DATE: August 26, 2026

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: adalimumab-fkjp 40mg/0.8mL PDL Status Change

Status: Please be advised that, effective **October 1, 2026**, the Kentucky Department for Medicaid Services (DMS) has updated the Preferred Drug List (PDL) to designate **adalimumab-fkjp 40mg/0.8mL pen and adalimumab-fkjp 40mg/0.8ml prefilled syringe** as preferred product(s).

This change is intended to help ensure continued member access to adalimumab therapy following the discontinuation of **Humira Pen 40mg/0.8mL and Humira Prefilled Syringe 40mg/0.8mL.**

Humira 40 mg/0.8 mL pens and prefilled syringes will remain co-preferred while supplies last; however, pharmacies are encouraged to work with prescribers to obtain prescriptions for a covered biosimilar (i.e., Hadlima, Yuflyma, adalimumab-fkjp) to prevent future treatment delays. Pro-active prior authorizations have been loaded for applicable biosimilars to streamline the transition process for members currently on Humira 40 mg/0.8 mL pens and prefilled syringes.

Preferred Agents	Non-Preferred Agents
adalimumab-aaty CC, QL	*All agents not listed as preferred are considered non-preferred
adalimumab-fkjp 40mg/0.8mL CC, QL	
Enbrel CC, QL	
Hadlima CC, QL	
Humira CC, QL	
Otezla CC, QL	
Otezla XR CC, QL	
Pyzchiva CC, QL	
Rinvoq AE, CC, QL	
Rinvoq LQ AE, CC, QL	
Taltz CC, QL	
Tyenne CC, QL	
Xeljanz CC, QL	
Yesintek CC, QL	
Yuflyma 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.

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