



**DATE:** June 5, 2026

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

**FROM:** MedImpact Healthcare Systems

**Subject:** Zepbound® KwikPen® Preferred Formulation Update

**Status:** Please be advised, effective **July 15, 2026**, the Commonwealth of Kentucky Department for Medicaid Services (DMS) will designate the **Zepbound KwikPen formulation** as the preferred product over the Zepbound prefilled pen formulation for members meeting approval criteria.

- New prior authorization (PA) requests meeting approval criteria will be approved for the Zepbound KwikPen formulation.
- Members currently utilizing Zepbound with an existing approved prior authorization (PA) will be transitioned from the Zepbound prefilled pen formulation to the Zepbound KwikPen formulation effective **August 15, 2026**.
- New prior authorization (PA) requests for the Zepbound prefilled pen formulation will require additional clinical documentation to support medical necessity for the non-preferred formulation.

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
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	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	