



**DATE:** April 30, 2026

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

**FROM:** MedImpact Healthcare Systems

**Subject: Fluticasone HFA PDL Status Change**

**Status:** Please be advised, effective **May 1, 2026**, the Commonwealth of Kentucky Department for Medicaid Services (DMS) will move generic **fluticasone propionate HFA** to **non-preferred status** within the *Glucocorticoids, Inhaled Preferred Drug List (PDL)* drug class.

- Members with at least one paid claim for fluticasone propionate HFA between January 20, 2026 and April 20, 2026 will have a grandfathered prior authorization through October 31, 2026. Beginning November 1, 2026, these members will need to obtain a new PA or transition to an alternative therapy when appropriate.
- Members who are new starts or have not filled fluticasone propionate HFA since January 20, 2026 will require a prior authorization (PA) starting May 1, 2026.

Preferred Agents	Non-Preferred Agents
Arnuity Ellipta <sup>QL</sup>	Alvesco <sup>QL</sup>
Asmanex HFA <sup>QL</sup>	fluticasone furoate <sup>QL</sup>
Asmanex Twisthaler <sup>QL</sup>	fluticasone propionate Diskus <sup>QL</sup>
budesonide inhalation suspension <sup>AE</sup>	<b>fluticasone propionate HFA <sup>QL</sup></b>
	Pulmicort Respules <sup>QL</sup>
	Qvar Redihaler

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**

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	