



**DATE:** February 13, 2026

**TO:** Commonwealth of Kentucky Medicaid Prescriber Network

**FROM:** MedImpact Healthcare Systems

**Subject: Hypertonic Saline Coverage Updates – NEW EFFECTIVE DATE**

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**Status: Effective April 1, 2026**, Kentucky Department for Medicaid Services (DMS) will implement prior authorization (PA) criteria for the covered hypertonic saline NDCs listed below.

- Members who are new starts or have not filled hypertonic saline between November 1, 2025 and February 1, 2026 will require a PA starting April 1, 2026.
- Members with at least one paid claim for hypertonic saline between November 1, 2025 and February 1, 2026 will have a grandfathered prior authorization through May 1, 2026. After May 1<sup>st</sup>, these members will need to obtain a new PA or transition to a different therapy, if appropriate.
- For diagnoses not listed below, prescribers are encouraged to obtain prior authorization for hypertonic saline and submit supporting clinical literature to demonstrate medical necessity.

Covered Hypertonic Saline	NDC	Criteria for Approval
NEBUSAL 3% VIAL	50190014263	<b>Approval Duration:</b> 12 months
SODIUM CHLORIDE 3% VIAL	00378699789	Patient has a confirmed diagnosis of ONE of the following: <ul style="list-style-type: none"><li>• Cystic fibrosis (ICD-10 group E84)</li><li>• Bronchiectasis (ICD-10 group J47)</li><li>• Congenital bronchiectasis (Q33.4)</li><li>• Acute bronchiolitis (ICD-10 group J21)</li></ul>
PULMOSAL 7% VIAL	50190074060	
SODIUM CHLORIDE 7% VIAL	50190014123	
SODIUM CHLORIDE 7% VIAL	83490030760	



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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	