



DATE: April 3, 2026

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Retinoin Prior Authorization Criteria Changes

Status:

Please be advised that the Commonwealth of Kentucky Department for Medicaid Services (DMS) will implement clinical criteria for tretinoin starting **June 1, 2026**. The new prior authorization (PA) criteria are defined below.

Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
06/01/2026	<p>Tretinoin cream, gel ^{AE}</p> <p>Tretinoin microsphere gel, gel pump ^{AE}</p> <p>Clindamycin/tretinoin gel ^{AE}</p>	<p>Approval Duration: 1 year</p> <ul style="list-style-type: none"> • Diagnosis of acne vulgaris, AND • Prescriber attestation that the medication is not being used solely for cosmetic purposes (e.g., photoaging, wrinkling, hyperpigmentation, melasma, roughness of skin, or sun damage). <p>Age Limit: ≥ 12 years of age</p>

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 for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

medimpact.com

10181 Scripps Gateway Ct, San Diego, CA 92131
800.788.2949



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	

medimpact.com10181 Scripps Gateway Ct, San Diego, CA 92131
800.788.2949