

# Kansas Medical Assistance Program: Fee-For-Service Program Assessment State Fiscal Year 2014

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October 2014



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## Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2014. Included in the analysis are the overall drug claims and expenditures, as well as claims and expenditures broken down by program type and therapeutic drug class.

This analysis identifies where changes in utilization and/or expenditures occurred during the past SFY to help KMAP identify areas in which management and/or interventions may be useful for the fee-for-service (FFS) beneficiaries.

## Claims Totals

SFY 2014 is the first full SFY since the implementation of KanCare, which resulted in the majority of FFS beneficiaries moving to managed care organizations (MCOs). The total expenditures, claims, members, users, and costs are broken down by SFY 2014, SFY 2013, and SFY 2013 Post-KanCare to identify changes.

**Table 1** contains the FFS summary of totals for SFY 2014 (July 1, 2013 – June 30, 2014) compared to SFY 2013 (July 1, 2012 – June 30, 2013). The SFY 2013 Post-KanCare (January 1, 2013 – June 30, 2013) totals are also included for comparison.

	SFY 2014	SFY 2013 Post-KanCare	SFY 2013
Total Expenditures	\$14,678,118	\$7,272,239	\$90,994,439
Total Claims	52,343	26,667	1,110,050
Total Members	9,717	7,981	198,409
Total Users	2,491	1,877	86,531
Cost Per Member	\$1,511	\$911	\$459
Cost Per User	\$5,892	\$3,874	\$1,052
Cost Per Claim	\$280	\$273	\$82

Table 1: FFS Program Summary for SFY 2014 compared to SFY 2013.

For dates of service from July 1, 2013 through June 30, 2014 (SFY 2014), KMAP paid just over 52,000 prescription claims for FFS members and paid nearly \$14.7 million (rebates not included) to retail pharmacies for KMAP prescriptions.

For dates of service from July 1, 2012 through June 30, 2013 (SFY 2013), KMAP paid over 1.1 million prescription claims for FFS members and paid over \$90 million (rebates not included) to retail pharmacies for KMAP prescriptions. This was \$76 million more than SFY 2014, due to the implementation of KanCare, which moved the majority of FFS beneficiaries to one of three MCOs during SFY 2013.

On January 1, 2013, the majority of FFS members were transitioned to KanCare and enrolled in one of three MCOs: Amerigroup Kansas, Sunflower Health Plan, or UnitedHealthcare Community Plan. Comparing SFY 2013 Post-KanCare and SFY 2014, the number of FFS claims, claims cost, members, and users remained steady.

**Figure 1** is a graphical representation of the total number of beneficiaries eligible for services, including MCO eligibility and FFS members. This shows the overall trend for enrollment over the past two state fiscal years.

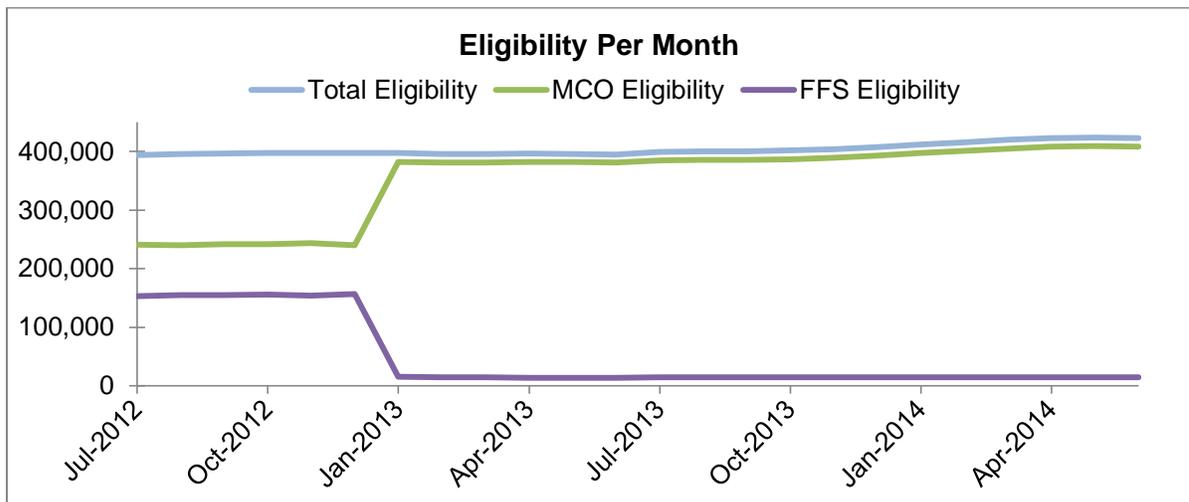


Figure 1: Eligibility per Month for SFY 2013-SFY 2014

In January 2013 the majority of FFS beneficiaries were moved to one of three MCOs causing a decline in FFS eligibility and an increase in MCO eligibility. Since that time, the FFS eligibility has remained fairly steady and the Total and MCO eligibility have increased slightly.

## Overall Program Totals

Several member eligibility types remain in FFS. The three main types with pharmacy coverage include Title 19 (TXIX), MediKan (MKN), and AIDS Drug Assistance Program (ADAPD).

**FFS Program Types**

**TXIX**, or Medicaid, is the health insurance program that helps low-income people pay for health services, including preventative, primary, and acute health services for individuals, children, and families.

**MKN** is the state-funded health insurance program for adults 18 years or older and covers fewer services than Medicaid.

**ADAPD** is the program that covers the cost of medications dispensed by a retail pharmacy for those enrolled individuals who have AIDS or are HIV positive.

Figure 2 shows the number of users, claims, and claims cost for all of FFS by month for SFY 2014.

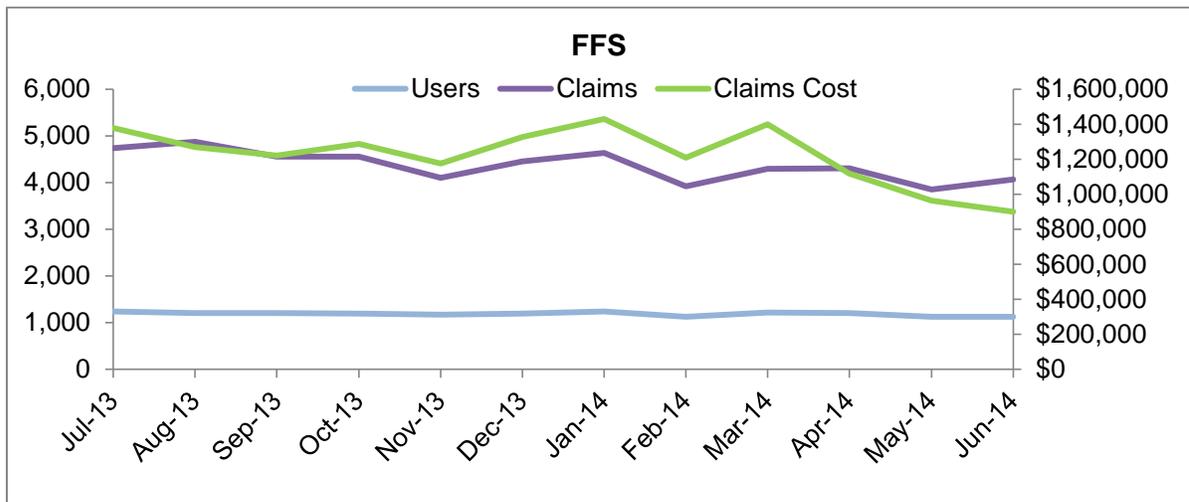


Figure 2: All FFS Users, Claims, and Claims Cost per Month for SFY 2014

In SFY 2014, the number of users, claims, and claims cost per month decreased slightly from July 2013 to June 2014. The decrease in claims cost near the end of SFY 2014 is mirrored in the ADAPD program. This is due to ADAPD contributing to the majority of the expenditures for the entire FFS program.

### TXIX Program Totals

Figure 3 shows the number of users, claims, and claims cost for TXIX by month for SFY 2014.

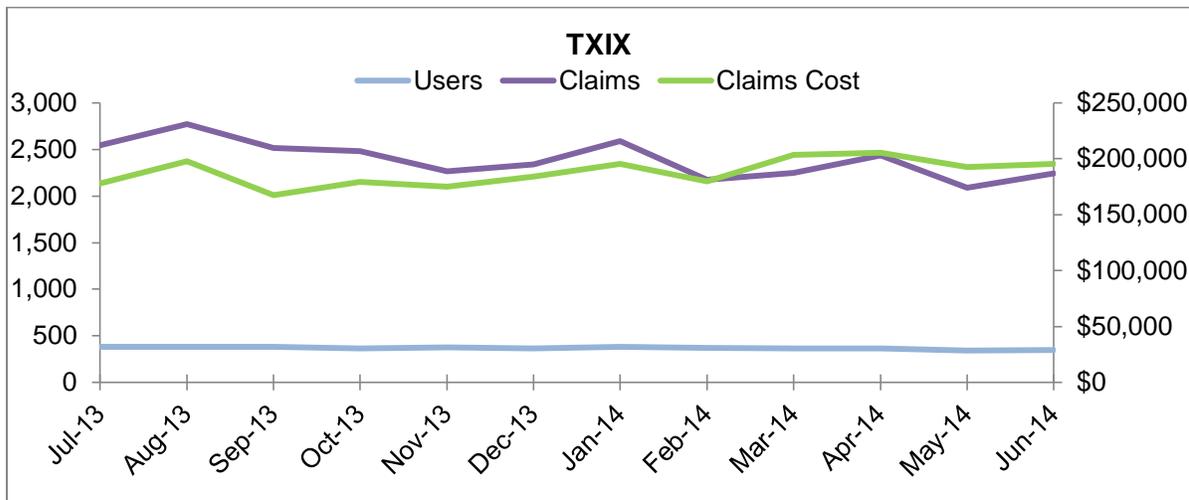


Figure 3: TXIX Users, Claims, and Claims Cost per Month for SFY 2014

For TXIX, the number of claims, users, and claims cost remained fairly steady during SFY 2014.

### ADAPD Program Totals

Figure 4 shows the number of users, claims, and claims cost for ADAPD by month for SFY 2014.

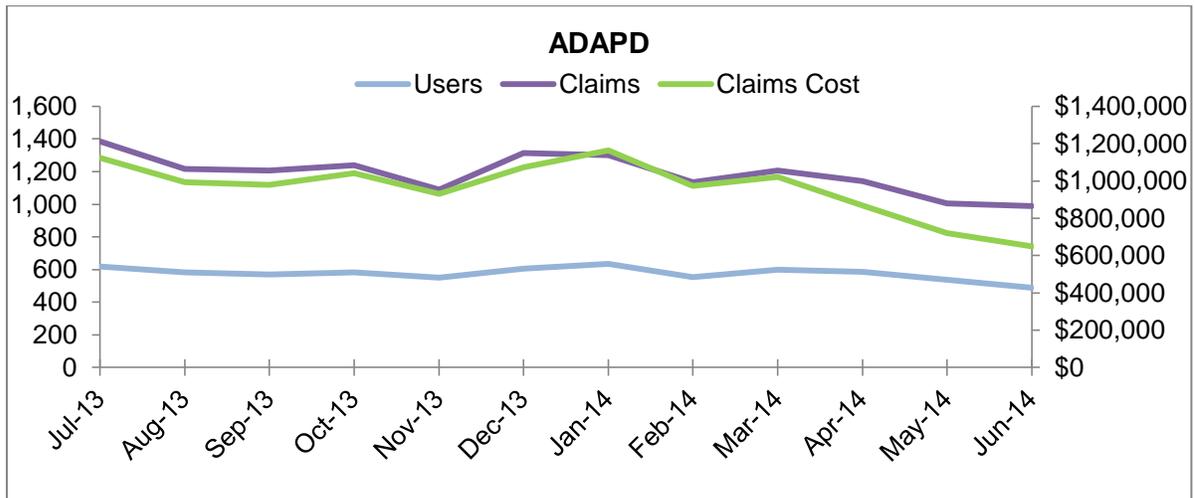


Figure 4: ADAPD Users, Claims, and Claims Cost per Month for SFY 2014

The number of users, claims, and claims cost decreased during SFY 2014. While there was an overall downward trend for the number of users and claims, the claims cost decreased more dramatically. This is likely due to the addition of State Maximum Allowable Costs (SMACs) for nevirapine, an antiretroviral agent, in March 2014 and the increased availability of generic agents.

### MKN Program Totals

Figure 5 shows the number of users, claims, and claims cost for MKN by month for SFY 2014.

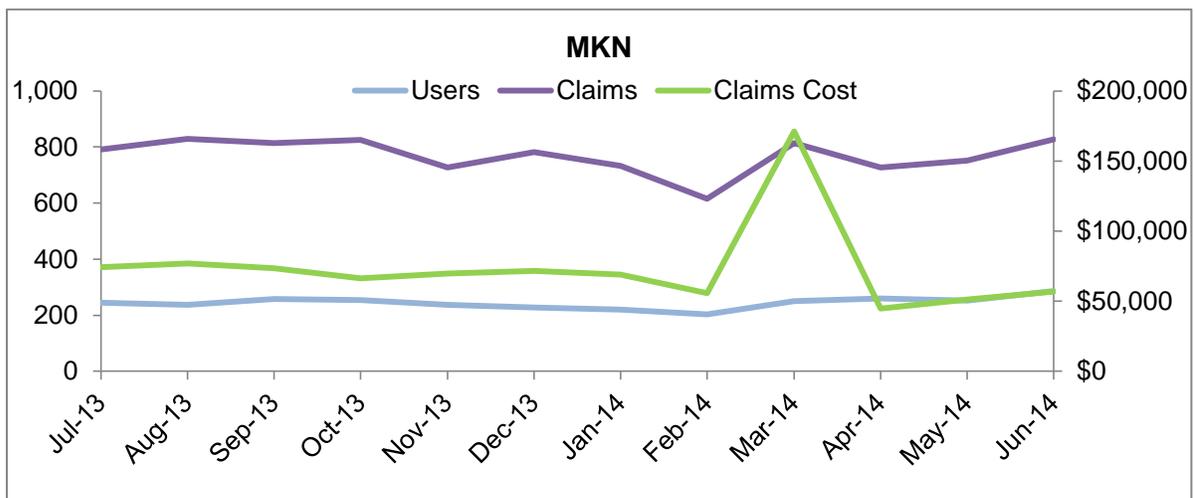


Figure 5: MKN Users, Claims, and Claims Cost per Month for SFY 2014

The MKN numbers remained fairly steady through SFY 2014, with the exception of a spike in the claims cost in March 2014. The spike in claims cost is due to 4 claims for Advate®, a hemostatic agent used for hemophilia patients that can cost upwards of \$64,000 per claim.

**Share of FFS Claims and Claims Cost**

Figure 6 shows share of FFS claims for ADAPD, TXIX, and MKN for SFY 2014.

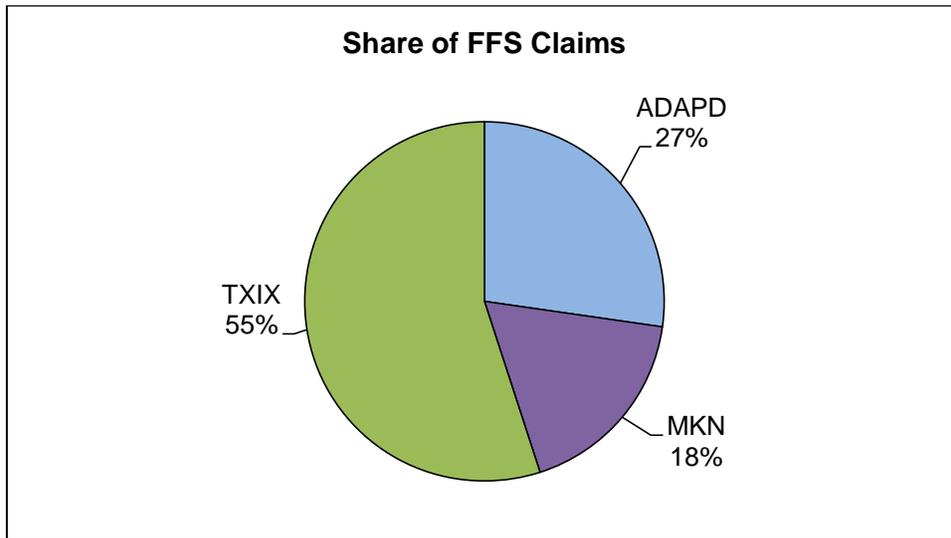


Figure 6: ADAPD, TXIX, and MKN share of SFY 2014 FFS Claims

During SFY 2014, the TXIX program had 28,696 claims, which accounted for 55% of the 52,343 FFS claims paid. The ADAPD and MKN programs accounted for 27% and 18%, respectively.

Figure 7 shows the share of FFS claims cost for ADAPD, TXIX, and MKN for SFY 2014.

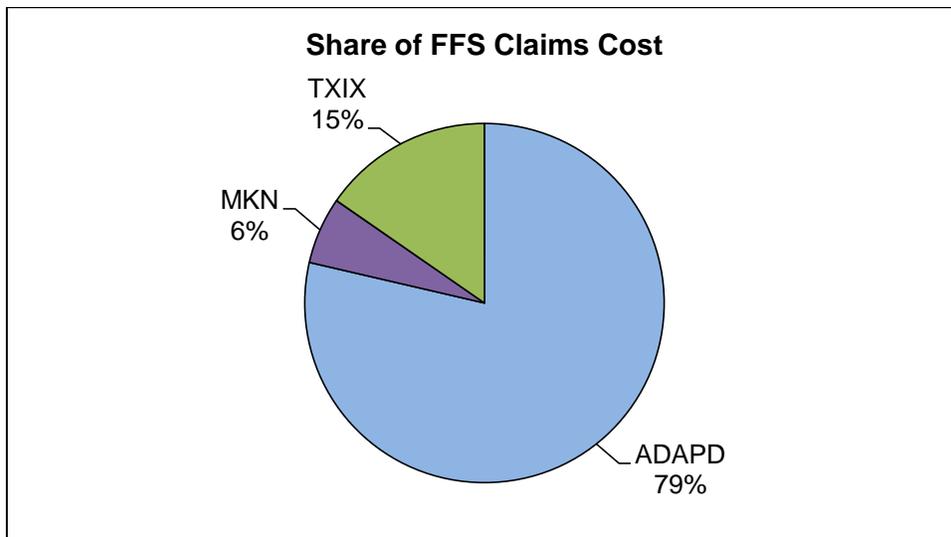


Figure 7: ADAPD, TXIX, and MKN share of SFY 2014 FFS Claims Cost

While the ADAPD program only accounted for 27% of the claims paid for FFS, it accounted for 79% of the total claims cost. During SFY 2014, over \$14 million was paid for FFS claims, with over \$11 million going toward ADAPD claims. The TXIX program accounted for over half of the FFS claims paid but only 15% of the claims cost during SFY 2014.

## Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals, but also to look at trends by therapeutic drug classes.

Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics in the table below).

<b>AHFS Pharmacologic-Therapeutic Classification Hierarchy Example</b>
28:00 Central Nervous System Agents
28:16 Psychotherapeutic Agents
28:16.08 Antipsychotics*
28:16.08.04 Atypical Antipsychotics
28:16.08.08 Butyrophenones
28:16.08.24 Phenothiazines
28:16.08.32 Thioxanthenes
28:16.08.92 Antipsychotics, Miscellaneous

\*Therapeutic classes are reported at this level.

The number of claims and share of claims for the overall FFS population, as well as the sub-groups, are shown to identify differences in the programs. Likewise, the claims cost and share of claims cost for the different programs are shown to identify differences in program spend.

## FFS Top Therapeutic Drug Classes

**Table 2** reports the top 20 therapeutic drug classes by *number of claims* for the entire FFS population. See [Appendix A](#) for a list of drugs with utilization in SFY 2014 included in each class. The number of claims used to calculate the share of claims was 52,343.

AHFS Therapeutic Class	Claims	Share of Total Claims (%)	Beneficiaries	Cost/Claim
Antiretrovirals	11,773	22.49	944	\$949
Antipsychotic Agents	5,627	10.75	423	\$244
Antidepressants	3,995	7.63	679	\$19
Anticonvulsants, Miscellaneous	3,336	6.37	379	\$40
Second Generation Antihistamines	1,962	3.75	232	\$5
Angiotensin-Converting Enzyme Inhibitors	1,118	2.14	264	\$4
HMG-CoA Reductase Inhibitors	1,078	2.06	228	\$11
Nonsteroidal Anti-Inflammatory Agents	1,033	1.97	296	\$9
Benzodiazepines (Anticonvulsants)	972	1.86	168	\$26
Anticholinergic Agents (CNS)	955	1.82	115	\$9
Beta-Adrenergic Blocking Agents	952	1.82	231	\$8
Thyroid Agents	949	1.81	138	\$7
Opiate Agonists	856	1.64	137	\$36
Biguanides	683	1.30	134	\$5
Sulfonamides (Systemic)	674	1.29	226	\$25
Proton-Pump Inhibitors	668	1.28	102	\$13
Insulins	635	1.21	87	\$238
Benzodiazepines (Anxiolytic, Sedative & Hypnotics)	621	1.19	126	\$20
Cathartics & Laxatives	560	1.07	112	\$30
Macrolides	532	1.02	274	\$24

Table 2: Top 20 FFS Therapeutic Drug Classes based on Number of Claims

Antiretrovirals made up the highest utilized drug class for the entire FFS population with 22.49% of all FFS claims, followed by antipsychotic agents with 10.75% of all FFS claims.

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2014. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization due to the Kansas law that precludes the management of medications used to treat mental health conditions (Kansas Statute 39-7, 121b).

**Table 3** reports the top 20 therapeutic drug classes by claims cost for the entire FFS population. The claims cost used to calculate the share of claims cost was \$14,678,118.

AHFS Therapeutic Class	Claims Cost	Share of Total Claims Cost (%)	Beneficiaries	Cost/Claim
Antiretrovirals	\$11,172,408	76.12	944	\$949
Antipsychotic Agents	\$1,373,987	9.36	423	\$244
Hemostatics	\$385,958	2.63	1	\$32,163
Antiemetics, Miscellaneous	\$195,873	1.33	55	\$765
Insulins	\$151,370	1.03	87	\$238
Anticonvulsants, Miscellaneous	\$134,459	0.92	379	\$40
Nucleosides & Nucleotides	\$118,539	0.81	105	\$297
Corticosteroids (Respiratory Tract)	\$88,788	0.60	80	\$277
Antidepressants	\$77,816	0.53	679	\$19
Immunomodulatory Agents	\$68,605	0.47	3	\$3,611
Antimuscarinics/Antispasmodics	\$65,239	0.44	78	\$173
Interferons	\$47,370	0.32	7	\$3,158
Antineoplastic Agents	\$36,578	0.25	19	\$600
Antibacterials (Skin & Mucous Membrane)	\$35,780	0.24	64	\$114
Opiate Agonists	\$31,180	0.21	137	\$36
Dipeptidyl Peptidase-4(DPP-4) Inhibitors	\$28,661	0.20	15	\$302
Respiratory Tract Agents, Miscellaneous	\$28,526	0.19	1	\$7,131
Antimuscarinics	\$25,334	0.17	26	\$103
Benzodiazepines (Anticonvulsants)	\$24,882	0.17	168	\$26
HCV Antivirals	\$24,312	0.17	2	\$6,078

Table 3: Top 20 FFS Therapeutic Drug Classes based on Claims Cost

Antiretrovirals made up the drug class with the highest cost for the entire FFS population with 76.12% of all FFS claims cost, followed by antipsychotic agents with 9.36% of all FFS claims cost.

The DPP-4 Inhibitors are new to the top therapeutic classes by cost in SFY 2014. There were less than 100 claims for these agents, but the average cost per claim was around \$300. Another drug class to note is the antineoplastic agents, which includes megesterol, an agent used to treat significant weight loss in patients with a diagnosis of AIDS. Megesterol claims accounted for 51% of the claims cost for antineoplastic agents in SFY 2014.

## ADAPD Top Therapeutic Drug Classes

**Table 4** reports the top five therapeutic drug classes by number of claims for the ADAPD population based upon number of claims for SFY 2014. The number of claims used to calculate the share of claims was 14,226.

AHFS Therapeutic Class	Claims	Share of Total ADAPD Claims (%)	Beneficiaries	Cost/Claim
Antiretrovirals	11,732	82.47	935	\$948
Sulfonamides (Systemic)	549	3.86	143	\$29
Macrolides	363	2.55	140	\$25
Nucleosides & Nucleotides	341	2.40	76	\$337
Antiemetics, Miscellaneous	241	1.69	54	\$737

Table 4: Top 5 ADAPD Therapeutic Drug Classes based on Number of Claims

**Table 5** reports the top five therapeutic drug classes by claims cost for the ADAPD population. The claims cost used to calculate the share of claims cost was \$11,536,790.

AHFS Therapeutic Class	Claims Cost	Share of Total ADAPD Claims Cost (%)	Beneficiaries	Cost/Claim
Antiretrovirals	\$11,119,903	96.39	935	\$948
Antiemetics, Miscellaneous	\$177,502	1.54	54	\$737
Nucleosides & Nucleotides	\$114,821	1.00	76	\$337
Antimalarials	\$22,357	0.19	6	\$699
Antineoplastic Agents	\$17,556	0.15	9	\$702

Table 5: Top 5 ADAPD Therapeutic Drug Classes based on Claims Cost

Antiretrovirals rank as the top utilized and most expensive drug class for ADAPD. Antiretrovirals made up 96.39% of the total claims cost and 82.47% of the total claims for the ADAPD program. Expenditures for ADAPD antineoplastic agents accounted for 48% of the claims cost for the entire FFS program. All claims for ADAPD antineoplastic agents were for one agent, megesterol, which averaged \$702 per claim.

## TXIX Top Therapeutic Drug Classes

**Table 6** reports the top five therapeutic drug classes by number of claims for the TXIX population based upon number of claims for SFY 2014. The number of claims used to calculate the share of claims was 28,696.

AHFS Therapeutic Class	Claims	Share of Total TXIX Claims (%)	Beneficiaries	Cost/Claim
Antipsychotic Agents	5,041	17.57	231	\$244
Anticonvulsants, Miscellaneous	2,609	9.09	181	\$46
Antidepressants	2,043	7.12	188	\$32
Second Generation Antihistamines	1,961	6.83	231	\$5
Anticholinergic Agents (CNS)	913	3.18	93	\$9

Table 6: Top 5 TXIX Therapeutic Drug Classes based on Number of Claims

**Table 7** reports the top five therapeutic drug classes by claims cost for the TXIX population. The claims cost used to calculate the share of claims cost was \$2,253,458.

AHFS Therapeutic Class	Claims Cost	Share of Total TXIX Claims Cost (%)	Beneficiaries	Cost/Claim
Antipsychotic Agents	\$1,231,386	54.64	231	\$244
Anticonvulsants, Miscellaneous	\$119,675	5.31	181	\$46
Corticosteroids (Respiratory Tract)	\$66,426	2.95	33	\$291
Antidepressants	\$65,306	2.90	188	\$32
Immunomodulatory Agents	\$64,248	2.85	2	\$3,569

Table 7: Top 5 TXIX Therapeutic Drug Classes based on Claims Cost

For the TXIX program, antipsychotic agents made up 17.57% of claims and 54.64% of the claims cost. Historically, antipsychotic agents have always made up a large portion of drug expenditures due to the fact that mental health agents are precluded from management, which prevents the use of a preferred drug list or edits to ensure appropriate utilization.

## MKN Top Therapeutic Drug Classes

**Table 8** reports the top five therapeutic drug classes by number of claims for the MKN population based upon number of claims for SFY 2014. The number of claims used to calculate the share of claims was 9,237.

AHFS Therapeutic Class	Claims	Share of Total MKN Claims (%)	Beneficiaries	Cost/Claim
Antidepressants	1,746	18.90	451	\$6
Anticonvulsants, Miscellaneous	721	7.81	199	\$20
Angiotensin-Converting Enzyme Inhibitors	588	6.37	193	\$3
Antipsychotic Agents	585	6.33	196	\$244
Beta-Adrenergic Blocking Agents	478	5.17	166	\$5

Table 8: Top 5 MKN Therapeutic Drug Classes based on Number of Claims

Antidepressant agents made up the highest number of claims at 18.9%, followed by miscellaneous anticonvulsants at 7.81% of claims.

**Table 9** reports the top five therapeutic drug classes by claims cost for the MKN population. The claims cost used to calculate the share of claims cost was \$11,536,790.

AHFS Therapeutic Class	Claims Cost	Share of Total MKN Claims Cost (%)	Beneficiaries	Cost/Claim
Hemostatics	\$385,958	43.80	1	\$32,163
Antipsychotic Agents	\$142,585	16.18	196	\$244
Insulins	\$93,291	10.59	57	\$304
Interferons	\$44,142	5.01	6	\$3,153
Respiratory Tract Agents, Miscellaneous	\$28,526	3.24	1	\$7,131

Table 9: Top 5 ADAPD Therapeutic Drug Classes based on Claims Cost

Hemostatics accounted for 43.80% of the claims cost for MKN. This is due to the average cost/claim of over \$32,000 for these agents. There is a large variance in claims cost for these agents because the dose is variable, with some patients requiring large doses during a crisis.

The miscellaneous respiratory tract agents include the alpha-1-proteinase inhibitors (A<sub>1</sub>-PI), which are used to treat patients with A<sub>1</sub>-PI deficiency who have clinical evidence of emphysema. These agents average over \$7,000 per claim.

## Therapeutic Drug Classes Trend Summary Analysis

Within the list of therapeutic drug classes, there are several classes and specific drugs that are of interest due to the changes in their share of claims or claims cost over the year.

### Antiretrovirals Trend Summary

Table 10 shows the number of beneficiaries, claims, claims cost, and average cost per claim for antiretrovirals for SFY 2014.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-13	599	1,147	\$1,073,340	\$936
Aug-13	567	992	\$947,600	\$955
Sep-13	556	995	\$940,569	\$945
Oct-13	562	1,013	\$1,002,165	\$989
Nov-13	533	904	\$900,761	\$996
Dec-13	588	1,075	\$1,032,882	\$961
Jan-14	616	1,058	\$1,125,894	\$1,064
Feb-14	536	910	\$946,376	\$1,040
Mar-14	587	1,007	\$1,003,476	\$997
Apr-14	571	967	\$851,537	\$881
May-14	520	853	\$706,976	\$829
Jun-14	476	846	\$637,788	\$754

Table 10: Antiretrovirals Trend Summary

Figure 8 shows claims cost compared to the number of claims for antiretrovirals.

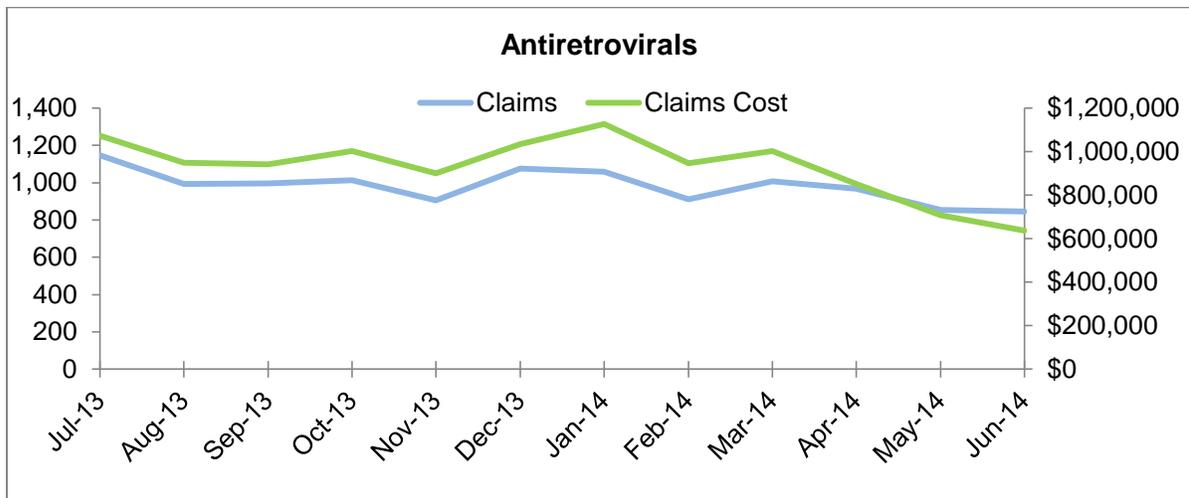


Figure 8: Antiretrovirals Claims Cost Compared to Claims

During SFY 2014, the number of beneficiaries, claims, claims cost, and cost per claim all decreased throughout the year. The claims cost peaked in January 2014 at \$1,125,894 for 1,058 claims. The average cost per claim decreased from over \$900 in early SFY 2014 to \$754. This was likely due to the availability of generic agents as well as SMACs added to the pricing.

### Nevirapine Trend Summary

Nevirapine is one agent that demonstrates the cost decrease during SFY 2014 for the antiretroviral agents. The trend summary for nevirapine includes both immediate-release and extended-release nevirapine products.

**Table 11** shows the number of beneficiaries, claims, claims cost, and average cost per claim for nevirapine for SFY 2014.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-13	21	22	\$8,117	\$369
Aug-13	23	23	\$8,503	\$370
Sep-13	16	16	\$5,342	\$334
Oct-13	15	16	\$6,874	\$430
Nov-13	14	14	\$4,721	\$337
Dec-13	15	16	\$5,847	\$365
Jan-14	17	19	\$5,162	\$272
Feb-14	14	14	\$4,042	\$289
Mar-14	14	17	\$4,205	\$247
Apr-14	15	17	\$3,420	\$201
May-14	15	15	\$2,698	\$180
Jun-14	16	16	\$3,130	\$196

Table 11: Nevirapine Trend Summary

**Figure 9** shows claims cost compared to the number of claims for nevirapine.

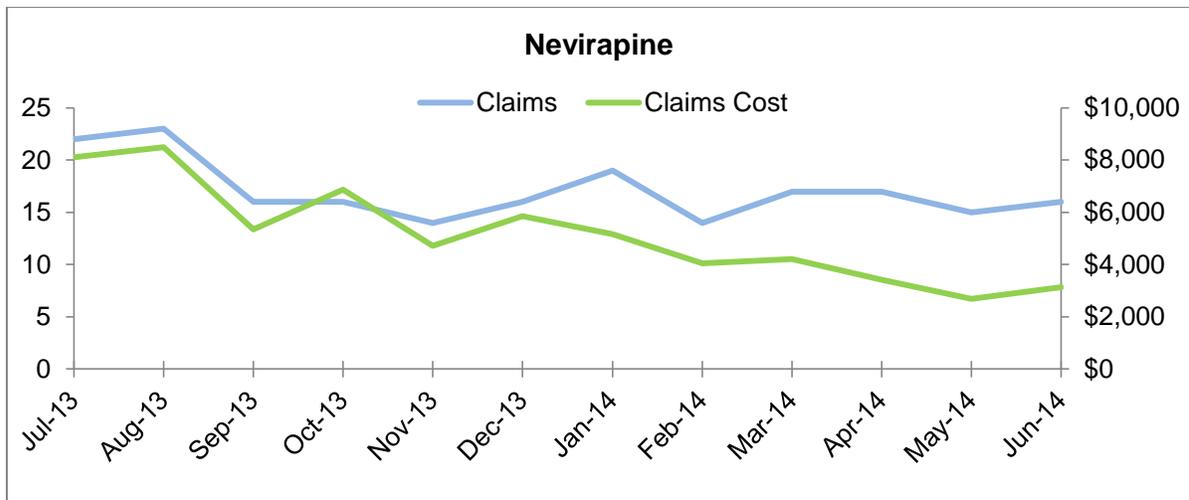


Figure 9: Nevirapine Claims Cost Compared to Claims

The number of claims decreased through SFY 2014. The claims cost also decreased, but was not proportional to the decrease in number of claims. This was likely due to the addition of SMAC pricing to the immediate-release product and the availability of the generic extended-release product in March and April of 2014.

### Antipsychotics Trend Summary

Table 12 shows the number of beneficiaries, claims, claims cost, and average cost per claim for antipsychotics for SFY 2014.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-13	205	470	\$112,674	\$240
Aug-13	211	535	\$124,033	\$232
Sep-13	208	450	\$101,749	\$226
Oct-13	208	485	\$105,875	\$218
Nov-13	212	447	\$100,873	\$226
Dec-13	201	469	\$103,836	\$221
Jan-14	208	485	\$124,138	\$256
Feb-14	208	446	\$104,412	\$234
Mar-14	208	452	\$127,220	\$281
Apr-14	211	478	\$125,689	\$263
May-14	202	441	\$123,263	\$280
Jun-14	221	468	\$120,210	\$257

Table 12: Antipsychotic Agents Trend Summary

Figure 10 shows claims cost compared to the number of claims for antipsychotics.

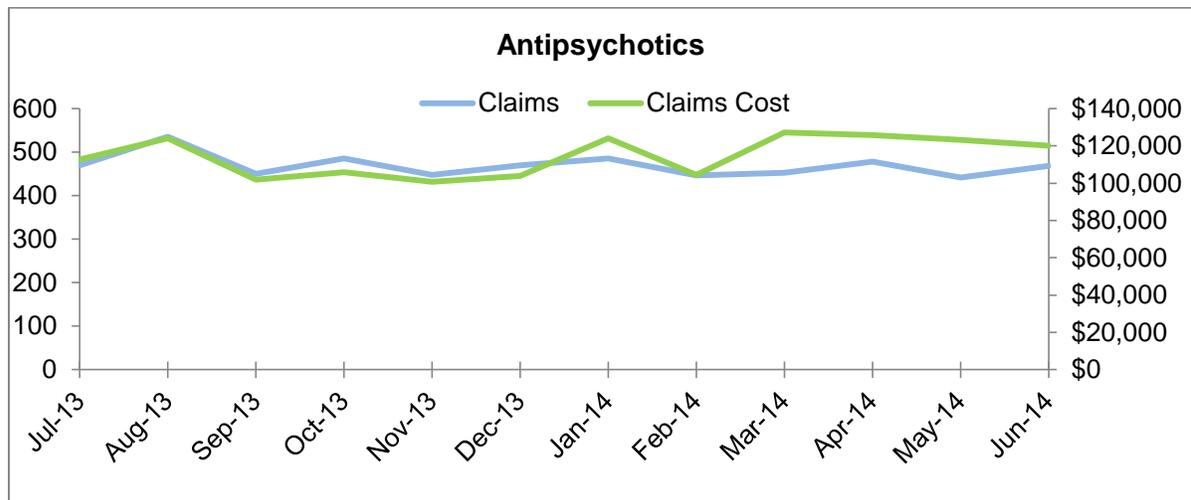


Figure 10: Antipsychotics Claims Cost Compared to Claims

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2014. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization due to the Kansas law that precludes the management of medications used to treat mental health conditions (Kansas Statute 39-7, 121b).

## Conclusion

During SFY 2014, overall utilization and expenditures remained fairly steady for the FFS population. In January 2013, the majority of the FFS beneficiaries were moved to one of three MCOs, shifting the majority of the utilization and expenditures to the KanCare program. The majority of the remaining FFS beneficiaries fall into one of three programs: ADAPD, TXIX, and MKN. The ADAPD beneficiaries accounted for over 78% of the total FFS expenditures but only 27% of the total claims paid. This is due to the high cost of antiretroviral therapies, with an average cost per claim of \$949.

During SFY 2014, there were no significant change in the antipsychotic expenditures or utilization trends but they continued to be the 2<sup>nd</sup> top therapeutic drug class based on number of claims and claims cost behind antiretroviral agents.

**Table 13** shows the FFS claims cost, number of claims, and average members per month for the past six years.

Period Covered	Claims Cost	Claims	Average Cost/Claim
SFY 2014	\$14,678,118	52,343	\$280.42
SFY 2013	\$90,994,439	1,110,050	\$81.97
SFY 2012	\$176,615,977	2,156,498	\$81.90
SFY 2011	\$172,298,691	2,177,286	\$79.13
SFY 2010	\$161,952,882	2,098,289	\$77.18
SFY 2009	\$175,149,636	2,040,759	\$85.83

Table 13: Past Years' Totals

## Appendix A – Drugs by Class\*

### Angiotensin-Converting Enzyme Inhibitors

Benazepril  
Captopril  
Enalapril  
Lisinopril  
Lisinopril/Hydrochlorothiazide  
Quinapril/Hydrochlorothiazide

### Antibacterials (Skin & Mucous Membrane)

Bacitracin  
Clindamycin/Benzoyl Peroxide  
Clindamycin  
Erythromycin/Ethanol  
Erythromycin/Benzoyl Peroxide  
Gentamicin  
Metronidazole  
Mupirocin  
Neomycin/Bacitracin/Polymixin

### Anticholinergic Agents (CNS)

Benztropine  
Trihexyphenidyl

### Anticonvulsants, Misc

Carbamazepine  
Divalproex  
Gabapentin  
Lacosamide  
Lamotrigine  
Levetiracetam  
Oxcarbazepine  
Pregabalin  
Topiramate  
Valproic Acid  
Zonisamide

### Antidepressants

Amitriptyline  
Bupropion  
Citalopram  
Desvenlafaxine  
Doxepin  
Duloxetine  
Escitalopram  
Fluoxetine  
Fluvoxamine  
Mirtazapine  
Nortriptyline  
Olanzapine/Fluoxetine  
Paroxetine  
Perphenazine/Amitriptyline  
Sertraline  
Trazodone

Venlafaxine  
Vilazodone

### Antiemetics, Miscellaneous

Dronabinol

### Antimalarials

Hydroxychloroquine  
Pyrimethamine

### Antimuscarinics

Darifenacin  
Oxybutynin  
Solifenacin  
Tolterodine

### Antimuscarinics/

### Antispasmodics

Dicyclomine  
Glycopyrrolate  
Hyoscyamine  
Ipratropium  
Ipratropium/Albuterol  
Methscopolamine  
Tiotropium

### Antineoplastic Agents

Capecitabine  
Hydroxyurea  
Megestrol  
Methotrexate  
Toremifene

### Antipsychotic Agents

Aripiprazole  
Asenapine  
Chlorpromazine  
Clozapine  
Fluphenazine  
Haloperidol  
Iloperidone  
Loxapine  
Lurasidone  
Olanzapine  
Paliperidone  
Perphenazine  
Quetiapine  
Risperidone  
Thioridazine  
Thiothixene  
Trifluoperazine  
Ziprasidone

### Antiretrovirals

Abacavir  
Abacavir/Lamivudine  
Abacavir/Lamivudine/Zidovudine

Atazanavir  
Cobicistat/Elvitegravir/Emtricitabine/Tenofovir  
Darunavir  
Didanosine  
Efavirenz  
Efavirenz/Emtricitabine/Tenofovir  
Emtricitabine  
Emtricitabine/Tenofovir  
Emtricitabine/Rilpivirine/Tenofovir  
Enfuvirtide  
Etravirine  
Fosamprenavir  
Indinavir  
Lamivudine  
Lamivudine/Zidovudine  
Lopinavir/Ritonavir  
Maraviroc  
Nelfinavir  
Nevirapine  
Raltegravir  
Rilpivirine  
Ritonavir  
Saquinavir  
Tenofovir  
Tipranavir  
Zidovudine

### Benzodiazepines (Anticonvulsants)

Clobazam  
Clonazepam

### Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam  
Clorazepate  
Diazepam  
Lorazepam  
Temazepam

### Beta-Adrenergic Blocking Agents

Atenolol  
Atenolol/Chlorthalidone  
Betaxolol  
Bisoprolol/Hydrochlorothiazide  
Carvedilol  
Metoprolol  
Nadolol  
Propranolol  
Sotalol

### Biguanides

Metformin

**Cathartics and Laxatives**

Bisacodyl  
 Calcium Polycarbophil  
 Docusate  
 Lubiprostone  
 Magnesium Citrate  
 Magnesium Hydroxide  
 Methylcellulose  
 Peg 3350  
 Polyethylene Glycol 3350  
 Psyllium  
 Sennosides  
 Sennosides/Docusate

**Corticosteroids (Respiratory Tract)**

Beclomethasone  
 Budesonide  
 Budesonide/Formoterol  
 Fluticasone  
 Fluticasone/Salmeterol  
 Mometasone/Formoterol

**Dipeptidyl Peptidase-4 (DDP-4) Inhibitors**

Saxagliptin  
 Sitagliptin

**HCV Antivirals**

Boceprevir

**Hemostatics**

Antihemophilic Factor VIII

**HMG-CoA Reductase Inhibitors**

Atorvastatin  
 Lovastatin  
 Niacin/Lovastatin  
 Pravastatin  
 Rosuvastatin  
 Simvastatin

**Immunomodulatory Agents**

Glatiramer  
 Interferon Beta-1A  
 Interferon Beta-1B

**Insulins**

Insulin Aspart  
 Insulin Aspart Protamine/Aspart  
 Insulin Detemir  
 Insulin Glargine  
 Insulin Lispro  
 Insulin NPH  
 Insulin NPH/Regular  
 Insulin Regular

**Interferons**

Peginterferon Alfa-2A

**Macrolides**

Azithromycin  
 Clarithromycin  
 Erythromycin

**Nonsteroidal Anti-Inflammatory Agents**

Aspirin  
 Aspirin/Acetaminophen/Caffeine  
 Celecoxib  
 Diclofenac  
 Diclofenac/Misoprostol  
 Diflunisal  
 Etodolac  
 Flurbiprofen  
 Ibuprofen  
 Indomethacin  
 Ketoprofen  
 Ketoralac  
 Meloxicam  
 Nabumetone  
 Naproxen  
 Oxaprozin  
 Sulindac

**Nucleosides & Nucleotides**

Acyclovir  
 Famciclovir  
 Ribavirin  
 Valacyclovir  
 Valganciclovir

**Opiate Agonists**

Codeine/Acetaminophen  
 Fentanyl  
 Hydrocodone/Acetaminophen  
 Hydrocodone/Ibuprofen  
 Hydromorphone  
 Morphine  
 Oxycodone  
 Oxycodone/Acetaminophen  
 Oxymorphone  
 Tramadol

**Proton-Pump Inhibitors**

Esomeprazole  
 Lansoprazole  
 Omeprazole  
 Pantoprazole

**Respiratory Tract Agents, Miscellaneous**

Alpha-1-Proteinase Inhibitor

**Second Generation****Antihistamines**

Cetirizine  
 Loratadine

**Sulfonamides (Systemic)**

Sulfadiazine  
 Sulfamethoxazole/Trimethoprim  
 Sulfasalazine

**Thyroid Agents**

Levothyroxine  
 Liothyronine  
 Thyroid, Pork

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\* This list only includes agents with claims during SFY 2014.