



**DATE:** June 18, 2026

**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network

**FROM:** MedImpact Healthcare Systems

**Subject:** Farxiga PDL Status Change

**Status:** Please be advised, effective **July 1, 2026**, the Department of Medicaid Services (DMS) will be moving all generic dapagliflozin to **preferred status** within the *Diabetes: Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors Preferred Drug List (PDL)* drug class.

Also note, effective **October 1, 2026**, DMS will be moving brand Farxiga to **non-preferred status** within the *Diabetes: Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors Preferred Drug List (PDL)* drug class. This agent will then require Prior Authorization for continued use. Providers are encouraged to proactively transition impacted members to the preferred generic product to help prevent any treatment disruption.

### DIABETES: SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

Preferred Agents	Non-Preferred Agents
dapagliflozin <sup>QL</sup> (effective July 1, 2026)	Farxiga <sup>CC, QL</sup> (effective October 1, 2026)
Jardiance <sup>CC, QL</sup>	dapagliflozin-metformin ER <sup>QL</sup>
Synjardy <sup>CC, QL</sup>	Inpefa <sup>CC, AE, QL</sup>
Xigduo XR <sup>CC, QL</sup>	Invokamet <sup>CC, QL</sup>
	Invokamet XR <sup>QL</sup>
	Invokana <sup>CC, QL</sup>
	Segluromet <sup>AE, QL</sup>
	Steglatro <sup>AE, QL</sup>
	Synjardy XR <sup>QL</sup>

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](mailto:KYMFFS@medimpact.com) for Fee for-Service members or at [KYMCOPBM@medimpact.com](mailto: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	<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
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Pharmacy Portal	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	