

**KANSAS MEDICAID STATE PLAN**

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**Prescribed Drugs Limitations**

Effective January 1, 1991, the     Kansas     Medicaid Program covers outpatient drugs, in accordance with Sections 1902(a)(54) and 1927 of the Social Security Act, which are covered by a national or State agreement, with the following restrictions or exceptions:

- X   A. Prior authorization program which complies with Section 1927(d)(5) of the Social Security Act.
- X   B. The following drugs are covered, or restricted, as indicated:
  - X   1. Certain drugs are not covered if the prescribed use is not for a medically accepted indication, as defined by Section 1927(k)(6).
  - X   2. Drugs subject to restrictions pursuant to an agreement between a manufacturer and this State authorized by the Secretary under 1927(a)(1) or 1927(a)(4).
- C. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.</p> <p><input checked="" type="checkbox"/> <b>The following excluded drugs are covered:</b></p> <p>(“All” drugs categories covered under the drug class) <input type="checkbox"/></p> <p>(“Some” drugs categories covered under the drug class) <input checked="" type="checkbox"/>          -List the covered common drug categories not individual drug products directly under the appropriate drug class)</p> <p>(“None” of the drugs under this drug class are covered) <input type="checkbox"/></p>

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- (a) agents when used for anorexia, weight loss, weight gain: Fat Absorption Decreasing Agents, Antiemetic/Antivertigo Agents, Anorexic Agents, and Steroid Antineoplastics.
  - (b) agents when used to promote fertility
  - (c) agents when used for cosmetic purposes or hair growth
  - (d) agents when used for the symptomatic relief of cough and colds
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- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Potassium Replacement, Calcium Replacement, Magnesium Salts Replacement, Iron Replacement, Mineral Replacement (Misc.), Vitamin A Preparations, Vitamin B Preparations, Vitamin C Preparations, Vitamin D Preparations, Geriatric Vitamin Preparations, Pediatric Vitamin Preparations, Vitamin K Preparations, Vitamin B12 Preparations, Folic Acid Preparations, Vitamin B6 Preparations, Vitamin B1 Preparations, and Multivitamin Preparations.
  - (f) nonprescription drugs: Analgesics; Antiemetic/Antivertigo Agents; Antihistamines; Antipyretics; Ear Wax Removers; Insulins; Fat Absorption Decreasing Agents; Miotics/Other Intraocular Pressure Reducers; NSAIDs/Cox Inhibitors; Topical Antibiotics; Topical Antifungals; Topical Anti-inflammatory Steriodals; Topical Antiparasitics; Urinary pH Modifiers; Vaginal Antifungals; Antidiarrheals; Laxatives; Hyperglycemics; Eye Antihistamines; and Urinary Tract Analgesics.

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- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
- (h) barbiturates **(Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)**
- (i) benzodiazepines **(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)**
- (j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs) For non-dual eligible, non-pregnant beneficiaries: nictotine patches, bupropion SR (Zyban®), and varenicline (Chantix®); for pregnant women: the Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

These drugs and drug categories are covered for dual individuals to the same extent and with the same restrictions and limitations as they are covered for Medicaid-only individuals.