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MEDIMPACT PHARMACY NEWSLETTER

Events

P&T Meeting	4th Quarter Provider Webinar Forum
Tuesday, October 13th 2026 1:00-4:00pm EST	Wednesday, October 28th 2026 10:30am-11:30am EST
https://kyportal.medimpact.com/provider-documents/pt-committee	https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC
8/24/2026	Thyroid Tablets USP 30mg (Vitruvias Therapeutics, Inc.)	Vitruvias Therapeutics, Inc Issues Nationwide Recall of One Lot of Thyroid Tablets, USP 30 mg Due t…	69680-166-00

adalimumab-fkjp 40mg/0.8mL PDL Status Change

Please be advised that, effective October 1, 2026, the Kentucky Department for Medicaid Services (DMS) 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 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.

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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.

COVID-19 Vaccine Coverage for 2026-2027 Season

DMS added 2026-2027 COVID-19 vaccine products to the Kentucky Medicaid Vaccine List for coverage under the pharmacy benefit. Coverage became available on October 1, 2026, in accordance with Kentucky Medicaid vaccine billing and reimbursement requirements.

- The COVID-19 vaccine products currently identified for coverage for the 2026-2027 season include Comirnaty®, Nuvaxovid®, Spikevax®, and mNEXSPIKE®.
- Additional COVID-19 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.

FDA Class I Recall of Thyroid Tablets USP 30mg (Vitruvias Therapeutics)

The U.S. Food and Drug Administration (FDA) has classified a recall of one lot of Thyroid Tablets USP 30 mg manufactured by Vitruvias Therapeutics, Inc. as a Class I recall, the FDA's most serious recall classification. A Class I recall is issued when there is a reasonable probability that use of, or exposure to, a violative product could cause serious adverse health consequences or death.

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- The affected product information is provided below.

Product	NDC	Lot Number	Expiration Date
Thyroid Tablets USP 30 mg	69680-166-00	504950	September 30, 2026

- Lot 504950 was distributed nationwide between January 31, 2025, and September 30, 2025.
- The recall was initiated because the affected tablets may be superpotent, meaning they may contain more thyroid hormone than specified on the product label.
- Vitruvias Therapeutics notified wholesalers and distributors to discontinue distribution of the affected lot and arrange for its destruction. Patients currently taking Thyroid Tablets USP 30 mg from Lot 504950 should not discontinue therapy without first consulting their healthcare provider regarding appropriate treatment alternatives.
- Providers should:
  - Review patient records to identify individuals who may have received the recalled lot.
  - Advise affected patients to contact their pharmacy to determine whether their medication is part of the recalled lot.
  - Monitor patients for signs and symptoms of excessive thyroid hormone exposure.
  - Consider appropriate clinical management and replacement therapy, as clinically indicated.
  - Report adverse events associated with this product to the FDA MedWatch program.
  - Refer to the FDA recall announcement or contact the manufacturer for additional information.
  - Consumers with questions regarding the recall may contact Vitruvias Therapeutics, Inc. at safety@vitruvias.com or (256) 239-9373, Monday through Friday, 9:00 a.m. to 5:00 p.m. CT.
  - Patients experiencing adverse effects related to this product should contact their healthcare provider.
- Reporting Adverse Events:
  - Patients are encouraged to report adverse events or side effects related to the use of this product to FDA's MedWatch Safety Information and Adverse Event Reporting Program at 1-800-332-1088 or online at www.fda.gov/MedWatch/report.htm.
- Additional information is available at: https://www.fda.gov/safety/recalls-market-withdrawals-safetyalerts/vitruvias-therapeutics-inc-issues-nationwide-recall-one-lot-thyroid-tablets-usp-30-mg-duepotential

Influenza Vaccine Coverage for 2026-2027 Season

Please be advised that DMS added the 2026-2027 influenza vaccine products to the Kentucky Medicaid Vaccine List for coverage under the pharmacy benefit. Coverage became available on 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.

- 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.

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

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

Korlym/mifepristone 300mg Prior Authorization Criteria

Please be advised that DMS implemented clinical criteria for Korlym/mifepristone 300mg effective October 1, 2026. The new prior authorization (PA) criteria are 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
10/01/2026	**Korlym/mifepristone 300mg**	**Approval Duration:** 6 months initial; 1 year renewal **Quantity Limit:** 4 tablets per day **Age Limit:** ≥ 18 years **1. INITIAL APPROVAL CRITERIA** • Diagnosis of hyperglycemia secondary to endogenous Cushing's syndrome; **AND** • Diagnosis of ONE of the following: o Type 2 diabetes mellitus; **OR** o Glucose intolerance; **AND** • Patient meets ONE of the following: o Patient has failed surgery; **OR** o Patient is not a candidate for surgery; **OR** o Patient is awaiting surgery for endogenous Cushing's syndrome; **OR**

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Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
		○ Patient is awaiting therapeutic response after radiotherapy for endogenous Cushing's syndrome; **AND** • Prescribed by, or in consultation with, an endocrinologist, or other specialist in the treatment of Cushing's syndrome. **2. BRAND MEDICALLY NECESSARY** • Trial and failure (e.g., allergy or intolerance to an inactive ingredient) with **≥ 2** manufacturers (if available and covered) of the corresponding generic **3. RENEWAL CRITERIA** • Documentation (e.g., progress note, laboratory report) of response to therapy compared to baseline.

Ondansetron ODT 16mg and Glimepiride 3mg Tablets PDL Status Change

Please be advised that, effective October 15, 2026, DMS updated the PDL to designate ondansetron ODT 16 mg to Non-Preferred (NPD) status within the Gastrointestinal: Antiemetics and Antivertigo Agents PDL class and glimepiride 3 mg tablets to NonPreferred (NPD) status within the Diabetes: Sulfonylureas PDL class.

- Ondansetron ODT 16 mg and glimepiride 3 mg tablets are now designated as Non-Preferred Drugs (NPD). Coverage is subject to the applicable Non-Preferred Drug (NPD) status requirements.
- Gastrointestinal: Antiemetics and Antivertigo Agents PDL class

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Preferred Agents	Non-Preferred Agents
aprepitant QL	Akynzeo capsule QL
Diclegis CC, QL	Antivert
dronabinol CC, QL	Bonjesta
meclizine tablet (RX)	Compro
metoclopramide solution, tablet	doxylamine/pyridoxine CC, QL
ondansetron solution, tablet, ODT (except 16 mg ODT)	Emend QL
prochlorperazine tablet	Gimoti AE, CC, QL
promethazine suppository, syrup, tablet	granisetron tablet
Promethegan 12.5 mg, 25 mg suppository	meclizine chewable tablet (RX)
scopolamine patch	Marinol CC, QL
	ondansetron ODT 16 mg
	prochlorperazine suppository
	Promethegan 50 mg suppository
	Reglan
	Sancuso CC, QL
	Transderm-Scop
	trimethobenzamide

- Diabetes: Sulfonylureas PDL class

Preferred Agents	Non-Preferred Agents
glimepiride (except 3mg)	**glimepiride 3 mg**
glipizide (except 15 mg)	glipizide 15 mg tablet
glipizide ER	
glipizide XL	
glyburide	
glyburide micronized	

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Questions/Additonal 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-5PM EST Monday-Friday
Clinical Support Center (Prior Authorizations)	MCO Phone: 844-336-2676 FFS Phone: 877-403-6034	8AM-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-4:30PM EST Monday-Friday
MedImpact KY MCO and FFS PBM Account Teams	MCO: KYMCOPBM@MedImpact.com FFS: KYMFFS@MedImpact.com	8AM-5PM EST Monday-Friday Other times: on-call
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	FFS: 800-635-2570	8AM-7PM EST

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Contact	Contact Information	Availability
(Member Services)	Aetna: 855-300-5528 Humana: 800-444-9137 Passport Molina: 800-578-0603 United: 866-293-1796 Wellcare: 877-389-9457	7AM-7PM EST Monday-Friday
Lock-in (Member Services)	Aetna: 855-300-5528 Humana: 833-410-2496 Passport Molina: 800-578-0603 United:866-293-1796 Wellcare:877-389-9457	8AM-5PM EST (Monday-Friday) 8AM-5:30PM EST (Monday-Friday)
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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