



DATE: October 1, 2025
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: Paxlovid Claims – Reprocessing Update

Status: MedImpact previously notified providers on September 23, 2025, about an update to the reimbursement configuration for Paxlovid. Some claims for non-EUA NDCs were reimbursed with a \$0 ingredient cost. The system has been updated to reflect the correct pricing.

Note: MedImpact will reprocess the impacted claims within the next 30 days to include the ingredient cost in the final paid amount. No further action will be required by providers.

The table below lists the impacted NDCs for your reference:

| NDC | Label Name | Brand Name |
|---------------|----------------------------------|------------|
| 00069-0521-11 | PAXLOVID 300/150-100 MG (SEVERE) | PAXLOVID |
| 00069-5045-30 | PAXLOVID 300-100 MG DOSE PACK | PAXLOVID |
| 00069-5434-20 | PAXLOVID 150-100 MG (MODERATE) | PAXLOVID |

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 | |