



**DATE:** February 9, 2026

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

**FROM:** MedImpact Healthcare Systems

**Subject: Novolog PDL Status Change**

**Status:** In response to Novo Nordisk discontinuation of Insulin Aspart Flexpen, Insulin Aspart Penfill and Insulin Aspart vial, the Commonwealth of Kentucky Department of Medicaid Services (DMS) has decided to move **Novolog to preferred status** on the Medicaid Preferred Drug List (PDL). This change will become effective on **February 14, 2026** within the *Rapid and short-acting insulins* PDL drug class.

| Preferred Agents                            | Non-Preferred Agents                                   |
|---|--|
| Humulin R vial                              | Admelog and Admelog Solostar <sup>CC</sup>             |
| Humulin R U-500 KwikPen and vial            | Afrezza  |
| insulin lispro Junior (Jr) KwikPen          | Fiasp FlexTouch, pen, pumpcart, and vial <sup>CC</sup> |
| insulin lispro pen and vial                 | Humalog 200 unit/mL KwikPen                            |
| <b>Novolog cartridge, FlexPen, and vial</b> | Humalog cartridge, KwikPen, and vial                   |
|   | Humalog Junior (Jr) KwikPen                            |
|   | Humalog Tempo Pen                                      |
|   | Kirsty pen, vial                                       |
|   | Lyumjev pen, Tempo Pen, and vial <sup>CC</sup>         |
|   | Merilog Solostar and vial                              |
|   | Novolin R pen and vial                                 |
|   | Symlin <sup>AE, CC</sup>                               |

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 [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@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]<br>Fax (858) 357-2612 |
| Pharmacy Portal                           | <a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>     |
| BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01 |   |