



DATE: October 1, 2025
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: Paxlovid Claims – Reprocessing Update

Status: MedImpact previously notified providers on September 23, 2025, about an update to the reimbursement configuration for Paxlovid. Some claims for non-EUA NDCs were reimbursed with a \$0 ingredient cost. The system has been updated to reflect the correct pricing.

Note: MedImpact will reprocess the impacted claims within the next 30 days to include the ingredient cost in the final paid amount. No further action will be required by providers.

The table below lists the impacted NDCs for your reference:

NDC	Label Name	Brand Name
00069-0521-11	PAXLOVID 300/150-100 MG (SEVERE)	PAXLOVID
00069-5045-30	PAXLOVID 300-100 MG DOSE PACK	PAXLOVID
00069-5434-20	PAXLOVID 150-100 MG (MODERATE)	PAXLOVID

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
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	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	