



DATE: December 10, 2025
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems
Subject: **GI Motility Agents Concurrent Use Soft Edit**

Status: Effective **December 12, 2025**, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will implement a soft edit for the concurrent use of two or more agents in the Gastrointestinal (GI) Motility Preferred Drug List (PDL) class.

Claims for a GI Motility agent (i.e., Ibsrela, Linzess, Viberzi, etc.) will be denied for drug-drug interaction if there is an active claim for another GI Motility agent for the same member.

- The reject message will read "MEMBER HAS DUP TX FOR GI MOTILITY AGENTS".
- The DUR messaging will read "CONFLICTING TX. TO OVERRIDE ENTER PPS CODES DD; M0, MR, R0; 1B, 1G".

Denials can be overridden at the point-of-sale by entering Professional Pharmacy Services (PPS) codes as seen in the table below.

GI Motility Agents	NCPDP Field #	PPS Code Value & Description
alosetron Amitiza Ibsrela Linzess Lotronex lubiprostone Motegrity Movantik prucalopride Symproic Viberzi	439-E4	Select the following option: <ul style="list-style-type: none">• DD = Drug to Drug Interaction
	440-E5	Select one of the following options: <ul style="list-style-type: none">• M0 = prescriber consulted• MR = medication review• R0 = pharmacist consulted other source
	441-E6	Select one of the following options: <ul style="list-style-type: none">• 1B = filled prescription as is• 1G = filled with prescriber approval

For quantity limits and PA criteria, please refer to the MedImpact Provider Portal at: <https://kyportal.medimpact.com/provider-documents/drug-information>.



KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
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Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

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