



DATE: October 7th, 2025
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: [Drug Lookup Tool Glossary](#)

Status: The language regarding drug coverage on the Drug Lookup Tool located on the Kentucky Medicaid Pharmacy Program portal (<https://kyportal.medimpact.com/>) was updated on 10/06/2025. This update aims to clarify the definition of drugs marked as “Covered” on the Drug Lookup Tool. Below is the updated language:

Covered (Yes/No):

An item or service that is covered under the Medicaid pharmacy benefit. Covered drugs may still be subject to prior authorization (PA) and dispensing limits, such as quantity limits. Injectable drugs marked as not covered may be eligible for coverage if administered through home infusion, provided all applicable requirements are met. For more information regarding injectable drugs, please refer to the Kentucky Medicaid Pharmacy Injectable Drug List on the Drug Information page. For medical benefit coverage, please check with the Managed Care Organization (MCO) for MCO members or with Gainwell for Fee-For-Service (FFS) members. For covered OTC products for FFS members, please reference the posted list of products on the Drug Information page.

This can be found at: <https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>.

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
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Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
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