



**DATE:** September 23, 2025  
**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network  
**FROM:** MedImpact Healthcare Systems  
**Subject: Paxlovid Reimbursement Notification**

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**Status:** Paxlovid was initially authorized under an Emergency Use Authorization (EUA), which allowed the federal government to distribute it to providers at no cost. Pfizer has since released newer, non-EUA NDCs for Paxlovid.

Previously, MedImpact notified providers that the non-EUA NDCs would be reimbursed using Kentucky Medicaid reimbursement logic. However, MedImpact recently discovered that some of these non-EUA NDCs were still reimbursed with \$0 ingredient cost.

To resolve this, MedImpact is working closely with DMS to update the reimbursement configuration to ensure correct payment for the ingredient cost of the impacted NDCs. For your reference, the table below shows the impacted NDCs.

**Note:** MedImpact will communicate with you once the configuration update is complete so the pharmacy may reprocess impacted claims. We appreciate your patience and understanding.

| 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   |

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#### **KY MCO Contact Information**

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|-------------------------------------------|--------------------------------------------------------------------------------|
| 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 |                                                                                   |