



**DATE:** November 10, 2025  
**TO:** Commonwealth of Kentucky Medicaid Prescriber Network  
**FROM:** MedImpact Healthcare Systems

**Subject:** *Isotretinoin 25 mg and 35 mg PDL Change and Grandfathering*

**Status:** Effective November 15, 2025, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will update the Kentucky Medicaid Preferred Drug List (PDL) to move Isotretinoin 25 mg and 35 mg to non-preferred status.

**Note:** Current members receiving Isotretinoin 25 mg and 35 mg will be grandfathered through December 31, 2025. Starting November 15, 2025, new starts to therapy will require a prior authorization (PA).

Please reference the table below for the impacted National Drug Codes (NDCs):

Label Name	NDC
ISOTRETINOIN 25 MG CAPSULE	00591-2451-15
ISOTRETINOIN 25 MG CAPSULE	00591-2451-45
ISOTRETINOIN 25 MG CAPSULE	57664-0022-97
ISOTRETINOIN 25 MG CAPSULE	57664-0022-98
ISOTRETINOIN 25 MG CAPSULE	59651-0633-03
ISOTRETINOIN 25 MG CAPSULE	59651-0633-10
ISOTRETINOIN 35 MG CAPSULE	00591-2501-15
ISOTRETINOIN 35 MG CAPSULE	00591-2501-45
ISOTRETINOIN 35 MG CAPSULE	57664-0024-97
ISOTRETINOIN 35 MG CAPSULE	57664-0024-98
ISOTRETINOIN 35 MG CAPSULE	59651-0635-03
ISOTRETINOIN 35 MG CAPSULE	59651-0635-10

**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	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
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	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	