DATE: November 5, 2025

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: **Bausch Product Coverage Update and Patient Assistance Program**

Status: Effective **October 1, 2025,** Bausch Health will cease participation in the Medicaid Drug Rebate Program (MDRP).

> **Note:** As a result, the Kentucky Department for Medicaid Services (DMS) will **no longer cover Bausch Products for Medicaid beneficiaries starting October 1, 2025.**

To support impacted members, the manufacturer (Bausch Health) is directing them to its Patient Assistance Program (PAP), which may provide select medications at no cost to eligible individuals.

Enrollment details: Available at the Bausch Health PAP website: www.bauschhealthpap.com – please click on the "Application for Medicaid-Only Patients" link.

We encourage providers to inform patients about this change and help connect them with the Patient Assistance Program to prevent treatment interruptions. For questions or additional information, providers or members may contact the Bausch Health Patient Assistance Program at 1-833-862-8727.

The table below lists Patient Assistance Program (PAP) Eligible medications:

Label Name	Generic	Description
APLENZIN	Bupropion hydrobromide	Extended-Release Tablets, 174 mg, 348 mg and 522 mg
ARAZLO	Tazarotene	Lotion, 0.045%
BRYHALI	Halobetasol propionate	Lotion, 0.01% 60 g or 100 g
CUPRIMINE	Penicillamine	Capsules
DEMSER	Metyrosine	Capsules

DIAZEPAM	Diazepam	Rectal Gel, 2.5 mg, 10 mg and 20 mg
DUOBRII	Halobetasol propionate and tazarotene 0.01%/0.45%)	100 g for Topical Use
JUBLIA	Efinaconazole	Topical Solution, 10% 4 mL or 8 mL
LUZU	Luliconazole	Cream, 1% for Topical Use
NORITATE	Metronidazole cream	Cream, 1% for Topical Use Only
RELISTOR	Methylnaltrexone bromide	Tablets, for Oral Use, 90-count
RELISTOR	Methylnaltrexone bromide	Injection, for subcutaneous use (7 single-dose pre-filled syringes per carton) 8 mg/0.4 mL or 12 mg/0.6 mL
SILIQ	Brodalumab	Injection, for subcutaneous use, 210 mg/1.5 mL solution
SYPRINE	Trientine hydrochloride	Capsules
TARGRETIN	Bexarotene	Capsules, for Oral Use
TARGRETIN	Bexarotene	Gel 1%
TASMAR	Tolcapone	Tablets
TRULANCE	Plecanatide	3 mg Tablets
UCERIS	Budesonide	Rectal Foam
WELLBUTRIN XL	Bupropion hydrochloride	Extended Release Tablets, 150 mg and 300 mg
XIFAXIN	Rifaximin	Tablets, for Oral Use, 550 mg
ZELAPAR	Selegiline hydrochloride	Orally Disintegrating Tablets

The table below lists PAP Eligible Medications with Alternative NDCs examples:

Label Name	NDC	PAP Eligible	Alternative NDCs examples
DIAZEPAM 2.5MG RECTAL GEL(2PK)	68682065020	Yes	N/A
DIAZEPAM 10MG RECTAL GEL (2PK)	68682065220	Yes	43386028001
DIAZEPAM 20MG RECTAL GEL (2PK)	68682065520	Yes	43386028101

The table below lists Non-PAP Eligible Medications and Alternative NDCs examples:

Label Name	NDC	PAP Eligible	Alternative NDCs examples
NIFEDIPINE ER 30 MG TABLET	68682010510	No	24979001101
	68682010530	No	50268059715
	68682010810	No	50742026001
	68682010830	No	59651029501
NIFEDIPINE ER 60 MG TABLET	68682010610	No	24979001001
	68682010630	No	50742026101
	68682010910	No	59651029601
	68682010930	No	62135052290
NIFEDIPINE ER 90 MG TABLET	68682010710	No	24979000901
			50742026201
			59651029701
			62135052390

Label Name	NDC	PAP Eligible	Alternative NDC Examples
DILTIAZEM 24HR ER 120 MG CAP	68682036790	No	10370082905 24979002602 50742024830 60687019501
DILTIAZEM 24HR ER 180 MG CAP	68682036890	No	10370083005 24979002702 50742024930 60687020601
DILTIAZEM 24HR ER 240 MG CAP	68682036990	No	10370083105 24979002802 50742025030 60687021701
DILTIAZEM 24HR ER 300 MG CAP	68682037090	No	10370083205 24979002902 47335067813 50742025130
DILTIAZEM 24HR ER 360 MG CAP	68682037190	No	24979003007 47335067981 50742025230 63304072290
DILTIAZEM 24HR ER 420 MG CAP	68682037290	No	N/A

Label Name	NDC	PAP Eligible	Alternative NDC Examples
ERYTHROMYCIN-BENZOYL GEL 3%-5%	68682090023 68682090146	No No	64980032801 64980032802
PIMECROLIMUS 1% CREAM	68682011001 68682011102 68682011203	No No No	00591294430 68462060935

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	