



**DATE:** February 14, 2026

**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network

**FROM:** MedImpact Healthcare Systems

**Subject:** Albuterol HFA and Ventolin HFA PDL Status Change

**Status:** Please be advised, effective **February 14, 2026**, the Department of Medicaid Services (DMS) will be moving all generic albuterol sulfate HFAs to **preferred status** within the *Short-Acting Beta<sub>2</sub> Adrenergic Agonists* Preferred Drug List (PDL) drug class **except NDC 66993-0019-68 (this remains non-preferred)**.

Also note, effective **April 1, 2026**, DMS will be moving brand Ventolin HFA to **non-preferred status** within the *Short-Acting Beta<sub>2</sub> Adrenergic Agonists* Preferred Drug List (PDL) drug class. This agent will then require Prior Authorization for continued use. Providers are encouraged to proactively transition impacted members to the preferred generic product to help prevent any treatment disruption.

### SHORT-ACTING BETA<sub>2</sub> ADRENERGIC AGONISTS

Preferred Agents	Non-Preferred Agents
albuterol sulfate solution <sup>QL</sup>	Airsupra HFA <sup>QL</sup>
terbutaline tablets <sup>QL</sup>	
albuterol sulfate HFA <sup>QL</sup> (effective February 14, 2026)	albuterol sulfate syrup <sup>QL</sup>
	albuterol sulfate ER tablet <sup>QL</sup>
	albuterol sulfate tablet <sup>QL</sup>
	levalbuterol concentrate solution <sup>QL</sup>
	levalbuterol HFA <sup>QL</sup>
	levalbuterol solution <sup>QL</sup>
	ProAir Respiclick <sup>QL</sup>
	Xopenex HFA <sup>QL</sup>
	Ventolin HFA <sup>QL</sup> (effective April 1, 2026)
	albuterol sulfate HFA <sup>QL</sup> (only NDC 66993-0019-68)

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](mailto:KYMFFS@medimpact.com) for Fee for-Service members or at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.



**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**

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