



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

Dear Senators:

This purpose of this letter is to clarify the goals of step therapy and how step therapy will be implemented in KanCare.

First, in regards to behavioral health medications, HB 2149 passed last year created the Mental Health Medication Advisory Committee (MHMAC). The MHMAC governs policy for behavioral health medications. This committee is comprised of practicing clinicians with behavioral health expertise who advise and recommend policy on behavioral health medications to the Drug Utilization Review (DUR) Board. As such, any policy for step therapy on behavioral health medications would have to first be created and approved by the MHMAC and then approved by the DUR Board. For all other medications, the DUR governs policy and any policy on step therapy for these medications would have to go through the DUR process for evaluation and approval.

Second, step therapy will only apply to members receiving new prescriptions. It will not include step down medication changes: i.e., if a person is already on a stable drug regimen, "grandfathering" allows them to remain on those medications. The Managed Care Organizations (MCOs) will be required to "grandfather" those medication regimens to avoid treatment interruption and potential adverse impact to KanCare beneficiaries.

Finally, the essential goal of step therapy is to start beneficiaries on the lowest cost, most effective, evidence-based treatment at the lowest effective dose and move up based on treatment efficacy. The tenets of step therapy limit beneficiaries' exposure to new medications that may have unknown side effects without proven superiority over established medication while also containing cost. This approach to medication use is the industry standard and aligns directly with evidence-based practice.

Please do not hesitate to contact me with any further questions or concerns.

With best regards,

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