



DATE: May 13, 2026

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist Product Switch Limit

Status: Effective **May 1, 2026**, the Commonwealth of Kentucky Department for Medicaid Services (DMS) will allow each member only **two Glucagon-like Peptide-1 (GLP-1) Receptor Agonist product switches** per rolling year. The new limitations are defined below:

LIMIT OF 2 GLP-1 SWITCHES PER ROLLING YEAR

- A change from 1 GLP-1 receptor agonist to another is counted as one switch. Any subsequent change to a different GLP-1 receptor agonist counts as an additional switch (e.g. second switch).
- More than 2 GLP-1 receptor agonists switches per year will require submission of clinical documentation supporting appropriate use of the requested therapy.

Providers may reference the table below to identify GLP-1 receptor agonist therapies on the Medicaid Preferred Drug List (PDL):

Preferred Agents	Non-Preferred Agents
Ozempic ^{AE, CC, QL}	exenatide ^{CC, QL}
Trulicity ^{CC, QL}	liraglutide ^{CC, QL}
Victoza ^{CC, QL}	Mounjaro ^{AE, CC, QL}
	Rybelsus ^{AE, CC, QL}
	Soliqua ^{AE, CC, QL}
	Xultophy ^{AE, CC, QL}

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.

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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

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