



DATE: December 22, 2025

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Bowel Preparation Agents - 2026 Coverage Update

Status: In response to Kentucky House Bill 421, which seeks to enhance access to colorectal cancer screenings, the Commonwealth of Kentucky Department of Medicaid Services (DMS) has decided to move FDA-approved bowel (colonoscopy) preparation agents to preferred status on the Medicaid Preferred Drug List (PDL).

Note: Effective **January 1, 2026**, these FDA-approved bowel preparation agents will be covered without any prior authorization or step-therapy requirements for eligible members. Below are the preferred products in the Gastrointestinal: Laxatives and Cathartics drug class, effective January 1, 2026.

Preferred Agents	Non-Preferred Agents
Clenpiq solution	alvimopan capsule
Constulose solution	
Enulose solution	
GaviLyte-C	
GaviLyte-G	
GaviLyte-N	
Generlac solution	
Golytely solution	
Kristalose packet, solution	
lactulose packet, solution	
PEG 3350/Electrolyte solution	
PEG-3350 and Electrolytes	
PEG 3350/Sod Sul/NaCl/KCl/AsbC powder packet	
Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate solution	
Suflave solution	
Suprep solution	
Sutab tablet	



To access the Kentucky Medicaid PDL, please refer to the MedImpact Provider Portal at: <https://kyportal.medimpact.com/provider-documents/drug-information>. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

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

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