

State of Kansas

Department of Health and Environment

Division of Health Care Finance

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 9 a.m. on March 17, 2015 in Room 900-N of the Landon State Office Building, 900 S.W. Jackson, Topeka, to consider the proposed permanent amendment to K.A.R. 129-5-1 concerning prior authorization for pharmaceuticals used in the Kansas Medicaid and the Children's Health Insurance Programs administered by the Division of Health Care Finance, Kansas Department of Health and Environment.

Chapter 187, 2005 Session Laws of Kansas transferred specific powers, duties and regulatory authority from the Department of Social and Rehabilitation Services to the Division of Health Policy and Finance (DHPF) within the Department of Administration, and then transferred those powers, duties and regulatory authority to the Kansas Health Policy Authority (KHPA), effective July 1, 2006. Executive Reorganization Order (ERO) No. 38 transferred those powers, duties and regulatory authority to the Kansas Department of Health and Environment, Division of Health Care Finance. ERO 38 provides that KDHE will be the single state agency for Medicaid, Medikan, and Children's Health Insurance Programs in Kansas effective July 1, 2011.

This 30-day notice of the public hearing shall constitute a public comment period for the proposed regulations as stated in K.S.A. 2014 Supp. 77-421(a)(3). All interested parties may submit written comments before the hearing to Kim Tjelmeland, KDHE, Division of Health Care Finance, Room 900-N, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612-1220, or by email at KTjelmeland@kdheks.gov. The Division of Health Care Finance will give all interested parties a reasonable opportunity to present their views at the hearing, but it may be necessary to request each participant to limit any oral presentation to five minutes.

A copy of the regulations and the economic impact statements may be obtained by contacting Kim Tjelmeland at 785-291-3810 or from the DHCF website at www.kdheks.gov.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days before the hearing by contacting Kim Tjelmeland at 785-291-3810 or by calling the Kansas Relay Center at 800-766-3777.

A summary of the amendments to the regulation and the economic impacts follows:

Proposed Amended Regulation: K.A.R. 129-5-1. Prior Authorization. Prior authorization is a pre-approval process that allows the Medicaid agency to review requests for services, medical items, or pharmaceuticals. For pharmaceuticals, the agency reviews the request for safety, off-label use, abuse potential, cost effectiveness, and/or clinical appropriateness. The following drugs are being added to the current list of pharmaceuticals subject to prior authorization:

- Angiotensin II receptor antagonists: irbesartan, irbesartan-HCTZ, telmisartan, telmisartan-HCTZ
- Anticholinergic urinary incontinence drugs: tolterodine, tolterodine ER
- Fibric acid derivatives: Fenoglide®, Tricor®, Triglide®, Trilipix®
- Intranasal corticosteroids: triamcinolone, budesonide
- Dipeptidyl peptidase IV inhibitors: alogliptin, linagliptin
- Narcotics: morphine/naltrexone, hydromorphone HCL ER, morphine sulfate ER, tapentadol, oxymorphone, tramadol ER, hydrocodone bitartrate ER
- HMG-CoA reductase inhibitors: rosuvastatin
- Nonsedating antihistamines: loratadine
- Triptans: naratriptan
- Antidiabetic drugs: canagliflozin, dapagliflozin, empagliflozin, dulaglutide
- Ophthalmic antihistamine/mast cell stabilizer combinations: bepotastine, epinastine, alcaftadine, azelastine
- Inhaled tobramycin products: Tobi Podhaler®
- Oral mesalamine products: mesalamine DR, mesalamine ER
- Pancreatic enzyme replacement products: pancrelipase
- Adjunct anti-epileptic drugs: vigabatrin
- Antiemetics: dronabinol

- Antirheumatics: apremilast
- Drugs for the treatment of obesity: naltrexone-bupropion
- Hypnotics: tasimelteon
- Topical immunomodulators: Restasis[®]
- Hematopoietic agents: filgrastim, oprelvekin, pegfilgrastim, romiplostim, sargramostim
- Anti-hepatitis C virus agents: ledipasvir-sofosbuvir, ombitasvir-paritaprevir-ritonavir-dasabuvir
- Testosterone agents: Vogelxo[®], Natesto[®], testosterone powder
- Multiple Sclerosis agents: alemtuzumab
- Alpha-1 proteinase inhibitors: Aralast NP[®], Glassia[®], Prolastin C[®], Zemaira[®]
- Enzyme replacement therapy: eliglustat, imiglucerase, taliglucerase alfa, velaglucerase alfa
- Cholesterol absorption inhibitor: ezetimibe
- Gonadotropin-releasing hormone agonist: leuprolide
- Constipation agents: linaclotide, lubiprostone
- Idiopathic pulmonary fibrosis agents: nintedanib, pirfenidone

Federal Mandate: There are no federal mandates.

Economic Impact: It is expected that these changes will reduce Medicaid expenditures by \$862,879.05 SGF and \$1,126,696.82 FFP annually.

Bearer of Costs: There will no additional costs to the Medicaid recipients or to other governmental agencies for the cost of review. DHCF/KDHE and the KanCare Managed Care Organizations will bear the cost of review.

Affected Parties: Medicaid consumers, pharmacists, prescribers, and the Medicaid agency and its contractors.

Other Methods: There were no other appropriate methods for the desired outcome.

Mike Randol, Acting Director
Division of Health Care Finance

129-5-1. Prior authorization. (a) Any medical service may be placed by the Kansas department of health and environment, division of health care finance on the published list of services requiring prior authorization or precertification for any of the following reasons:

- (1) To ensure that provision of the service is medically necessary;
- (2) to ensure that services that could be subject to overuse are monitored for appropriateness in each case; and
- (3) to ensure that services are delivered in a cost-effective manner.

(b) Administration of covered pharmaceuticals in the following classes shall require prior authorization. A cross-reference of generic and brand names shall be made available upon request:

- (1) Ace inhibitors:
 - (A) Quinapril;
 - (B) moexipril;
 - (C) perindopril;
 - (D) ramipril; and
 - (E) trandolopril;
- (2) retinoids:
 - (A) Tretinoin;
 - (B) alitretinoin; and
 - (C) bexarotene;
- (3) adjunct antiepileptic drugs:
 - (A) Gabitril;

- (B) zonegran;
 - (C) clobazam;
 - (D) lacosamide;
 - (E) rufinamide;
 - (F) eslicarbazepine;
 - (G) perampanel;
 - (H) ezogabine; ~~and~~
 - (I) oxcarbazepine; and
 - (J) vigabatrin;
- (4) angiotensin II receptor antagonists:
- (A) Candesartan:
 - (B) candesartan-HCTZ;
 - (C) eprosartan;
 - (D) eprosartan-HCTZ;
 - (E) olmesartan;
 - (F) olmesartan-HCTZ; ~~and~~
 - (G) azilsartan;
 - (H) irbesartan;
 - (I) irbesartan-HCTZ;
 - (J) telmisartan; and
 - (K) telmisartan-HCTZ;
- (5) antibiotics:
- (A) Telithromycin; and

- (B) rifaximin;
- (6) anticholinergic urinary incontinence drugs:
 - (A) Flavoxate;
 - (B) oxybutynin XL;
 - (C) oxybutynin patches;
 - (D) trospium chloride;
 - (E) darifenacin; ~~and~~
 - (F) oxybutynin, topical;
 - (G) tolterodine; and
 - (H) tolterodine ER;
- (7) antiemetics:
 - (A) Nabilone; ~~and~~
 - (B) doxylamine succinate-pyridoxine hydrochloride; and
 - (C) dronabinol;
- (8) antipsoriatics:
 - (A) Alefacept; and
 - (B) ustekinumab;
- (9) antiretroviral drugs:
 - (A) Enfuvirtide; and
 - (B) maraviroc;
- (10) antirheumatics:
 - (A) Leflunomide;
 - (B) infliximab;

- (C) anakinra;
 - (D) adalimumab;
 - (E) etanercept;
 - (F) abatacept;
 - (G) rituximab;
 - (H) golimumab;
 - (I) certolizumab;
 - (J) tocilizumab; ~~and~~
 - (K) tofacitinib; and
 - (L) apremilast;
- (11) cervical dystonias:
- (A) Onabotulinum toxin A;
 - (B) abobotulinum toxin A;
 - (C) rimabotulinum toxin B; and
 - (D) incobotulinum toxin A;
- (12) drugs for the treatment of osteoporosis: teriparatide;
- (13) antituberculosis products:
- (A) Aminosalicylate sodium;
 - (B) capreomycin;
 - (C) ethambutol;
 - (D) ethionamide;
 - (E) isoniazid;
 - (F) pyrazinamide; and

- (G) rifampin and rifampin-isoniazid combinations;
- (14) all decubitus and wound care products;
- (15) all intravenous and oral dietary and nutritional products, including the following:
 - (A) Amino acids, injectable;
 - (B) l-cysteine;
 - (C) lipids, injectable; and
 - (D) sodium phenylbutyrate;
- (16) beta-blockers:
 - (A) Betaxolol;
 - (B) bisoprolol;
 - (C) carteolol;
 - (D) penbutolol;
 - (E) propranolol XL; and
 - (F) nebivolol;
- (17) short-acting, inhaled beta 2 agonists:
 - (A) Metaproterenol inhaler;
 - (B) levalbuterol solution;
 - (C) albuterol solutions: 0.021% and 0.042%;
 - (D) levalbuterol inhaler; and
 - (E) pirbuterol inhaler;
- (18) calcium channel blockers:
 - (A) Diltiazem extended release, with the following brand names:

- (i) Cardizen SR[®];
- (ii) Cardizem CD[®];
- (iii) Cartia XT[®];
- (iv) Dilacor XR[®];
- (v) Taztia XT[®]; and
- (vi) Cardizem LA[®];
- (B) verapamil sustained release, with the following brand names:
 - (i) Covera HS[®]; and
 - (ii) Verelan PM[®];
- (C) nifedipine sustained release, with the following brand names:
 - (i) Nifedical XL[®]; and
 - (ii) Procardia XL[®] and all generic equivalents;
- (D) nisoldipine;
- (E) felodipine;
- (F) isradipine;
- (G) nicardipine SR; and
- (H) nifedipine immediate release, with the following brand names:
 - (i) Adalat[®] and all generic equivalents; and
 - (ii) Procardia[®] and all generic equivalents;
- (19) fibric acid derivatives:
 - (A) Antara[®]; ~~and~~
 - (B) Lofibra[®];

(C) Fenoglide[®];

(D) Tricor[®];

(E) Triglide[®]; and

(F) Trilipix[®];

(20) all growth hormones and growth hormone stimulating factor, including the following:

(A) Somatrem;

(B) somatropin;

(C) sermorelin; and

(D) mecasermin rinfabate;

(21) intranasal corticosteroids:

(A) Flunisolide;

(B) beclomethasone; ~~and~~

(C) ciclesonide;

(D) triamcinolone; and

(E) budesonide;

(22) inhaled corticosteroids:

(A) Flunisolide-menthol;

(B) flunisolide; and

(C) budesonide inhaled suspension;

(23) proton pump inhibitors:

(A) Esomeprazole;

(B) omeprazole;

- (C) omeprazole OTC;
- (D) lansoprazole;
- (E) pantoprazole;
- (F) rabeprazole;
- (G) omeprazole NaHCO₃; and
- (H) dexlansoprazole;
- (24) monoclonal antibody for respiratory syncytial virus (RSV), including palivizumab;
- (25) muscle relaxants:
 - (A) Tizanidine;
 - (B) orphenadrine;
 - (C) carisoprodol;
 - (D) carisoprodol-aspirin;
 - (E) carisoprodol-aspirin-caffeine;
 - (F) cyclobenzaprine;
 - (G) metaxolone;
 - (H) dantrolene; and
 - (I) orphenadrine-aspirin-caffeine;
- (26) narcotics:
 - (A) Buprenorphine-naloxone; ~~and~~
 - (B) buprenorphine;
 - (C) morphine-naltrexone;
 - (D) hydromorphone HCL ER;

- (E) morphine sulfate ER;
 - (F) tapentadol;
 - (G) oxymorphone;
 - (H) tramadol ER; and
 - (I) hydrocodone bitartrate ER;
- (27) nonsteroidal, anti-inflammatory drugs:
- (A) Nabumetone;
 - (B) diclofenac patches;
 - (C) diclofenac, topical; and
 - (D) ketorolac, intranasal;
- (28) drugs for the treatment of obesity:
- (A) Orlistat;
 - (B) phentermine;
 - (C) lorcaserin; ~~and~~
 - (D) phentermine-topirimate ER; and
 - (E) naltrexone-bupropion;
- (29) oxazolidinones, including linezolid;
- (30) HMG-CoA reductase inhibitors:
- (A) Pravastatin;
 - (B) fluvastatin;
 - (C) lovastatin; ~~and~~
 - (D) pitavastatin; and
 - (E) rosuvastatin;

- (31) nonsedating antihistamines:
- (A) Desloratidine;
 - (B) fexofenadine; ~~and~~
 - (C) levocetirizine; and
 - (D) loratadine;
- (32) H₂ antagonists: nizatidine;
- (33) triptans:
- (A) Zolmitriptan;
 - (B) frovatriptan;
 - (C) almotriptan;
 - (D) Alsuma[®];
 - (E) Sumavel[®];
 - (F) rizatriptan; ~~and~~
 - (G) sumatriptan pens, vials, cartridges, and nasal sprays; and
 - (H) naratriptan;
- (34) antidiabetic drugs:
- (A) Glipizide XL;
 - (B) glipizide-metformin;
 - (C) repaglinide;
 - (D) acarbose;
 - (E) Glucophage XR[®];
 - (F) Fortamet[®];
 - (G) Glumetza[®];

- (H) exenatide;
 - (I) pramlintide acetate; ~~and~~
 - (J) liraglutide;
 - (K) canagliflozin;
 - (L) dapagliflozin;
 - (M) empagliflozin; and
 - (N) dulaglutide;
- (35) the following types of syringes, penfills, and cartridges of insulin:
- (A) Humalog[®];
 - (B) Humalog Mix[®];
 - (C) Humulin R[®];
 - (D) Humulin N[®];
 - (E) Humulin 70/30[®];
 - (F) Novolog[®];
 - (G) Novolog Mix[®];
 - (H) Novolin R[®];
 - (I) Novolin N[®];
 - (J) Novolin 70/30[®];
 - (K) Velosulin BR[®]; and
 - (L) insulin detemir;
- (36) hypnotics:
- (A) Zaleplon;
 - (B) zolpidem;

- (C) zolpidem CR; ~~and~~
 - (D) eszopiclone; and
 - (E) tasimelteon;
- (37) serotonin 5-HT₃ receptor antagonist antiemetics:
- (A) Granisetron;
 - (B) dolasetron; and
 - (C) ondansetron film;
- (38) influenza vaccines: Flumist[®];
- (39) monoclonal antibody for asthma: omalizumab;
- (40) bisphosphonates:
- (A) Risedronate; and
 - (B) risedronate-calcium;
- (41) combination products for hypertension:
- (A) Enalapriol maleate-felodipine;
 - (B) trandolapril-verapamil; and
 - (C) telmisartan-amlodipine;
- (42) ophthalmic prostaglandin analogues:
- (A) Bimatoprost; and
 - (B) unoprostone;
- (43) topical immunomodulators:
- (A) Protpic[®] (topical formulation); ~~and~~
 - (B) Elidel[®]; and
 - (C) Restasis[®];

- (44) narcotic analgesics: any transmucosal form of fentanyl;
- (45) tramadol and all opioids, opioid combinations, and skeletal muscle relaxants, at any dose greater than the maximum recommended dose in a 31-day period;
- (46) progestin for preterm labor: Makena[®];
- (47) aromatase inhibitors:
 - (A) Letrozole;
 - (B) anastrozole; and
 - (C) exemestane;
- (48) long-acting, inhaled beta 2 agonists:
 - (A) Salmeterol;
 - (B) formoterol;
 - (C) arformoterol; and
 - (D) indacaterol;
- (49) miscellaneous biologic agents:
 - (A) Canakinumab;
 - (B) natalizumab;
 - (C) denosumab; and
 - (D) rilonacept;
- (50) ~~stem cell mobilizers~~ hematopoietic agents:
 - (A) Eltrombopag;
 - (B) filgrastim;
 - (C) oprelvekin;
 - (D) pegfilgrastim;

- (E) plerixafor;
- (F) romiplostim; and
- (G) sargramostim;
- (51) antidotes: methylnaltrexone;
- (52) complement inhibitors:
 - (A) C1 esterase inhibitor;
 - (B) ecallantide;
 - (C) icatibant; and
 - (D) eculizumab;
- (53) anti-hepatitis C virus agents:
 - (A) Boceprevir;
 - (B) telaprevir;
 - (C) simeprevir; ~~and~~
 - (D) sofosbuvir;
 - (E) ledipasvir-sofosbuvir; and
 - (F) ombitasvir-paritaprevir-ritonavir-dasabuvir;
- (54) cystic fibrosis agents: ivacaftor;
- (55) agents for gout:
 - (A) Febuxostat; and
 - (B) pegloticase;
- (56) phenylketonurics: sapropterin;
- (57) topical anesthetics: lidocaine;

(58) ~~antithrombin agents: eltrombopag~~ long-acting, inhaled beta 2 agonists and anticholinergic products: umeclidinium-vilanterol;

(59) anti-malarials: quinine;

(60) hormone analog for precocious puberty: histrelin acetate;

(61) agents for chorea associated with Huntington's disease: tetrabenazine;

(62) enzyme preparations: collagenase clostridium histolyticum;

(63) agents for cataplexy: sodium oxybate;

(64) topical acne agents:

(A) Adapalene;

(B) adapalene-benzyl peroxide;

(C) azelaic acid;

(D) dapsona;

(E) tazarotene; and

(F) tretinoin-clindamycin;

(65) interferons:

(A) Interferon alfacon-1;

(B) interferon alfa-2b;

(C) interferon beta-1a;

(D) interferon beta-1b;

(E) peginterferon alfa-2a; and

(F) peginterferon alfa-2b;

(66) pulmonary arterial hypertension agents:

(A) Ambrisentan;

- (B) bosentan;
- (C) epoprostenol;
- (D) iloprost;
- (E) macitentan;
- (F) riociguat;
- (G) sildenafil;
- (H) tadalafil; and
- (I) treprostiril;
- (67) testosterone agents:
 - (A) Androderm Transdermal[®];
 - (B) AndroGel[®];
 - (C) Axiron Topical Solution[®];
 - (D) Delatestryl[®];
 - (E) Fortesta Gel[®];
 - (F) Striant Buccal[®];
 - (G) Testim Gel[®]; ~~and~~
 - (H) Testopel Pellets[®];
 - (I) Vogelxo[®];
 - (J) Natesto[®]; and
 - (K) testosterone powder;
- (68) antineoplastic agents:
 - (A) Afatinib;
 - (B) dabrafenib;

- (C) everolimus;
- (D) methotrexate;
- (E) sipuleucel-T;
- (F) trametinib; and
- (G) trastuzumab;
- (69) multiple sclerosis agents:
 - (A) Dalfampridine;
 - (B) dimethyl fumarate;
 - (C) fingolimod;
 - (D) glatiramer; ~~and~~
 - (E) teriflunomide; and
 - (F) alemtuzumab;
- (70) immunosuppressive agents: belimumab;
- (71) ~~inhaled~~ long-acting beta2-agonists , inhaled beta 2 agonists and corticosteroid products:
 - (A) Budesonide-formoterol; and
 - (B) fluticasone-vilanterol;
- (72) ammonia detoxicants:
 - (A) Glycerol phenylbutyrate; and
 - (B) sodium phenylbutyrate;
- (73) heavy metal antagonists:
 - (A) Deferasirox;
 - (B) deferiprone; and

- (C) trientine;
- (74) pituitary corticotropin: H.P. Acthar[®] Gel;
- (75) ocular agents:
 - (A) Ocriplasmin; and
 - (B) ranibizumab;
- (76) miscellaneous anti-lipemic agents:
 - (A) Lomitapide; and
 - (B) mipomersen;
- (77) miscellaneous analgesics: ziconotide intrathecal infusion;
- (78) miscellaneous central nervous system agents: riluzole;
- (79) calcimimetics: cinacalcet;
- (80) radioactive agents: radium Ra 223 dichloride;
- (81) dipeptidyl peptidase IV inhibitors:
 - (A) Alogliptin; and
 - (B) linagliptin;
- (82) antimuscarinics-antispasmodics: acridinium bromide;
- (83) ophthalmic antihistamine-mast cell stabilizer combinations:
 - (A) Bepotastine;
 - (B) epinastine;
 - (C) alcaftadine; and
 - (D) azelastine;
- (84) inhaled tobramycin products: Tobi Podhaler[®];
- (85) oral mesalamine products:

- (A) Mesalamine DR; and
- (B) mesalamine ER;
- (86) pancreatic enzyme replacements: pancrelipase;
- (87) alpha-1 proteinase inhibitors:
 - (A) Aralast NP[®];
 - (B) Glassia[®];
 - (C) Prolastin C[®]; and
 - (D) Zemaira[®];
- (88) enzyme replacement therapy:
 - (A) Eliglustat;
 - (B) imiglucerase;
 - (C) taliglucerase alfa; and
 - (D) velaglucerase alfa;
- (89) cholesterol absorption inhibitor: ezetimibe;
- (90) gonadotropin-releasing hormone agonist: leuprolide;
- (91) constipation agents:
 - (A) Linaclotide; and
 - (B) lubiprostone; and
- (92) idiopathic pulmonary fibrosis agents:
 - (A) Nintedanib; and
 - (B) pirfenidone.

(c) Failure to obtain prior authorization, if required, shall negate reimbursement for the service and any other service resulting from the unauthorized or

noncertified treatment. The prior authorization shall affect reimbursement to all providers associated with the service.

(d) The only exceptions to prior authorization shall be the following:

(1) Emergencies. If certain surgeries and procedures that require prior authorization are performed in an emergency situation, the request for authorization shall be made within two working days after the service is provided.

(2) Situations in which services requiring prior authorization are provided and retroactive eligibility is later established. When an emergency occurs or when retroactive eligibility is established, prior authorization for that service shall be waived, and if medical necessity is documented, payment shall be made.

(e) Services requiring prior authorization shall be considered covered services within the scope of the program, unless the request for prior authorization is denied.

(Authorized by K.S.A. ~~2013~~ 2014 Supp. 39-7,120, K.S.A. 75-5625; implementing K.S.A. ~~2013~~ 2014 Supp. 39-7,120 and K.S.A. ~~2013~~ 2014 Supp. 39-7,121a; effective Oct. 28, 2005; amended June 2, 2006; amended Aug. 11, 2006; amended Nov. 17, 2006; amended March 16, 2007; amended Oct. 19, 2007; amended May 23, 2008; amended Feb. 17, 2012; amended Oct. 19, 2012; amended Aug. 1, 2014; amended, T - _____, _____; amended P-_____.)

ECONOMIC IMPACT STATEMENT

Regulation Number: 129-5-1

Regulation Name: Prior Authorization

Summary of Proposed Changes: The following changes will be made to regulation 129-5-1 regarding prior authorization of pharmaceutical products:

These therapeutic classes of drugs have been evaluated by the Preferred Drug List Advisory Committee and found to be clinically equivalent to agents within their respective drug classes. To ensure the most clinically appropriate utilization of these drugs in the most cost-effective manner, the following drugs will require prior authorization:

- Angiotensin II receptor antagonists: irbesartan, irbesartan-HCTZ, telmisartan, telmisartan-HCTZ
- Anticholinergic urinary incontinence drugs: tolterodine, tolterodine ER
- Fibric acid derivatives: Fenoglide®, Tricor®, Triglide®, Trilipix®
- Intranasal corticosteroids: triamcinolone, budesonide
- Dipeptidyl peptidase IV inhibitors: alogliptin, linagliptin
- Narcotics: morphine/naltrexone, hydromorphone HCL ER, morphine sulfate ER, tapentadol, oxycodone, tramadol ER, hydrocodone bitartrate ER
- HMG-CoA reductase inhibitors: rosuvastatin
- Nonsedating antihistamines: loratadine
- Triptans: naratriptan
- Antidiabetic drugs: canagliflozin, dapagliflozin, empagliflozin
- Ophthalmic antihistamine/mast cell stabilizer combinations: bepotastine, epinastine, alcaftadine, azelastine
- Inhaled tobramycin products: Tobi Podhaler®
- Oral mesalamine products: mesalamine DR, mesalamine ER
- Pancreatic enzyme replacement products: pancrelipase

The following drugs will require prior authorization to ensure appropriate utilization because of safety issues, potential for off-label use, abuse potential, cost effectiveness, and/or clinical appropriateness:

- Adjunct anti-epileptic drugs: vigabatrin
- Antiemetics: dronabinol
- Antirheumatics: apremilast
- Drugs for the treatment of obesity: naltrexone-bupropion
- Antidiabetic drugs: dulaglutide
- Hypnotics: tasimelteon
- Topical immunomodulators: Restasis®
- Hematopoietic agents: filgrastim, oprelvekin, pegfilgrastim, romiplostim, sargramostim
- Anti-hepatitis C virus agents: ledipasvir-sofosbuvir, ombitasvir-paritaprevir-ritonavir-dasabuvir
- Testosterone agents: Vogelxo®, Natesto®, testosterone powder

- Multiple Sclerosis agents: alemtuzumab
- Alpha-1 proteinase inhibitors: Aralast NP[®], Glassia[®], Prolastin C[®], Zemaira[®]
- Enzyme replacement therapy: eliglustat, imiglucerase, taliglucerase alfa, velaglucerase alfa
- Cholesterol absorption inhibitor: ezetimibe
- Gonadotropin-releasing hormone agonist: leuprolide
- Constipation agents: linaclotide, lubiprostone
- Idiopathic pulmonary fibrosis agents: nintedanib, pirfenidone

Federal Mandate: This regulation change is not federally mandated.

Economic Impact: It is expected that these changes will reduce Medicaid expenditures by \$862,879.05 SGF and \$1,126,696.82 FFP annually.

Bearer of Cost: The cost of reviewing Prior Authorization will be borne by DHCF and the contracted KanCare Managed Care Organizations. If a Medicaid consumer wishes to have a drug despite a PA denial the cost will be borne by the consumer.

Affected Parties: Medicaid consumers, pharmacists, prescribers, and the Medicaid agency.

Other Methods: There were no other appropriate methods for the desired outcome.