



DATE: May 1, 2026
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems
Subject: Dexcom G6 Discontinuation

Status: Please be advised that Dexcom G6 will no longer be manufactured after **July 1, 2026**. While supplies may continue to be available through local pharmacies and medical distributors for a period of time following this date, Dexcom cannot guarantee ongoing availability. Kentucky Medicaid will continue to cover Dexcom G6 products while supplies remain available. To ensure uninterrupted Dexcom CGM supplies and support, we encourage pharmacy providers to work with prescribers and their impacted patients to switch to either Dexcom G7 or Dexcom G7 15 Day by July 1, 2026, or find alternative therapies when appropriate.

Providers are encouraged to reference the Kentucky Medicaid Diabetic Supplies Preferred Drug list 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.

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]



TEAM KENTUCKY

	Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	