

KMAP GENERAL BULLETIN 25126

Preferred Drug List Update – June 2025

Effective with dates of service on or after June 1, 2025, the following medications will become Non-Preferred:

- Gabarone™ (gabapentin)

Effective with dates of service on or after June 1, 2025, the following medications will be changed to Preferred:

- Wegovy® (semaglutide)

Effective with dates of service on or after June 1, 2025, the following medications will be removed from the Preferred Drug List.

- Gelnique® (oxybutynin)
- Qdolo™ (tramadol hydrochloride)

Note: The effective date of the policy is June 1, 2025. 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