



**DATE:** January 10, 2026  
**TO:** Commonwealth of Kentucky Medicaid Prescriber Network  
**FROM:** MedImpact Healthcare Systems  
**Subject:** *Wegovy Prior Authorization*

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**Status:** Effective January 10, 2026, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will allow only one Wegovy formulation per member. If a member has an active prior authorization (PA) for one Wegovy formulation, and their prescriber requests for a different formulation in a new PA request, the previously approved PA will be updated to the new formulation if the member meets the approval criteria. Renewal requests for the same formulation will follow the standard renewal criteria.

PA criteria for Wegovy can be found at the following location:  
<https://kyportal.medimpact.com/provider-documents/drug-information>.

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### **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	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
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	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	