval Date: July 10, 2019 Revised Dates: October 9, 2019
<b>CRITERIA FOR PRIOR AUTHORIZATION</b>	
	Adult Rheumatoid Arthritis Agents
<b>BILLING CODE TYPE</b>	For drug coverage and provider type information, see the <a href="#">KMAP Reference Codes webpage</a> .
<b>MANUAL GUIDELINES</b>	Prior authorization will be required for all current and future dose forms available. All medication-specific criteria, including drug-specific indication, age, and dose for each agent is

Figure 8. Criteria for prior authorization.

### Non-preferred PDL.

This link gives providers easy access to the Preferred Drug List, criteria for non-preferred agents and access to the PDL PA forms.

## Non-preferred PDL PA

- [Non-preferred PDL PA Criteria](#)
- [Non-preferred PDL PA Form](#)
- [Preferred Drug List](#)

Figure 9. Non-preferred PDL PA is available at [www.kdheks.gov/hcf/pharmacy/Non-preferred\\_PDL.htm](http://www.kdheks.gov/hcf/pharmacy/Non-preferred_PDL.htm).

## Clinical Programs

For providers interested in learning more about other Kansas Medicaid clinical programs, information can be found under ‘Clinical Program Information’ on the pharmacy landing page.

- **Clinical Programs**
  - [DUR-Drug Utilization Review Program](#)
  - [MHMAC - Mental Health Medication Advisory Committee](#)
  - [PDL-Preferred Drug List Program](#)

Figure 10. Learn how the Kansas Medicaid Clinical Program operates.

### Drug Utilization Review.

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) required each state to establish a Drug Utilization Review (DUR) program.

The goal of the DUR program is to provide education to providers across the state through patient profile review, academic detailing visits and a quarterly newsletter. Under K.S.A. 39-7, 118 and K.S.A. 39-7, 119, a DUR Board was formed, comprised of Medicaid providers (physicians, mid-level practitioners and pharmacists).

The DUR Board meets quarterly. Currently, these meetings are being held virtually due to the pandemic.

For more information, please click the ‘DUR’ link under ‘Clinical Programs’.

### Mental Health Medication Advisory Committee.

K.S.A. 39-7, 121b established the Mental Health Medication Advisory Committee and is comprised of Medicaid providers who are actively practicing in the mental health field.

The purpose of the committee is to provide recommendations to the DUR Board in developing guidelines for behavioral health medications. The committee meets upon the request of the chairperson, at least once each quarter.

### Preferred drug list.

The preferred drug list (PDL) was created to promote clinically appropriate utilization of pharmaceuticals in a cost-effective manner without compromising the quality of care.

The Kansas Medicaid PDL was authorized by K.S.A. 39-7, 121a to guide in the development of the PDL, a PDL Advisory Committee, comprised of practicing pharmacists and physicians was created. The Committee ensures that an extensive clinical review of all drug products takes place and makes recommendations based on evidence-based clinical information, not cost.

When new PDL class recommendations are approved by the PDL Committee, they are taken to the DUR Board for final review and approval in accordance with K.S.A 39-7, 118 and K.S.A 39-7, 119.