Pharmacy Quarterly Newsletter

Quarter 4 2025 Volume 1, Number 8

Events

First Quarter P&T Meeting	First Quarter Provider Webinar Forum
Tuesday, January 20th 1:00pm – 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, January 28th 9:00am – 10:00am EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC(s)
11/4/25	**Partial Lot Recall:** FDA MedWatch – 20 mEq Potassium Chloride Injection by Otsuka ICU Medical	Link	0990-7074-14 0990-7077-14
12/2/25	**Partial Lot Recall:** FDA MedWatch – Early Alert: Glucose Monitor Sensor Issue from Abbott Diabetes Care	Link	
12/10/25	**Partial Lot Recall:** M1 Class I Recall: Famotidine Injection from Fresenius Kabi	Link	63323-0739-11 63323-0739-12
12/29/25	**All Lot Recall:** Medical Device Correction: Continuous Glucose Monitoring Software Correction: Dexcom Issues Correction for Dexcom G6 and G6 Pro Software	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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Bowel Preparation Agents – 2026 Coverage Update

In response to Kentucky House Bill 421, which seeks to enhance access to colorectal cancer screenings, the Commonwealth of Kentucky Department of Medicaid Services (DMS) has decided to move FDA-approved bowel (colonoscopy) preparation agents to preferred status on the Medicaid Preferred Drug List (PDL).

Note: On **January 1, 2026**, the FDA-approved bowel preparation agents became covered without any prior authorization or step-therapy requirements for eligible members. Below are the preferred products in the Gastrointestinal: Laxatives and Cathartics drug class, effective January 1, 2026.

Preferred Agents	Non-Preferred Agents
Clenpiq solution	alvimopan capsule
Constulose solution	
Enulose solution	
GaviLyte-C	
GaviLyte-G	
GaviLyte-N	
Generlac solution	
Golytely solution	
Kristalose packet, solution	
lactulose packet, solution	
PEG 3350/Electrolyte solution	
PEG-3350 and Electrolytes	
PEG 3350/Sod Sul/NaCl/KCl/AsbC powder packet	
Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate solution	
Suflave solution	
Suprep solution	
Sutab tablet	

Discontinuation of Reyvow® (lasmiditan) C-V Tablets

Effective Eli Lilly USA, LLC has announced the discontinuation of **Reyvow® (lasmiditan) C-V tablets**, effective **December 31, 2025**. Pharmacies may continue to dispense existing Reyvow® shelf stock until it is depleted, however no new U.S. product will be manufactured after this date.

Note: DMS encourages healthcare providers to proactively assist affected members in transitioning to suitable alternative migraine therapies. For additional information or inquiries about this change, providers and members may contact **Eli Lilly USA, LLC at 1-800-LillyRx (1-800-545-5979).**

Providers may reference the table below to identify possible alternative migraine therapies on the Medicaid Preferred Drug List (PDL):

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Preferred Drug Category	Preferred Agents	Preferred with PA	Non-Preferred
ANTIMIGRAINE AGENTS, CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS AND OTHER AGENTS: **ACUTE TREATMENT**		Nurtec ODT Ubrelvy tablet	~~Reyvow tablet~~ Zavzpret spray

To access the Kentucky Medicaid PDL, please refer to the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information.

Drug Lookup Tool Glossary

The language regarding drug coverage on the Drug Lookup Tool located on the Kentucky Medicaid Pharmacy Program portal (https://kyportal.medimpact.com/) was updated on 10/06/2025. The update aims to clarify the definition of drugs marked as "Covered" on the Drug Lookup Tool. Below is the updated language:

Covered (Yes/No):
An item or service that is covered under the Medicaid pharmacy benefit. Covered drugs may still be subject to prior authorization (PA) and dispensing limits, such as quantity limits. Injectable drugs marked as not covered may be eligible for coverage if administered through home infusion, provided all applicable requirements are met.

For more information regarding injectable drugs, please refer to the Kentucky Medicaid Pharmacy Injectable Drug List on the Drug Information page. For medical benefit coverage, please check with the Managed Care Organization (MCO) for MCO members or with Gainwell for Fee-For-Service (FFS) members. For covered OTC products for FFS members, please reference the posted list of products on the Drug Information page. This can be found at: https://kyportal.medimpact.com/medicaid-member-portal/formulary-search.

GI Motility Agents Concurrent Use Soft Edit

On December 12, 2025, DMS implemented a soft edit for the concurrent use of two or more agents in the Gastrointestinal (GI) Motility Preferred Drug List (PDL) class. Claims for a **GI Motility agent (i.e., Ibsrela, Linzess, Viberzi, etc.)** will be denied for drug-drug interaction if there is an active claim for another GI Motility agent for the same member.

- The reject message will read "MEMBER HAS DUP TX FOR GI MOTILITY AGENTS".
- The DUR messaging will read "CONFLICTING TX. TO OVERRIDE ENTER PPS CODES DD; Mo, MR, Ro; 1B, 1G".

Denials can be overridden at the point-of-sale by entering Professional Pharmacy Services (PPS) codes as seen in the table below.

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GI Motility Agents	NCPDP Field #	PPS Code Value & Description
alosetron Amitiza Ibsrela Linzess Lotronex lubiprostone Motegrity Movantik prucalopride Symproic Viberzi	439-E4	Select the following option: • DD = Drug to Drug Interaction
	440-E5	Select one of the following options: • M0 = prescriber consulted • MR = medication review • R0 = pharmacist consulted other source
	441-E6	Select one of the following options: • 1B = filled prescription as is • 1G = filled with prescriber approval

For quantity limits and PA criteria, please refer to the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information

FFS OTC Coverage List Update 2025

On December 1, 2025, DMS updated the Over-the-Counter (OTC) Coverage List for Fee-For-Service (FFS) members. Notable removals and covered alternatives are listed in the table below. Providers are encouraged to review the updated Kentucky Medicaid OTC List for the FFS pharmacy benefit to find covered alternatives for non-covered OTC products.

Notable Removals	Covered Alternatives
BACITRACIN 500 UNIT/G PACKET, OINT PACKET	BACITRACIN ZINC 500 UNIT/G OINTMENT
BENZOYL PEROXIDE 4% CLEANSER	BENZOYL PEROXIDE 5% AND 10%
CALCIUM CARBONATE 160(400)MG TAB CHEW	CALCIUM CARBONATE 200(500) MG CALCIUM CARBONATE 300(750) MG CALCIUM CARBONATE 400(1000) MG
CALCIUM CARBONATE/VITAMIN D3 CAPSULE	CALCIUM CARBONATE/VITAMIN D3 TABLET
FERROUS FUMARATE 325(106)MG TABLET	FERROUS FUMARATE 324(106)MG TABLET
MAGNESIUM CHLORIDE DR TABLET	MAGNESIUM CHLORIDE 64 MG DR TABLET MAGNESIUM 200 MG TABLET
MAGNESIUM OXIDE 200 MG, 420 MG TABLET	MAGNESIUM OXIDE 250 MG TABLET
NIACIN 250 MG ER TABLET	NIACIN 250 MG ER CAPSULE
OMEGA-3S/DHA/EPA/FISH OIL 300-1000MG CAPSULE	VARIOUS OMEGA-3S/DHA/EPA/FISH OIL STRENGTHS AVAILABLE
SENNOSIDES 8.6 MG CAPSULE, 25 MG TABLET	SENNOSIDES 8.6 MG TABLET

The current and future Kentucky Medicaid OTC List for the FFS program can be found on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider-documents/drug-information).

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Policy Coverage Summary on Specific Drugs

The Kentucky Department for Medicaid Services has opted to cover the following medications on the pharmacy benefit only: Spravato, Spinraza, Zolgensma and Ivitsma on the the pharmacy benefit only.

To access the Kentucky Medicaid prior authorization criteria, please refer to the MedImpact Provider Portal at: kentucky-medicaid-pa-criteria.pdf

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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:KYMCOPBM@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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