Pharmacy Quarterly Newsletter

Quarter 2 2026 Volume 1, Number 10

Events

P&T Meeting	Third Quarter Provider Webinar Forum
Tuesday, July 28th 1:00pm – 4:00pm EST https://kyportal.medimpact.com/provider documents/pt-committee	Wednesday, July 29th 11:00am – 12:00pm EST https://kyportal.medimpact.com/provider documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC
4/8/2026	**Partial Lot Recall:** Wound Care Gel Products by Blaine Labs	Link	
4/28/2026	**Partial Lot Recall:** Lactated Ringer's Injection, E7500, 1L	Link	0264-7750-07
5/26/2026	**Partial Lot Recall:** Omnipod 5, Omnipod DASH, Omnipod Insulin Management System (Omnipod Eros) Pods	Link	

For additional information regarding the recalls, please refer to the FDA recall notifications at:

https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts

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COVID-19 Vaccine Adminstration Fee Update

Please be advised, effective August 1, 2026, the Kentucky Department for Medicaid Services (DMS) will update reimbursement for COVID-19 vaccine administration. COVID-19 vaccines will be reimbursed at the same administration rates as routine vaccines and will no longer receive the previous $40 administration fee. Pharmacies administering COVID-19 vaccines will be reimbursed as follows:

Dose	SCC	New Administration Fee
Single dose	Not required	Up to $27.49
Multi dose	**General** • Either SCC 02 or 06 must be submitted on claims • Multiple SCC codes can be submitted on the same claim, but only SCC 02 and 06 will be evaluated in the vaccine administration fee processing • Submitting both SCC 02 and 06 on the same claim will cause the claim to be processed and reimbursed as SCC 06 **First Dose** • Submit SCC 02 **Subsequent Doses** • Submit SCC 06	SCC 02: up to $27.49 SCC 06: up to $9.80

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist Product Switch Limit

On May 1, 2026, DMS started permitting each member only two Glucagon-like Peptide-1 (GLP-1) Receptor Agonist product switches per rolling year. The new limitations are defined below:

- A change from 1 GLP-1 receptor agonist to another is counted as one switch. Any subsequent change to a different GLP-1 receptor agonist counts as an additional switch (e.g. second switch).
- More than 2 GLP-1 receptor agonists switches per year will require submission of clinical documentation supporting appropriate use of the requested therapy. Providers may reference the table to identify GLP-1 receptor agonist therapies on the Medicaid Preferred Drug List (PDL):

Preferred Agents	Non-Preferred Agents
Mounjaro AE, CC, QL	exenatide CC, QL
Ozempic AE, CC, QL	liraglutide CC, QL
Trulicity CC, QL	Rybelsus AE, CC, QL
Victoza CC, QL	Soliqua AE, CC, QL
	Xultophy AE, CC, QL

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Omnipod Insulin Delivery Systems Medical Device Correction

Insulet Corporation has issued a voluntary Medical Device Correction for specific lots of the following insulin delivery systems:

- Omnipod® 5 Automated Insulin Delivery System
- Omnipod DASH® Insulin Management System
- Omnipod® Insulin Management System (Omnipod Eros)

The correction is due to a manufacturing issue that may result in insulin under-delivery. Patients using affected Pods may experience insulin leakage caused by a small tear in the cannula tubing, which could lead to elevated blood glucose levels and, in severe cases, diabetic ketoacidosis (DKA). Insulet advises patients not to use Pods from affected lots and to immediately transition to replacement Pods if impacted product is identified. Replacement Pods will be provided directly by Insulet at no cost to patients and do not require a new prescription.Some affected Pods may develop a small tear in the cannula tubing between the Pod and the insertion site. If this occurs, insulin may leak outside the body instead of being delivered as intended.

Patients may experience:
- Unexpected hyperglycemia (high blood glucose levels)
- Blood glucose levels that do not respond appropriately to insulin delivery
- Wetness around the Pod or adhesive
- Odor of insulin near the infusion site
- Increased risk of diabetic ketoacidosis (DKA)

In the most severe cases, prolonged insulin under-delivery may result in hospitalization due to DKA. Insulet has reported 24 serious adverse events globally associated with this issue, including hospitalization and DKA. No deaths have been reported.

Insulet has not provided a list of which specific NDCs are affected. Therefore, below is a list of all Omnipod Pods that were found in our system and potentially may be impacted. Members currently utilizing these devices should be directed to the link below to determine if their Omnipod Pod is affected.

Product	NDC
OMNIPOD DASH INTRO KIT (GEN 4)	08508-2000-32
OMNIPOD DASH PODS (GEN 4)	08508-2000-05
OMNIPOD DASH PDM KIT (GEN 4)	08508-2000-00
OMNIPOD 5 DEXG7G6 INTRO (GEN 5)	08508-3000-01
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	08508-3000-88
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	08508-3000-21
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	08508-3000-75
OMNIPOD 5 (G6/LIBRE 2 PLUS)	08508-3000-42

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Please see the link below for the healthcare provider recommendations and the full provider communication:
https://kyportal.medimpact.com/sites/default/files/2026-06/kym_pc-_omnipod_6_2026.pdf

Ophthalmic Prostaglanding Analog Coverage Updates

Effective September 1, 2026, DMS is making changes to the prior authorization (PA) criteria for the agents listed in the table below. Pharmacy providers are encouraged to work with prescribers and their impacted patients to obtain the necessary prior authorization information or find alternative therapies when appropriate.

PDL	Agent(s) Subject to Criteria	Coverage Updates

Preferred Agents	Latanoprost CC, QL	• Diagnosis of one of the following conditions:
		  ○ Open-angle glaucoma, **OR**
		  ○ Ocular hypertension

Non-Preferred Agents	bimatoprost CC, QL
	Iyuzeh CC, QL
	Lumigan CC, QL
	tafluprost/PF CC, QL
	Travatan Z CC
	Travoprost CC
	Vyzulta AE, CC, QL
	Xalatan CC, QL
	Xelpros CC
	Zioptan CC, QL
	Zolymbus CC, QL
		• Diagnosis of one of the following conditions:
		  ○ Open-angle glaucoma, **OR**
		  ○ Ocular hypertension; **AND**
		• Patient has had ≥ 30-day trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to ≥ 2 preferred agents any sub-class.

Somatostatin Analog Upcoming Drug Coverage Updates

Effective September 1, 2026, DMS is making changes to the PA criteria for the agents listed in the table on the next page(s). Pharmacy providers are encouraged to work with prescribers and their impacted patients to obtain the necessary prior authorization information or find alternative therapies when appropriate.

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Drug	Clinical Criteria

SANDOSTATIN
OCTREOTIDE ACETATE
BYNFEZIA
MYCAPSSA
SOMATULINE DEPOT
LANREOTIDE ACETATE
SIGNIFOR
SIGNIFOR LAR
	1. INITIAL APPROVAL CRITERIA
	• Patient has a diagnosis supported by the INDICATIONS AND USAGE section of the FDA package insert or listed in a nationally recognized compendium; **AND**
	• The requested dosage is within current FDA requirements.
	
	2. RENEWAL CRITERIA
	• Documentation (e.g., progress note, lab results, or imaging report) of positive clinical response or stabilization of disease, as evidenced by one or more of the following:
	  ○ Improvement or stabilization of disease-related signs and symptoms; **OR**
	  ○ Improvement, normalization, or stabilization of disease-specific biochemical markers; **OR**
	  ○ Stable disease or improvement on imaging (if applicable); **OR**
	  ○ No evidence of clinically significant disease progression; **AND**
	• The requested dosage is within current FDA requirements.

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SANDOSTATIN LAR DEPOT

SOMATULINE DEPOT

OCTREOTIDE ACETATE,MI-SPHERES

1. INITIAL APPROVAL CRITERIA

- The medication is being administered by a home infusion provider; **OR** physician attests that the medication is being self-administered and self-administration is appropriate per the FDA-approved prescribing information; **AND**
- Patient has a diagnosis supported by the INDICATIONS AND USAGE section of the FDA package insert or listed in a nationally recognized compendium; **AND**
- The requested dosage is within current FDA requirements.

2. RENEWAL CRITERIA

- The medication is being administered by a home infusion provider; **OR** physician attests that the medication is being self-administered and self-administration is appropriate per the FDA-approved prescribing information; **AND**
- Documentation (e.g., progress note, lab results, or imaging report) of positive clinical response or stabilization of disease, as evidenced by one or more of the following:
  - Improvement or stabilization of disease-related signs and symptoms; **OR**
  - Improvement, normalization, or stabilization of disease-specific biochemical markers; **OR**
  - Stable disease or improvement on imaging (if applicable); **OR**
  - No evidence of clinically significant disease progression; **AND**
- The requested dosage is within current FDA requirements.

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Tretinoin Prior Authorization Criteria Changes

Please be advised that DMS implemented clinical criteria for tretinoin effective June 1, 2026. The PA criteria is defined below. Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
06/01/2026	**Tretinoin cream, gel** AE **Tretinoin microsphere gel, gel pump** AE **Clindamycin/tretinoin gel** AE	**Approval Duration:** 1 year • Diagnosis of acne vulgaris, **AND** • Prescriber attestation that the medication is not being used solely for cosmetic purposes (e.g., photoaging, wrinkling, hyperpigmentation, melasma, roughness of skin, or sun damage). **Age Limit:** ≥ 12 years of age

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

True Metrix Blood Glucose Monitoring Systems Recall

The FDA has published information that Trividia Health has issued a Class 1 recall for the following blood glucose monitoring systems: TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO and TRUE METRIX PRO. The FDA recommends all TRUE METRIX users transition to an alternative method of testing their blood glucose (blood sugar), when possible. Users should continue testing their blood glucose and should not stop using their TRUE METRIX meter until they have an alternative method available for testing.

Trividia contracted with a 3rd party processor to distribute alternative blood glucose testing supplies. Patients can receive a temporary replacement meter with a box of 50 test strips directly to the address provided. Please guide interested patients to contact: Customer Support Department toll-free at 1-888-943-2387 Monday-Friday 8AM-8PM EST (excluding holidays) OR E-mail: Trividia4036@sedwick.com

Please see the link below for the full provider communication:
https://kyportal.medimpact.com/sites/default/files/2026-05/kym_pc-_true_metrix_52026.pdf

Upcoming Drug Coverage Updates

Effective July 1, 2026, DMS implemented PA criteria for the agents listed in the table shown on the next page. Pharmacy providers are encouraged to work with prescribers and their impacted patients to obtain the necessary prior authorization information or find alternative therapies when appropriate. A copy of the criteria is available upon request by contacting MedImpact.

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Effective Date	Agent(s) Subject to Criteria	Coverage Updates
07/01/2026	Actimmune (interferon gamma-1b) Dojolvi (triheptanoin) Gattex (teduglutide) Ofev (nintedanib) Voxzogo (vosoritide)	Addition of clinical criteria

Winlevi Prior Authorization Criteria Update

Please be advised that DMS will implement clinical PA criteria for Winlevi effective August 1, 2026. The new criteria is defined below. Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
08/01/2026	**Winlevi cream** [AE, CC]	**Approval Duration:** 1 year • Diagnosis of acne vulgaris, **AND** • Prescriber attestation that the medication is not being used solely for cosmetic purposes (e.g., hair loss); **AND** • Prescribed by, or in consultation with, a dermatologist or provider in the treatment of acne vulgaris. **Age Limit:** ≥ 12 years of age

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

Zepbound Kwikpen Preferred Formulation Update

Please be advised, effective July 15, 2026, DMS designated the Zepbound KwikPen formulation as the preferred product over the Zepbound prefilled pen formulation for members meeting approval criteria.

• New PA requests meeting approval criteria will be approved for the Zepbound KwikPen formulation.

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• 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 PA requests for the Zepbound prefilled pen formulation will require additional clinical documentation to support medical necessity for the non-preferred formulation.

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Questions / Additional Information

Please direct any questions to KYMFFS@medimpact.com for FFS members and to KYMCOPBM@medimpact.com for MCO members.

Contact Information

Contact	Contact Information	Availability
Member Services (CHFS)	800-635-2570	8AM to 5PM EST, Monday to Friday
Clinical Support Center (Prior Authorizations)	MCO Phone: 844-336-2676 FFS Phone: 877-403-6034	8AM to 7PM EST, 7 days a week
	MCO and FFS Fax: 858-357-2612	24 hours a day, 7 days a week
Pharmacy/Provider Help Desk	MCO Phone: 800-210-7628 FFS Phone: 877-403-6034	24 hours a day, 7 days a week
MAC Pricing	MAC List: Available on MedImpact Provider Portal under "Resources" page https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost mac	24 hours a day, 7 days a week
	To appeal MAC pricing: Fax: 877-357-0005 E-mail: StateMACProgram@medimpact.com	
Voice Response Eligibility Verification	800-807-1301	24 hours a day, 7 days a week
Provider Management/Enrollment	Phone: 877-838-5085 Fax: 502-226-1898	8AM to 4:30PM EST, Monday to Friday
MedImpact KY MCO and FFS PBM Account Teams	MCO: YMCOPBM@MedImpact.com FFS: KYMFFS@MedImpact.com	8AM to 5PM EST, Monday to Friday Other times: on-call

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Contact	Contact Information	Availability
Provider Paper Claims Billing Address	Mail: ATTN: CLAIMS DEPT MedImpact Healthcare Systems, Inc. PO Box 509098 San Diego, CA 92150-9098 Email: claims@medimpact.com Fax: 858-549-1569	
Coordination of Benefits (Member Services)	FFS: 800-635-2570	8AM to 7PM EST, Monday to Friday
	AETNA: 855-300-5528	7AM to 7PM EST, Monday to Friday
	HUMANA: 800-444-9137	
	PASSPORT MOLINA: 800-578-0603	
	UNITED: 866-293-1796	
	WELLCARE: 877-389-9457	
Lock-in (Member Services)	AETNA: 855-300-5528	8AM to 5PM EST, Monday to Friday
	HUMANA: 833-410-2496	8AM to 5:30PM EST, Monday to Friday
	PASSPORT MOLINA: 800-578-0603	
	UNITED: 866-293-1796	
	WELLCARE: 877-389-9457	
Websites	DMS: https://www.chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx MedImpact KY FFS & MCO Provider Portal: http://pharmacy.medimpact.com MedImpact KY FFS & MCO website: http://kyportal.medimpact.com	24 hours a day, 7 days a week

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