



DATE: February 13, 2026
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems

Subject: Hypertonic Saline Coverage Updates – NEW EFFECTIVE DATE

Status: Effective April 1, 2026, Kentucky Department for Medicaid Services (DMS) will implement prior authorization (PA) criteria for the covered hypertonic saline NDCs listed below.

- Members who are new starts or have not filled hypertonic saline between November 1, 2025 and February 1, 2026 will require a PA starting April 1, 2026.
- Members with at least one paid claim for hypertonic saline between November 1, 2025 and February 1, 2026 will have a grandfathered prior authorization through May 1, 2026. After May 1st, these members will need to obtain a new PA or transition to a different therapy, if appropriate.
- For diagnoses not listed below, prescribers are encouraged to obtain prior authorization for hypertonic saline and submit supporting clinical literature to demonstrate medical necessity.

Covered Hypertonic Saline	NDC	Criteria for Approval
NEBUSAL 3% VIAL	50190014263	Approval Duration: 12 months Patient has a confirmed diagnosis of ONE of the following: <ul style="list-style-type: none">• Cystic fibrosis (ICD-10 group E84)• Bronchiectasis (ICD-10 group J47)• Congenital bronchiectasis (Q33.4)• Acute bronchiolitis (ICD-10 group J21)
SODIUM CHLORIDE 3% VIAL	00378699789	
PULMOSAL 7% VIAL	50190074060	
SODIUM CHLORIDE 7% VIAL	50190014123	
SODIUM CHLORIDE 7% VIAL	83490030760	



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	https://kyportal.medimpact.com/
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KY FFS Contact Information

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