DATE: November 14, 2025

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: **MCO OTC Override Guidance**

Status: MedImpact would like to inform providers of recent changes to the Over-the-Counter (OTC) products covered under the Managed Care Organization (MCO) program, effective May 23, 2025. To support pharmacies with this implemented change, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will permit temporary overrides for removed OTC products through December 31, 2025, when requested.

The table below outlines the OTC removals and their covered alternatives. Providers are encouraged to review the updated Kentucky Medicaid OTC Lists to identify covered options for members when a product is no longer covered; however, providers may request overrides for the non-covered products below if needed. To request an override for any of the removed MCO OTC products in the table below, please contact MedImpact via email KYMCOPBM@MedImpact.com. Overrides will only be placed for claims denied due to product exclusion or product not covered. Claims denied for other restrictions, such as quantity limits or maximum dollar limits for OTCs, must still meet the established criteria for approval.

The Kentucky Medicaid OTC List for the MCO program is available on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider-documents/drug-information).

Notable Removals	Covered Alternatives
BROMPHENIRAMINE/PHENYLEPHRINE	VARIOUS ANTIHISTAMINES PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET
BROMPHENIRAMINE/PHENYLEPHRINE/DEXTROMETHORPHAN (DM)	VARIOUS ANTIHISTAMINES PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET DEXTROMETHORPHAN SUSPENSION GUAIFENESIN/DM LIQUID, TABLET, ER TABLET, SYRUP
CETIRIZINE/PSEUDOEPHEDRINE	CETIRIZINE SOLUTION, TABLET LEVOCETIRIZINE TABLET PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET
FEXOFENADINE/PSEUDOEPHEDRINE	FEXOFENADINE SUSPENSION, TABLET PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET

Notable Removals	Covered Alternatives
GUAIFENESIN/PSEUDOEPHEDRINE	GUAIFENESIN LIQUID, TABLET, ER TABLET, PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET
LORATADINE/PSEUDOEPHEDRINE	LORATADINE TABLET, SOLUTION, ODT, CHEWABLE TABLET PSEUDOEPHEDRINE SOLUTION, TABLET, ER TABLET
TOLNAFI-AL 1% (ONLY NDC 83592048030)	TOLNAFTATE 1% SOLUTIONS
LUER-LOK SYRINGE-NEEDLE (NDC 08290309588)	LUER-LOK SYRINGE-NEEDLE (NDC 08290309571)

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	