



DATE: July 24, 2026
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems
Subject: Ozempic Tablets Preferred Drug List (PDL) Status Change

Status: Please be advised that, **effective July 11, 2026**, the Kentucky Department for Medicaid Services (DMS) updated the Preferred Drug List (PDL) status of Ozempic tablets (semaglutide) within the Diabetes: Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists therapeutic class.

Ozempic tablets were added to the Kentucky Medicaid Preferred Drug List (PDL) and designated as a Non-Preferred Drug (NPD). Coverage is subject to the applicable Non-Preferred Drug (NPD) status requirements and applicable Kentucky Medicaid clinical prior authorization criteria.

Preferred Agents	Non-Preferred Agents
Mounjaro AE, CC, QL	exenatide CC, QL
Ozempic injectable AE, CC, QL	liraglutide CC, QL
Trulicity CC, QL	Ozempic tablets AE, CC, QL
Victoza 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 KYMCOBPM@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]
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Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	