**DATE:** August 12, 2026

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

**FROM:** MedImpact Healthcare Systems

**Subject: Influenza Vaccine Coverage for 2026-2027 Season**

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**Status:** Please be advised that the Commonwealth of Kentucky Department of Medicaid Services (DMS) will add the 2026-2027 influenza vaccine products to the Kentucky Medicaid Vaccine List for coverage under the pharmacy benefit. Coverage is expected to be available **by August 20, 2026**, in accordance with Kentucky Medicaid vaccine billing and reimbursement requirements. The table below reflects the influenza vaccine products currently identified for coverage for the 2026-2027 flu season. Additional influenza vaccine products and brand names may be added as they become available.

Providers may submit retroactive claims for covered 2026-2027 seasonal influenza vaccines administered before coverage was available. Claims for Fluad, Fluarix, Flublok, Flucelvax, and Fluzone may be billed retroactively for dates of service on or after July 17, 2026. Claims for Fluzone HD may be billed retroactively for dates of service on or after July 24, 2026.

Please note the table below reflects influenza vaccine products that are currently available. Additional influenza vaccine products and brand names may be added as they become available. Providers should refer to the Kentucky Vaccine List on the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information for the most current coverage information.

| Common Vaccine Brand Name(s)* | Retroactive Billing Effective Date |
|---|---|
| Fluad, Fluarix, Flublok, Flucelvax, Fluzone | 07/17/2026 |
| Fluzone HD | 07/24/2026 |

**Covered vaccines are subject to change. Results of claim submission may differ due to the application of real-time drug, eligibility, formulary, and benefits 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

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