DATE: December 30, 2024

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: **GLP-1 Agents Maximum Per Fill Limit**

Status: Effective February 1st 2025, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will implement a maximum per fill limit to glucagon-like peptide-1 (GLP-1) receptor agonist agents as follows:

DRUG NAME	MAXIMUM PER FILL
BYDUREON BCISE 2 MG AUTOINJECT	3.4 ML (4 AUTOINJECTORS)
BYETTA (EXENATIDE) 10 MCG DOSE PEN INJ	2.4 ML (1 PEN)
BYETTA (EXENATIDE) 5 MCG DOSE PEN INJ	1.2 ML (1 PEN)
LIRAGLUTIDE 18 MG/3 ML PEN	9 ML (3 PENS)
MOUNJARO 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN, 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN	2 ML (4 PENS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3 ML (1 PEN)
RYBELSUS 14 MG TABLET, 3 MG TABLET, 7 MG TABLET	30 TABLETS
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	2 ML (4 PENS)
VICTOZA (LIRAGLUTIDE) 2-PAK 18 MG/3 ML PEN, 3-PAK 18 MG/3 ML PEN	9 ML (3 PENS)

As this is an administrative edit, prior authorization requests for receiving more than the allowed quantity per fill will be dismissed. This will apply to both Fee-for-Service and Managed Care members. Please note, other currently existing utilization management edits will continue to apply.

Quantity limits and prior authorization criteria can be found at: https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week];Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	