



APRIL 2024

## KMAP GENERAL BULLETIN 24071

### Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective April 1, 2024. Reference the [Preferred Drug List](#) page on the Kansas Department of Health and Environment (KDHE) website.

Effective on and after April 1, 2024, PDL Prior Authorization (PA) is required for the following medications:

- Saxenda<sup>®</sup> (Liraglutide)
- Wegovy<sup>®</sup> (Semaglutide)
- Generic Tetracycline tablets
- Generic Indomethacin Oral Suspension

Effective on and after April 1, 2024, the following medication is now PDL preferred:

- Zepbound (Tirzepatide)

**Note:** The effective date of the policy is April 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

#### KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

#### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP