



**DATE:** February 6, 2026

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

**FROM:** MedImpact Healthcare Systems

**Subject: Entresto and sacubitril/valsartan PDL Status Change**

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**Status:** Please be advised, effective **February 7, 2026**, the Department of Medicaid Services (DMS) will be moving generic **sacubitril/valsartan to preferred status** within the *Angiotensin Receptor Blockers (ARB)* Preferred Drug List (PDL) drug class.

Also note, effective **March 7, 2026**, DMS will be moving brand **Entresto to non-preferred status** within the *Angiotensin Receptor Blockers (ARB)* PDL drug class. This agent will then require Prior Authorization for continued use. Providers are encouraged to proactively transition impacted members to the preferred generic product to help prevent any treatment disruption.

Preferred Agents	Non-Preferred Agents
irbesartan	Arbli QL
losartan	Atacand
olmesartan	Avapro
<b>sacubitril/valsartan QL (effective February 7, 2026)</b>	Benicar
valsartan tablet	candesartan
	Cozaar
	Diovan
	Edarbi
	<b>Entresto QL (effective March 7, 2026)</b>
	Entresto Sprinkle
	eprosartan
	Micardis
	telmisartan
	valsartan solution

Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: <https://kyportal.medimpact.com/provider-documents/drug-information>. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at [KYMFFS@medimpact.com](mailto:KYMFFS@medimpact.com) for Fee for-Service members or at [KYMCPBM@medimpact.com](mailto:KYMCPBM@medimpact.com) for Managed Care Organization (MCO) members.



#### 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	