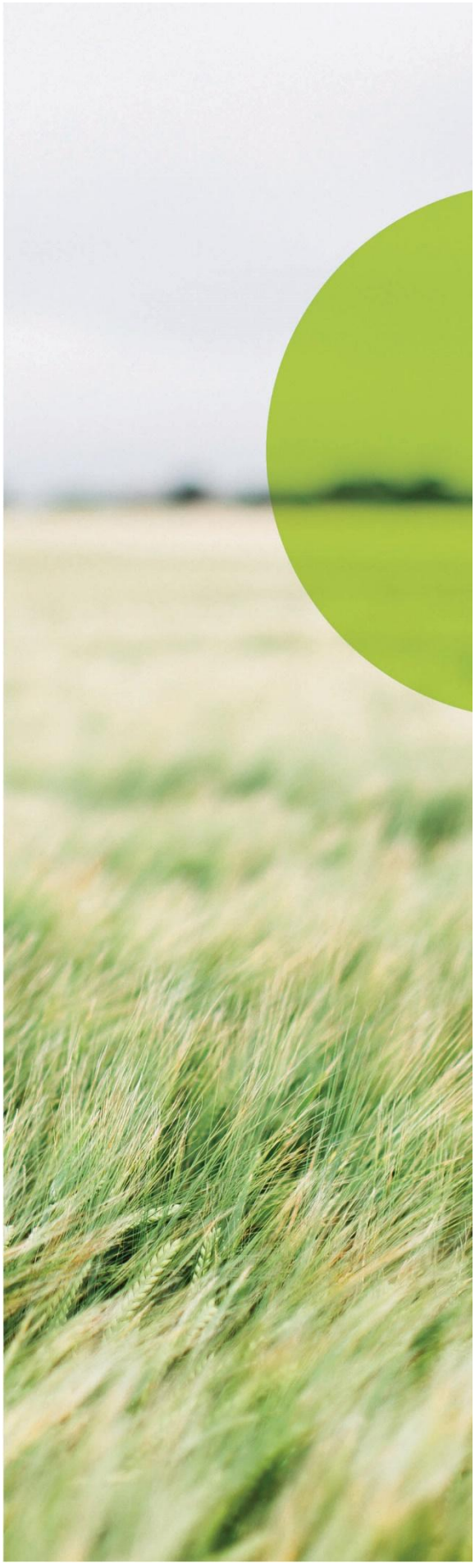
MedImpact Clinical Document

Kentucky Medicaid
Maximum Quantity List

VERSION: NOVEMBER 2026



Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.

Maximum Quantity List

Kentucky Medicaid

Table of Contents

Table of Contents i

MAXIMUM QUANTITY LIST 1
- ANALGESICS 1
- ANTI-INFECTIVE 14
- BLOOD MODIFIERS 19
- CARDIOVASCULAR 23
- CENTRAL NERVOUS SYSTEM 30
- DERMATOLOGICS 74
- DIABETES 75
- ENDOCRINE & METABOLIC AGENTS 83
- GASTROINTESTINAL 86
- IMMUNOLOGIC & GENETIC 91
- OPHTHALMICS 107
- RENAL & GENITOURINARY 108
- RESPIRATORY 110

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

MAXIMUM QUANTITY LIST

Maintenance Drugs: Allow up to a **92-day supply** and **100 units.** Refer to the current PDL at the Kentucky Medicaid pharmacy website: https://kyportal.medimpact.com/

Please note that brand and generic names are provided for convenience and are NOT a guarantee of the availability of a particular product.

Abbreviations		
ADH = Adhesive	INTRAMUSC = Intramuscular	SUBL = Sublingual
AER = Aerosol	IR = Immediate Release	SUPP = Suppository
ASA = Aspirin	LA = Long Acting	SUSER = Suspension Extended Release
BLST = Blister	MP = Multiphase	SUSP = Suspension
BP = Bi-phase	Neb = Nebulizer	SYR = Syringe
CAP = Capsule	ODT = Orally Disintegrating Tablet	TAB = Tablet
CP = Capsule	OINT = Ointment	TABSENSSTR = Tablet Sensor Starter Kit
DR = Delayed Release	PEL = Pellet	TABSENSTPD = Tablet Sensor Therapy Pack
DS PK = Dose Pack	PKT = Packet	TB = Tablet
EFF = Effervescent	POWD = Powder	TD = Transdermal
ER = Extended Release	RAP = Rapid	TDWK = Transdermal Weekly
HD = High Dose	RECON = Reconstitute	W/DEV = With Device
IJ = Injection	RECT = Rectal	
INJCTR, INJCT = Injector	SP = Sprinkle	

ANALGESICS

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTIC AGONIST/ ANTAGONISTS	PENTAZOCINE-NALOXONE HCL ORAL TABLET 50MG-0.5MG	PENTAZOCINE HCL/ NALOXONE HCL	4 PER DAY
NARCOTICS, FENTANYL CITRATE PRODUCTS	FENTANYL CITRATE BUCCAL LOZENGE HD 200 MCG	FENTANYL CITRATE	1 PER DAY
NARCOTICS, FENTANYL CITRATE PRODUCTS	FENTANYL CITRATE BUCCAL TABLET EFF 400 MCG	FENTANYL CITRATE	1 PER DAY
NARCOTICS, FENTANYL CITRATE PRODUCTS	FENTANYL CITRATE BUCCAL TABLET EFF 600 MCG	FENTANYL CITRATE	1 PER DAY
NARCOTICS, FENTANYL CITRATE PRODUCTS	FENTANYL CITRATE BUCCAL TABLET EFF 800 MCG	FENTANYL CITRATE	1 PER DAY
NARCOTICS, FENTANYL CITRATE PRODUCTS	FENTANYL CITRATE BUCCAL LOZENGE HD 1200 MCG	FENTANYL CITRATE	1 PER DAY

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, LONG-ACTING	BUPRENORPHINE TRANSDERM. PATCH TDWK 5 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUPRENORPHINE TRANSDERM. PATCH TDWK 7.5 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUPRENORPHINE TRANSDERM. PATCH TDWK 10 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUPRENORPHINE TRANSDERM. PATCH TDWK 15 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUPRENORPHINE TRANSDERM. PATCH TDWK 20 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUTRANS TRANSDERM. PATCH TDWK 5 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUTRANS TRANSDERM. PATCH TDWK 7.5 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUTRANS TRANSDERM. PATCH TDWK 10 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUTRANS TRANSDERM. PATCH TDWK 15 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BUTRANS TRANSDERM. PATCH TDWK 20 MCG/HR	BUPRENORPHINE	4 PER 28 DAYS
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 75 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 150 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 300 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 450 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 600 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 750 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	BELBUCA BUCCAL FILM 900 MCG	BUPRENORPHINE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 12 MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 25 MCG/HR	FENTANYL	10 PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 37.5MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 50MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 62.5MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 75MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 87.5MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	FENTANYL TRANSDERM. PATCH TD72 100 MCG/HR	FENTANYL	10 PER 30 DAYS
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 20 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 30 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 40 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 60 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 80 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 100 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL TAB ER 24H 120 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 10 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 15 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 20 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 30 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 40 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYDROCODONE BITARTRATE ER ORAL CAP ER 12H 50 MG	HYDROCODONE BITARTRATE	2 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 20 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 30 MG	HYDROCODONE BITARTRATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 40 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 60 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 80 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 100 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYSINGLA ER ORAL TAB ER 24H 120 MG	HYDROCODONE BITARTRATE	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROMORPHONE ER ORAL TAB ER 24H 8 MG	HYDROMORPHONE HCL	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROMORPHONE ER ORAL TAB ER 24H 12 MG	HYDROMORPHONE HCL	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROMORPHONE ER ORAL TAB ER 24H 16 MG	HYDROMORPHONE HCL	1 PER DAY
NARCOTICS, LONG-ACTING	HYDROMORPHONE ER ORAL TAB ER 24H 32 MG	HYDROMORPHONE HCL	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 10 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 20 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 30 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 50 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 60 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 80 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CAP ER PEL 100 MG	MORPHINE SULFATE	2 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 30 MG	MORPHINE SULFATE	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 45 MG	MORPHINE SULFATE	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 60 MG	MORPHINE SULFATE	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 75 MG	MORPHINE SULFATE	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 90 MG	MORPHINE SULFATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL CPMP 24HR 120 MG	MORPHINE SULFATE	1 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL TABLET ER 15 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL TABLET ER 30 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL TABLET ER 60 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL TABLET ER 100 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MORPHINE SULFATE ER ORAL TABLET ER 200 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MS CONTIN ORAL TABLET ER 15 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MS CONTIN ORAL TABLET ER 30 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MS CONTIN ORAL TABLET ER 60 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MS CONTIN ORAL TABLET ER 100 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	MS CONTIN ORAL TABLET ER 200 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, LONG-ACTING	OXYCODONE HCL ER ORAL TAB ER 12H 10 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCODONE HCL ER ORAL TAB ER 12H 20 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCODONE HCL ER ORAL TAB ER 12H 40 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCODONE HCL ER ORAL TAB ER 12H 80 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 10 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 15 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 20 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 30 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 40 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 60 MG	OXYCODONE HCL	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, LONG-ACTING	OXYCONTIN ORAL TAB ER 12H 80 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 5 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 7.5 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 10 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 15 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 20 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 30 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	OXYMORPHONE HCL ER ORAL TAB ER 12H 40 MG	OXYMORPHONE HCL	2 PER DAY
NARCOTICS, LONG-ACTING	TAPENTADOL ER ORAL TABLET 100 MG	TAPENTADOL HCL	2 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL CPBP 25-75 100 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL CPBP 25-75 200 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL CPBP 17-83 300 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TBMP 24HR 100 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TBMP 24HR 200 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TBMP 24HR 300 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TAB ER 24H 100 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TAB ER 24H 200 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	TRAMADOL HCL ER ORAL TAB ER 24H 300 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	CONZIP ORAL CPBP 25-75 100 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	CONZIP ORAL CPBP 25-75 200 MG	TRAMADOL HCL	1 PER DAY
NARCOTICS, LONG-ACTING	CONZIP ORAL CPBP 17-83 300 MG	TRAMADOL HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, SHORT-ACTING	ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12MG/5	ACETAMINOPHEN WITH CODEINE	160 ML PER DAY
NARCOTICS, SHORT-ACTING	ACETAMINOPHEN-CODEINE ORAL SOLUTION 300MG/12.5	ACETAMINOPHEN WITH CODEINE	160 ML PER DAY
NARCOTICS, SHORT-ACTING	ACETAMINOPHEN-CODEINE ORAL TABLET 300MG-15MG	ACETAMINOPHEN WITH CODEINE	12 PER DAY
NARCOTICS, SHORT-ACTING	ACETAMINOPHEN-CODEINE ORAL TABLET 300MG-30MG	ACETAMINOPHEN WITH CODEINE	12 PER DAY
NARCOTICS, SHORT-ACTING	ACETAMINOPHEN-CODEINE ORAL TABLET 300MG-60MG	ACETAMINOPHEN WITH CODEINE	10 PER DAY
NARCOTICS, SHORT-ACTING	ACETAMIN-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30MG	ACETAMINOPHEN/ CAFF/DIHYDROCOD	12 PER DAY
NARCOTICS, SHORT-ACTING	BUTALB-ACETAMINOPH-CAFF-CODEIN ORAL CAPSULE 50-300-30	BUTALBIT/ACETAMIN/ CAFF/CODEINE	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	BUTALB-ACETAMINOPH-CAFF-CODEIN ORAL CAPSULE 50-325-30	BUTALBIT/ACETAMIN/ CAFF/CODEINE	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	FIORICET WITH CODEINE ORAL CAPSULE 50-300-30 MG	BUTALBIT/ACETAMIN/ CAFF/CODEINE	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	CODEINE SULFATE ORAL TABLET 15 MG	CODEINE SULFATE	20 PER DAY
NARCOTICS, SHORT-ACTING	CODEINE SULFATE ORAL TABLET 30 MG	CODEINE SULFATE	20 PER DAY
NARCOTICS, SHORT-ACTING	CODEINE SULFATE ORAL TABLET 60 MG	CODEINE SULFATE	10 PER DAY
NARCOTICS, SHORT-ACTING	BUTALBITAL COMPOUND-CODEINE ORAL CAPSULE 30-50-325	CODEINE/BUTALBITAL/ ASA/CAFFEIN	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325	CODEINE/BUTALBITAL/ ASA/CAFFEIN	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	ASA-BUTALB-CAFFEINE-CODEINE ORAL CAPSULE 30-50-325	CODEINE/BUTALBITAL/ ASA/CAFFEIN	30 PER 30 DAYS
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325/15	HYDROCODONE/ ACETAMINOPHEN	180 ML PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300/15	HYDROCODONE/ ACETAMINOPHEN	90 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-325/15	HYDROCODONE/ ACETAMINOPHEN	90 ML PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 5-217MG/10	HYDROCODONE/ ACETAMINOPHEN	180 ML PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 2.5-108/5	HYDROCODONE/ ACETAMINOPHEN	180 ML PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 2.5 MG-325MG	HYDROCODONE/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 5 MG-325MG	HYDROCODONE/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 7.5-325 MG	HYDROCODONE/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10MG-325MG	HYDROCODONE/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 5 MG-300MG	HYDROCODONE/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	HYDROCODONE/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10MG-300MG	HYDROCODONE/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-IBUPROFEN ORAL TABLET 7.5-200 MG	HYDROCODONE/ IBUPROFEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-IBUPROFEN ORAL TABLET 10MG-200MG	HYDROCODONE/ IBUPROFEN	8 PER DAY
NARCOTICS, SHORT-ACTING	HYDROCODONE-IBUPROFEN ORAL TABLET 5MG-200MG	HYDROCODONE/ IBUPROFEN	12 PER DAY
NARCOTICS, SHORT-ACTING	HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML	HYDROMORPHONE HCL	20 ML PER DAY
NARCOTICS, SHORT-ACTING	HYDROMORPHONE HCL ORAL TABLET 2 MG	HYDROMORPHONE HCL	10 PER DAY
NARCOTICS, SHORT-ACTING	HYDROMORPHONE HCL ORAL TABLET 4 MG	HYDROMORPHONE HCL	5 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, SHORT-ACTING	HYDROMORPHONE HCL RECTAL SUPP.RECT 3 MG	HYDROMORPHONE HCL	6 PER DAY
NARCOTICS, SHORT-ACTING	DILAUDID ORAL TABLET 2 MG	HYDROMORPHONE HCL	10 PER DAY
NARCOTICS, SHORT-ACTING	DILAUDID ORAL TABLET 4 MG	HYDROMORPHONE HCL	5 PER DAY
NARCOTICS, SHORT-ACTING	DILAUDID ORAL LIQUID 1 MG/ML	HYDROMORPHONE HCL	20 ML PER DAY
NARCOTICS, SHORT-ACTING	LEVORPHANOL TARTRATE ORAL TABLET 2 MG	LEVORPHANOL TARTRATE	4 PER DAY
NARCOTICS, SHORT-ACTING	LEVORPHANOL TARTRATE ORAL TABLET 3 MG	LEVORPHANOL TARTRATE	3 PER DAY
NARCOTICS, SHORT-ACTING	MEPERIDINE HCL ORAL SOLUTION 50 MG/5 ML	MEPERIDINE HCL	90 ML PER DAY
NARCOTICS, SHORT-ACTING	MEPERIDINE HCL ORAL TABLET 50 MG	MEPERIDINE HCL	18 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE ORAL TABLET 15 MG	MORPHINE SULFATE	6 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE ORAL TABLET 30 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE ORAL SOLUTION 10 MG/5 ML	MORPHINE SULFATE	45 ML PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE ORAL SOLUTION 20 MG/5 ML	MORPHINE SULFATE	22.5 ML PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE RECTAL SUPP.RECT 5 MG	MORPHINE SULFATE	8 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE RECTAL SUPP.RECT 10 MG	MORPHINE SULFATE	8 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE RECTAL SUPP.RECT 20 MG	MORPHINE SULFATE	4 PER DAY
NARCOTICS, SHORT-ACTING	MORPHINE SULFATE RECTAL SUPP.RECT 30 MG	MORPHINE SULFATE	3 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE HCL ORAL SOLUTION 5 MG/5 ML	OXYCODONE HCL	60 ML PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE HCL ORAL TABLET 5 MG	OXYCODONE HCL	12 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE HCL ORAL TABLET 10 MG	OXYCODONE HCL	6 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE HCL ORAL TABLET 15 MG	OXYCODONE HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE HCL ORAL CAPSULE 5 MG	OXYCODONE HCL	12 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, SHORT-ACTING	ROXICODONE ORAL TABLET 15 MG	OXYCODONE HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	ROXYBOND ORAL TABLET ORL 5 MG	OXYCODONE HCL	12 PER DAY
NARCOTICS, SHORT-ACTING	ROXYBOND ORAL TABLET ORL 10 MG	OXYCODONE HCL	6 PER DAY
NARCOTICS, SHORT-ACTING	ROXYBOND ORAL TABLET ORL 15 MG	OXYCODONE HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	ROXYBOND ORAL TABLET ORL 30 MG	OXYCODONE HCL	2 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-325 MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE-ACETAMINOPHEN ORAL TABLET 5 MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-325 MG	OXYCODONE HCL/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	6 PER DAY
NARCOTICS, SHORT-ACTING	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325/5 ML	OXYCODONE HCL/ ACETAMINOPHEN	60 ML PER DAY
NARCOTICS, SHORT-ACTING	ENDOCET ORAL TABLET 5 MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	ENDOCET ORAL TABLET 7.5-325 MG	OXYCODONE HCL/ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	ENDOCET ORAL TABLET 10MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	6 PER DAY
NARCOTICS, SHORT-ACTING	PERCOCET ORAL TABLET 2.5-325 MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	PERCOCET ORAL TABLET 5 MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	PERCOCET ORAL TABLET 7.5-325 MG	OXYCODONE HCL/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	PERCOCET ORAL TABLET 10MG-325MG	OXYCODONE HCL/ ACETAMINOPHEN	6 PER DAY
NARCOTICS, SHORT-ACTING	NALOCET ORAL TABLET 2.5-300 MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	PROLATE ORAL SOLUTION 10-300MG/5	OXYCODONE HCL/ ACETAMINOPHEN	30 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NARCOTICS, SHORT-ACTING	PROLATE ORAL TABLET 5 MG-300MG	OXYCODONE HCL/ ACETAMINOPHEN	12 PER DAY
NARCOTICS, SHORT-ACTING	PROLATE ORAL TABLET 7.5-300 MG	OXYCODONE HCL/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	PROLATE ORAL TABLET 10MG-300MG	OXYCODONE HCL/ ACETAMINOPHEN	6 PER DAY
NARCOTICS, SHORT-ACTING	OXYMORPHONE HCL ORAL TABLET 5 MG	OXYMORPHONE HCL	6 PER DAY
NARCOTICS, SHORT-ACTING	OXYMORPHONE HCL ORAL TABLET 10 MG	OXYMORPHONE HCL	3 PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL ORAL TABLET 25 MG	TRAMADOL HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL ORAL TABLET 50 MG	TRAMADOL HCL	8 PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL ORAL TABLET 75 MG	TRAMADOL HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL ORAL TABLET 100 MG	TRAMADOL HCL	4 PER DAY
NARCOTICS, SHORT-ACTING	QDOLO ORAL SOLUTION 5 MG/ML	TRAMADOL HCL	80 ML PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL ORAL SOLUTION 5 MG/ML	TRAMADOL HCL	80 ML PER DAY
NARCOTICS, SHORT-ACTING	TRAMADOL HCL-ACETAMINOPHEN ORAL TABLET 37.5-325MG	TRAMADOL HCL/ ACETAMINOPHEN	8 PER DAY
NARCOTICS, SHORT-ACTING	SEGLENTIS ORAL TABLET 44 MG-56MG	TRAMADOL HCL/ CELECOXIB	4 PER DAY
NSAIDS	CELEBREX ORAL CAPSULE 50 MG	CELECOXIB	2 PER DAY
NSAIDS	CELEBREX ORAL CAPSULE 100 MG	CELECOXIB	2 PER DAY
NSAIDS	CELEBREX ORAL CAPSULE 200 MG	CELECOXIB	2 PER DAY
NSAIDS	CELEBREX ORAL CAPSULE 400 MG	CELECOXIB	1 PER DAY
NSAIDS	CELECOXIB ORAL CAPSULE 50 MG	CELECOXIB	2 PER DAY
NSAIDS	CELECOXIB ORAL CAPSULE 100 MG	CELECOXIB	2 PER DAY
NSAIDS	CELECOXIB ORAL CAPSULE 200 MG	CELECOXIB	2 PER DAY
NSAIDS	CELECOXIB ORAL CAPSULE 400 MG	CELECOXIB	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NSAIDS	ELYXYB ORAL SOLUTION 120 MG/4.8 ML	CELECOXIB	2 ML PER DAY
NSAIDS	DOLOBID ORAL TABLET 250 MG	DIFLUNISAL	3 PER DAY
NSAIDS	DOLOBID ORAL TABLET 375 MG	DIFLUNISAL	2 PER DAY
NSAIDS	INDOMETHACIN ORAL SUSP 25 MG/5 ML	INDOMETHACIN	40 ML PER DAY
NSAIDS	KETOPROFEN ORAL CAPSULE 75 MG	KETOPROFEN	4 PER DAY
NSAIDS	MELOXICAM ORAL CAPSULE 5 MG	MELOXICAM, SUBMICRONIZED	1 PER DAY
NSAIDS	MELOXICAM ORAL CAPSULE 10 MG	MELOXICAM, SUBMICRONIZED	1 PER DAY
NSAIDS	ORUDIS ORAL CAPSULE 75 MG	KETOPROFEN	4 PER DAY
NSAIDS	VYSCOXA ORAL SUSP 10 MG/ML	CELECOXIB	40 ML PER DAY
NSAIDS	VIMOVO ORAL TAB IR DR 375MG-20MG	NAPROXEN/ ESOMEPRAZOLE MAG	2 PER DAY
NSAIDS	VIMOVO ORAL TAB IR DR 500MG-20MG	NAPROXEN/ ESOMEPRAZOLE MAG	2 PER DAY
NSAIDS	NAPROXEN-ESOMEPRAZOLE MAG ORAL TAB IR DR 375MG-20MG	NAPROXEN/ ESOMEPRAZOLE MAG	2 PER DAY
NSAIDS	NAPROXEN-ESOMEPRAZOLE MAG ORAL TAB IR DR 500MG-20MG	NAPROXEN/ ESOMEPRAZOLE MAG	2 PER DAY
NSAIDS	TOLECTIN DS ORAL CAPSULE 400 MG	TOLMETIN SODIUM	4 PER DAY
NSAIDS	TOLECTIN ORAL TABLET 200 MG	TOLMETIN SODIUM	9 PER DAY
NSAIDS	TOLECTIN 600 ORAL TABLET	TOLMETIN SODIUM	3 PER DAY
NSAIDS	TOLMETIN SODIUM ORAL CAPSULE 400 MG	TOLMETIN SODIUM	4 PER DAY
NSAIDS	TOLMETIN SODIUM ORAL TABLET 600 MG	TOLMETIN SODIUM	3 PER DAY
NSAIDS	TOLMETIN SODIUM ORAL TABLET 200 MG	TOLMETIN SODIUM	9 PER DAY
NSAIDS	ZYBIC ORAL SUSP 7.5 MG/5ML	MELOXICAM	10 PER DAY
OPIATE DEPENDENCE TREATMENTS	SUBLOCADE SUBCUTANE. SOLER SYR 100 MG/0.5 ML	BUPRENORPHINE	1 SYRINGE PER 28 DAYS
OPIATE DEPENDENCE TREATMENTS	SUBLOCADE SUBCUTANE. SOLER SYR 300 MG/1.5 ML	BUPRENORPHINE	1 SYRINGE PER 7 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE HCL SUBLINGUAL TAB SUBL 2 MG	BUPRENORPHINE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE HCL SUBLINGUAL TAB SUBL 8 MG	BUPRENORPHINE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL TAB SUBL 2 MG-0.5MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL TAB SUBL 8 MG-2 MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL FILM 2 MG-0.5MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL FILM 4MG-1MG	BUPRENORPHINE HCL/NALOXONE HCL	2 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL FILM 8 MG-2 MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	BUPRENORPHINE-NALOXONE SUBLINGUAL FILM 12 MG-3 MG	BUPRENORPHINE HCL/NALOXONE HCL	2 PER DAY
OPIATE DEPENDENCE TREATMENTS	SUBOXONE SUBLINGUAL FILM 2 MG-0.5MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	SUBOXONE SUBLINGUAL FILM 4MG-1MG	BUPRENORPHINE HCL/NALOXONE HCL	2 PER DAY
OPIATE DEPENDENCE TREATMENTS	SUBOXONE SUBLINGUAL FILM 8 MG-2 MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	SUBOXONE SUBLINGUAL FILM 12 MG-3 MG	BUPRENORPHINE HCL/NALOXONE HCL	2 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 11.4-2.9MG	BUPRENORPHINE HCL/NALOXONE HCL	1 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 0.7-0.18MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 1.4-0.36MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 2.9-0.71MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 5.7-1.4 MG	BUPRENORPHINE HCL/NALOXONE HCL	3 PER DAY
OPIATE DEPENDENCE TREATMENTS	ZUBSOLV SUBLINGUAL TAB SUBL 8.6-2.1 MG	BUPRENORPHINE HCL/NALOXONE HCL	2 PER DAY
OPIATE DEPENDENCE TREATMENTS	LUCEMYRA ORAL TABLET 0.18 MG	LOFEXIDINE HCL	16 TABS/DAY; 896 TABS/YEAR; 4 COURSES/YR

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Drug Class	Label Name	Generic Name	Quantity Limit
OPIATE DEPENDENCE TREATMENTS	LOFEXIDINE HCL ORAL TABLET 0.18 MG	LOFEXIDINE HCL	16 TABS/DAY; 896 TABS/YEAR; 4 COURSES/YR

ANTI-INFECTIVE

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIBIOTICS, GASTROINTESTINAL	VOWST ORAL CAPSULE	FECAL MICROBIO SPORE,LIVE-BRPK	4 PER DAY; 3 DAY SUPPLY
ANTIBIOTICS, GASTROINTESTINAL	DIFICID ORAL TABLET 200 MG	FIDAXOMICIN	2 PER DAY
ANTIBIOTICS, GASTROINTESTINAL	DIFICID ORAL SUSP RECON 40 MG/ML	FIDAXOMICIN	10 ML PER DAY
ANTIBIOTICS, GASTROINTESTINAL	FIDAXOMICIN ORAL TABLET 200 MG	FIDAXOMICIN	2 PER DAY
ANTIBIOTICS, GASTROINTESTINAL	SOLOSEC ORAL GRANDR PKT 2 G	SECNIDAZOLE	1 PER FILL
ANTIFUNGALS, ORAL	FULVICIN P-G ORAL TABLET 165 MG	GRISEOFULVIN ULTRAMICROSIZE	2 PER DAY; QVT 56/182
ANTIFUNGALS, ORAL	ITRACONAZOLE ORAL CAPSULE 100 MG	ITRACONAZOLE	4 PER DAY
ANTIFUNGALS, ORAL	SPORANOX ORAL CAPSULE 100 MG	ITRACONAZOLE	4 PER DAY
ANTIFUNGALS, ORAL	VIVJOA ORAL CAPSULE 150 MG	OTESECONAZOLE	18 PER FILL
HEPATITIS B AGENTS	VEMLIDY ORAL TABLET 25 MG	TENOFOVIR ALAFENAMIDE	1 PER DAY
HEPATITIS C AGENTS	ZEPATIER ORAL TABLET 50MG-100MG	ELBASVIR/ GRAZOPREVIR	1 PER DAY
HEPATITIS C AGENTS	MAVYRET ORAL PELET PACK 50 MG-20MG	GLECAPREVIR/ PIBRENTASVIR	6 PER DAY
HEPATITIS C AGENTS	MAVYRET ORAL TABLET 100MG-40MG	GLECAPREVIR/ PIBRENTASVIR	3 PER DAY
HEPATITIS C AGENTS	HARVONI ORAL TABLET 45MG-200MG	LEDIPASVIR/ SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	HARVONI ORAL TABLET 90MG-400MG	LEDIPASVIR/ SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	HARVONI ORAL PELET PACK 33.75-150MG	LEDIPASVIR/ SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	HARVONI ORAL PELET PACK 45MG-200MG	LEDIPASVIR/ SOFOSBUVIR	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
HEPATITIS C AGENTS	LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90MG-400MG	LEDIPASVIR/ SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	VIEKIRA PAK ORAL TAB DS PK 12.5-75-50	OMBITA/PARITAP/ RITON/DASABUVIR	4 PER DAY
HEPATITIS C AGENTS	PEGASYS SUBCUTANE. VIAL 180MCG/ML	PEGINTERFERON ALFA-2A	4 ML PER 28 DAYS
HEPATITIS C AGENTS	PEGASYS SUBCUTANE. SYRINGE 180MCG/0.5 ML	PEGINTERFERON ALFA-2A	2 ML PER 28 DAYS
HEPATITIS C AGENTS	SOVALDI ORAL TABLET 400 MG	SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	SOVALDI ORAL TABLET 200 MG	SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	SOVALDI ORAL PELLET PACK 150 MG	SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	SOVALDI ORAL PELLET PACK 200 MG	SOFOSBUVIR	1 PER DAY
HEPATITIS C AGENTS	VOSEVI ORAL TABLET 400-100 MG	SOFOSBUVIR/VELPATAS/VOXILAPREV	1 PER DAY
HEPATITIS C AGENTS	EPCLUSA ORAL TABLET 400-100 MG	SOFOSBUVIR/ VELPATASVIR	1 PER DAY
HEPATITIS C AGENTS	EPCLUSA ORAL TABLET 200MG-50MG	SOFOSBUVIR/ VELPATASVIR	1 PER DAY
HEPATITIS C AGENTS	EPCLUSA ORAL PELLET PACK 200MG-50MG	SOFOSBUVIR/ VELPATASVIR	1 PER DAY
HEPATITIS C AGENTS	EPCLUSA ORAL PELLET PACK 150-37.5MG	SOFOSBUVIR/ VELPATASVIR	1 PER DAY
HEPATITIS C AGENTS	SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	SOFOSBUVIR/ VELPATASVIR	1 PER DAY
HIV/AIDS	ABACAVIR ORAL TABLET 300 MG	ABACAVIR SULFATE	2 PER DAY
HIV/AIDS	ABACAVIR ORAL SOLUTION 20 MG/ML	ABACAVIR SULFATE	30 ML PER DAY
HIV/AIDS	ZIAGEN ORAL TABLET 300 MG	ABACAVIR SULFATE	2 PER DAY
HIV/AIDS	ZIAGEN ORAL SOLUTION 20 MG/ML	ABACAVIR SULFATE	30 ML PER DAY
HIV/AIDS	TRIUMEQ ORAL TABLET 600-50-300	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	1 PER DAY
HIV/AIDS	REYATAZ ORAL CAPSULE 200 MG	ATAZANAVIR SULFATE	2 PER DAY
HIV/AIDS	REYATAZ ORAL CAPSULE 300 MG	ATAZANAVIR SULFATE	1 PER DAY
HIV/AIDS	ATAZANAVIR SULFATE ORAL CAPSULE 150 MG	ATAZANAVIR SULFATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
HIV/AIDS	ATAZANAVIR SULFATE ORAL CAPSULE 200 MG	ATAZANAVIR SULFATE	2 PER DAY
HIV/AIDS	ATAZANAVIR SULFATE ORAL CAPSULE 300 MG	ATAZANAVIR SULFATE	1 PER DAY
HIV/AIDS	EVOTAZ ORAL TABLET 300-150 MG	ATAZANAVIR SULFATE/COBICISTAT	1 PER DAY
HIV/AIDS	BIXLENVO ORAL TABLET 75-50 MG	BICTEGRAVIR/LENACAPAVIR	1 PER DAY
HIV/AIDS	BIKTARVY ORAL TABLET 30-120-15	BICTEGRAV/EMTRICIT/TENOFOV ALA	1 PER DAY
HIV/AIDS	BIKTARVY ORAL TABLET 50-200-25	BICTEGRAV/EMTRICIT/TENOFOV ALA	1 PER DAY
HIV/AIDS	VOCABRIA ORAL TABLET 30 MG	CABOTEGRAVIR SODIUM	1 PER DAY
HIV/AIDS	SYMTUZA ORAL TABLET 800-150 MG	DARUNAVIR/COB/EMTRI/TENOF ALAF	1 PER DAY
HIV/AIDS	PREZCOBIX ORAL TABLET 800-150 MG	DARUNAVIR/COBICISTAT	1 PER DAY
HIV/AIDS	TIVICAY ORAL TABLET 10 MG	DOLUTEGRAVIR SODIUM	1 PER DAY
HIV/AIDS	TIVICAY ORAL TABLET 25 MG	DOLUTEGRAVIR SODIUM	1 PER DAY
HIV/AIDS	TIVICAY ORAL TABLET 50 MG	DOLUTEGRAVIR SODIUM	2 PER DAY
HIV/AIDS	DOVATO ORAL TABLET 50MG-300MG	DOLUTEGRAVIR SODIUM/LAMIVUDINE	1 PER DAY
HIV/AIDS	JULUCA ORAL TABLET 50 MG-25MG	DOLUTEGRAVIR/RILPIVIRINE	1 PER DAY
HIV/AIDS	PIFELTRO ORAL TABLET 100 MG	DORAVIRINE	1 PER DAY
HIV/AIDS	IDVYNSO ORAL TABLET 100 MG-0.25 MG	DORAVIRINE/ISLATRAVIR	1 PER DAY
HIV/AIDS	DELSTRIGO ORAL TABLET 100-300 MG	DORAVIRINE/LAMIVU/TENOFOV DISO	1 PER DAY
HIV/AIDS	EFAVIRENZ-LAMIVU-TENOFOV DISOP ORAL TABLET 600-300 MG	EFAVIRENZ/LAMIVU/TENOFOV DISOP	1 PER DAY
HIV/AIDS	EFAVIRENZ-LAMIVU-TENOFOV DISOP ORAL TABLET 400-300 MG	EFAVIRENZ/LAMIVU/TENOFOV DISOP	1 PER DAY
HIV/AIDS	SYMFI ORAL TABLET 600-300 MG	EFAVIRENZ/LAMIVU/TENOFOV DISOP	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
HIV/AIDS	GENVOYA ORAL TABLET 150-200-10	ELVITEG/COB/EMTRI/ TENOF ALAFEN	1 PER DAY
HIV/AIDS	STRIBILD ORAL TABLET 150-200 MG	ELVITEG/COB/EMTRI/ TENOFO DISOP	1 PER DAY
HIV/AIDS	COMPLERA ORAL TABLET 200-25-300	EMTRICITA/ RILPIVIRINE/TENOF DF	1 PER DAY
HIV/AIDS	EMTRICITABINE-RILPIVIRNE-TENOF DISOP ORAL TABLET 200-25-300	EMTRICITA/ RILPIVIRINE/TENOF DF	1 PER DAY
HIV/AIDS	ODEFSEY ORAL TABLET 200-25-25	EMTRICITAB/ RILPIVIRI/TENOF ALA	1 PER DAY
HIV/AIDS	EMTRIVA ORAL CAPSULE 200 MG	EMTRICITABINE	1 PER DAY
HIV/AIDS	EMTRIVA ORAL SOLUTION 10 MG/ML	EMTRICITABINE	24 ML PER DAY
HIV/AIDS	EMTRICITABINE ORAL CAPSULE 200 MG	EMTRICITABINE	1 PER DAY
HIV/AIDS	DESCOVY ORAL TABLET 200MG-25MG	EMTRICITABINE/ TENOFOV ALAFENAM	1 PER DAY
HIV/AIDS	DESCOVY ORAL TABLET 120MG-15MG	EMTRICITABINE/ TENOFOV ALAFENAM	1 PER DAY
HIV/AIDS	EMTRICITABINE-TENOFOVIR DISOP ORAL TABLET 200-300 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	TRUVADA ORAL TABLET 100-150 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	TRUVADA ORAL TABLET 133-200 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	TRUVADA ORAL TABLET 167-250 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	TRUVADA ORAL TABLET 200-300 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	EMTRICITABINE-TENOFOVIR DISOP ORAL TABLET 100-150 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	EMTRICITABINE-TENOFOVIR DISOP ORAL TABLET 133-200 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	EMTRICITABINE-TENOFOVIR DISOP ORAL TABLET 167-250 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY
HIV/AIDS	EMTRICITABINE-TENOFOVIR DISOP ORAL TABLET 200-300 MG	EMTRICITABINE/ TENOFOVIR (TDF)	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
HIV/AIDS	RUKOBIA ORAL TAB ER 12H 600 MG	FOSTEMSAVIR TROMETHAMINE	2 PER DAY
HIV/AIDS	EPIVIR ORAL TABLET 150 MG	LAMIVUDINE	2 PER DAY
HIV/AIDS	EPIVIR ORAL TABLET 300 MG	LAMIVUDINE	1 PER DAY
HIV/AIDS	EPIVIR ORAL SOLUTION 10 MG/ML	LAMIVUDINE	30 ML PER DAY
HIV/AIDS	LAMIVUDINE ORAL TABLET 150 MG	LAMIVUDINE	2 PER DAY
HIV/AIDS	LAMIVUDINE ORAL TABLET 300 MG	LAMIVUDINE	1 PER DAY
HIV/AIDS	LAMIVUDINE ORAL SOLUTION 10 MG/ML	LAMIVUDINE	30 ML PER DAY
HIV/AIDS	YEZTUGO ORAL TABLET 300 MG	LENACAPAVIR SODIUM	4 PER FILL; 8 PER YEAR
HIV/AIDS	CIMDUO ORAL TABLET 300-300 MG	LAMIVUDINE/TENOFOVIR DISOP FUM	1 PER DAY
HIV/AIDS	SUNLENCA ORAL TABLET 300 MG	LENACAPAVIR SODIUM	5 PER FILL
HIV/AIDS	NEVIRAPINE ORAL TABLET 200 MG	NEVIRAPINE	2 PER DAY
HIV/AIDS	NEVIRAPINE ER ORAL TAB ER 24H 100 MG	NEVIRAPINE	3 PER DAY
HIV/AIDS	NEVIRAPINE ER ORAL TAB ER 24H 400 MG	NEVIRAPINE	1 PER DAY
HIV/AIDS	NEVIRAPINE ORAL SUSP 50 MG/5 ML	NEVIRAPINE	40 ML PER DAY
HIV/AIDS	STAVUDINE ORAL CAPSULE 40 MG	STAVUDINE	2 PER DAY
HIV/AIDS	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG	TENOFOVIR DISOPROXIL FUMARATE	1 PER DAY
HIV/AIDS	VIREAD ORAL TABLET 150 MG	TENOFOVIR DISOPROXIL FUMARATE	1 PER DAY
HIV/AIDS	VIREAD ORAL TABLET 200 MG	TENOFOVIR DISOPROXIL FUMARATE	1 PER DAY
HIV/AIDS	VIREAD ORAL TABLET 250 MG	TENOFOVIR DISOPROXIL FUMARATE	1 PER DAY
HIV/AIDS	VIREAD ORAL TABLET 300 MG	TENOFOVIR DISOPROXIL FUMARATE	1 PER DAY
ORAL ANTIVIRALS, INFLUENZA	XOFLUZA ORAL TABLET 40 MG	BALOXAVIR MARBOXIL	1 PER FILL
ORAL ANTIVIRALS, INFLUENZA	XOFLUZA ORAL TABLET 80 MG	BALOXAVIR MARBOXIL	1 PER FILL

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ORAL ANTIVIRALS, INFLUENZA	TAMIFLU ORAL CAPSULE 30 MG	OSELTAMIVIR PHOSPHATE	4 PER DAY
ORAL ANTIVIRALS, INFLUENZA	TAMIFLU ORAL CAPSULE 45 MG	OSELTAMIVIR PHOSPHATE	2 PER DAY
ORAL ANTIVIRALS, INFLUENZA	TAMIFLU ORAL CAPSULE 75 MG	OSELTAMIVIR PHOSPHATE	2 PER DAY
ORAL ANTIVIRALS, INFLUENZA	TAMIFLU ORAL SUSP RECON 6 MG/ML	OSELTAMIVIR PHOSPHATE	36 ML PER DAY
ORAL ANTIVIRALS, INFLUENZA	OSELTAMIVIR PHOSPHATE ORAL SUSP RECON 6 MG/ML	OSELTAMIVIR PHOSPHATE	36 ML PER DAY
ORAL ANTIVIRALS, INFLUENZA	OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG	OSELTAMIVIR PHOSPHATE	4 PER DAY
ORAL ANTIVIRALS, INFLUENZA	OSELTAMIVIR PHOSPHATE ORAL CAPSULE 45 MG	OSELTAMIVIR PHOSPHATE	2 PER DAY
ORAL ANTIVIRALS, INFLUENZA	OSELTAMIVIR PHOSPHATE ORAL CAPSULE 75 MG	OSELTAMIVIR PHOSPHATE	2 PER DAY
TOPICAL ANTIVIRAL AGENTS	ZELSUVMI TOPICAL GEL 10.3%	BERDAZIMER SODIUM	1 KIT (31 G) PER MONTH
OXAZOLIDINONES	ZYVOX ORAL SUSP RECON 100 MG/5ML	LINEZOLID	60 ML PER DAY
OXAZOLIDINONES	ZYVOX ORAL TABLET 600 MG	LINEZOLID	2 PER DAY
OXAZOLIDINONES	LINEZOLID ORAL SUSP RECON 100 MG/5ML	LINEZOLID	60 ML PER DAY
OXAZOLIDINONES	LINEZOLID ORAL TABLET 600 MG	LINEZOLID	2 PER DAY
OXAZOLIDINONES	SIVEXTRO ORAL TABLET 200 MG	TEDIZOLID PHOSPHATE	1 PER DAY
QUINOLONES	BAXDELA ORAL TABLET 450 MG	DELAFLOXACIN MEGLUMINE	2 PER DAY
TETRACYCLINES	NUZYRA ORAL TABLET 150 MG	OMADACYCLINE TOSYLATE	2 PER DAY

BLOOD MODIFIERS

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICOAGULANTS	ELIQUIS ORAL TAB SUSP 0.5 MG	APIXABAN	32 PER DAY
ANTICOAGULANTS	ELIQUIS ORAL TAB SUSP 1.5 MG	APIXABAN	32 PER DAY
ANTICOAGULANTS	ELIQUIS ORAL TAB SUSP 2 MG	APIXABAN	32 PER DAY
ANTICOAGULANTS	ELIQUIS ORAL CAP SPRINK 0.15 MG	APIXABAN	4 PER DAY
ANTIHYPERURICEMICS	ULORIC ORAL TABLET 40 MG	FEBUXOSTAT	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIHYPERURICEMICS	ULORIC ORAL TABLET 80 MG	FEBUXOSTAT	1 PER DAY
ANTIHYPERURICEMICS	FEBUXOSTAT ORAL TABLET 40 MG	FEBUXOSTAT	1 PER DAY
ANTIHYPERURICEMICS	FEBUXOSTAT ORAL TABLET 80 MG	FEBUXOSTAT	1 PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NEUPOGEN INJECTION SYRINGE 300MCG/0.5ML	FILGRASTIM	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NEUPOGEN INJECTION SYRINGE 480MCG/0.8ML	FILGRASTIM	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NEUPOGEN INJECTION VIAL 300 MCG/ML	FILGRASTIM	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NEUPOGEN INJECTION VIAL 480MCG/1.6ML	FILGRASTIM	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NIVESTYM SUBCUTANE. SYRINGE 300MCG/0.5ML	FILGRASTIM-AAFI	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NIVESTYM SUBCUTANE. SYRINGE 480MCG/0.8ML	FILGRASTIM-AAFI	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NIVESTYM INJECTION VIAL 300 MCG/ML	FILGRASTIM-AAFI	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	NIVESTYM INJECTION VIAL 480MCG/1.6ML	FILGRASTIM-AAFI	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	RELEUKO SUBCUTANE. SYRINGE 300MCG/0.5ML	FILGRASTIM-AYOW	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	RELEUKO INJECTION VIAL 300 MCG/ML	FILGRASTIM-AYOW	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	RELEUKO SUBCUTANE. SYRINGE 480MCG/0.8ML	FILGRASTIM-AYOW	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	RELEUKO INJECTION VIAL 480MCG/1.6ML	FILGRASTIM-AYOW	8 ML PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	ZARXIO INJECTION SYRINGE 300MCG/0.5ML	FILGRASTIM-SNDZ	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	ZARXIO INJECTION SYRINGE 480MCG/0.8ML	FILGRASTIM-SNDZ	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	LEUKINE INJECTION VIAL 250 MCG	SARGRAMOSTIM	3 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
COLONY STIMULATING FACTORS: SHORT-ACTING	GRANIX SUBCUTANE. SYRINGE 300MCG/0.5ML	TBO-FILGRASTIM	2 SYRINGES PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	GRANIX SUBCUTANE. SYRINGE 480MCG/0.8ML	TBO-FILGRASTIM	2 PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	GRANIX SUBCUTANE. VIAL 300 MCG/ML	TBO-FILGRASTIM	2 PER DAY
COLONY STIMULATING FACTORS: SHORT-ACTING	GRANIX SUBCUTANE. VIAL 480MCG/1.6ML	TBO-FILGRASTIM	2 PER DAY
COLONY STIMULATING FACTORS: LONG-ACTING	ARMLUPEG SUBCUTANE. SYRINGE 6 MG/0.6 ML	PEGFILGRASTIM-UNNE	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	ROLVEDON SUBCUTANE. SYRINGE 13.2MG/0.6 ML	EFLAPEGRASTIM-XNST	1 SYRINGE PER 14 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	RYZNEUTA SUBCUTANE. SYRINGE 20 MG/ML	EFBEMALENOGRASTIM ALFA-VUXW	1 SYRINGE PER 14 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	NEULASTA SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	NEULASTA ONPRO SUBCUTANE. SYR W/ INJ 6 MG/0.6ML	PEGFILGRASTIM	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	NYVEPRIA SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-APGF	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	ZIEXTENZO SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-BMEZ	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	UDENYCA SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-CBQV	1 SYRINGE PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	UDENYCA AUTOINJECTOR SUBCUTANE. AUTO INJCT 6 MG/0.6ML	PEGFILGRASTIM-CBQV	1 PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	UDENYCA ONBODY SUBCUTANE. SYR W/INJ 6 MG/0.6ML	PEGFILGRASTIM-CBQV	1 PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	STIMUFEND SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-FPGK	1 PER 21 DAYS
COLONY STIMULATING FACTORS: LONG-ACTING	FULPHILA SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-JMDB	1 PER 21 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
COLONY STIMULATING FACTORS: LONG-ACTING	FYLNETRA SUBCUTANE. SYRINGE 6 MG/0.6ML	PEGFILGRASTIM-PBBK	1 PER 21 DAYS
ERYTHROPOIESIS STIMULATING AGENTS	JESDUVROQ ORAL TABLET 1 MG	DAPRODUSTAT	1 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	JESDUVROQ ORAL TABLET 2 MG	DAPRODUSTAT	1 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	JESDUVROQ ORAL TABLET 4 MG	DAPRODUSTAT	1 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	JESDUVROQ ORAL TABLET 6 MG	DAPRODUSTAT	2 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	JESDUVROQ ORAL TABLET 8 MG	DAPRODUSTAT	3 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	VAFSEO ORAL TABLET 150 MG	VADADUSTAT	4 PER DAY
ERYTHROPOIESIS STIMULATING AGENTS	VAFSEO ORAL TABLET 300 MG	VADADUSTAT	2 PER DAY
PHOSPHATE BINDERS	XPHOZAH ORAL TABLET 20MG	TENAPANOR HCL	2 PER DAY
PHOSPHATE BINDERS	XPHOZAH ORAL TABLET 30MG	TENAPANOR HCL	2 PER DAY
SICKLE CELL ANEMIA TREATMENTS	ENDARI ORAL POWD PACK 5G	GLUTAMINE	6 PER DAY
SICKLE CELL ANEMIA TREATMENTS	L-GLUTAMINE ORAL POWD PACK 5 G	GLUTAMINE	6 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	DOPTELET ORAL TABLET 20 MG	AVATROMBOPAG MALEATE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	DOPTELET ORAL SPRINKLE CAP 10 MG	AVATROMBOPAG MALEATE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ALVAIZ ORAL TABLET 9 MG	ELTROMBOPAG CHOLINE	1 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ALVAIZ ORAL TABLET 18 MG	ELTROMBOPAG CHOLINE	1 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ALVAIZ ORAL TABLET 36 MG	ELTROMBOPAG CHOLINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ALVAIZ ORAL TABLET 54 MG	ELTROMBOPAG CHOLINE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL POWD PACK 12.5 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL POWD PACK 25 MG	ELTROMBOPAG OLAMINE	3 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Drug Class	Label Name	Generic Name	Quantity Limit
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL TABLET 12.5 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL TABLET 25 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL TABLET 50 MG	ELTROMBOPAG OLAMINE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	ELTROMBOPAG OLAMINE ORAL TABLET 75 MG	ELTROMBOPAG OLAMINE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL TABLET 12.5 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL TABLET 25 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL TABLET 50 MG	ELTROMBOPAG OLAMINE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL TABLET 75 MG	ELTROMBOPAG OLAMINE	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL POWD PACK 12.5 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	PROMACTA ORAL POWD PACK 25 MG	ELTROMBOPAG OLAMINE	3 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	TAVALISSE ORAL TABLET 100 MG	FOSTAMATINIB DISODIUM	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	TAVALISSE ORAL TABLET 150 MG	FOSTAMATINIB DISODIUM	2 PER DAY
THROMBOPOIESIS STIMULATING PROTEINS	MULPLETA ORAL TABLET 3 MG	LUSUTROMBOPAG	7 PER FILL
THROMBOPOIESIS STIMULATING PROTEINS	WAYRILZ ORAL TABLET 400 MG	RILZABRUTINIB	2 PER DAY

CARDIOVASCULAR

Drug Class	Label Name	Generic Name	Quantity Limit
ANGIOTENSIN RECEPTOR MODULATORS	ARBLI ORAL SUSPENSION 10 MG/ML	LOSARTAN POTASSIUM	10 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANGIOTENSIN RECEPTOR MODULATORS	QBRELIS ORAL SOLUTION 1 MG/ML	LISINOPRIL	40 ML PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	ENTRESTO ORAL TABLET 24 MG-26 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	ENTRESTO ORAL TABLET 49 MG-51 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	ENTRESTO ORAL TABLET 97 MG-103 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	SACUBITRIL-VALSARTAN ORAL TABLET 24-26 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	SACUBITRIL-VALSARTAN ORAL TABLET 49-51 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	SACUBITRIL-VALSARTAN ORAL TABLET 97-103 MG	SACUBITRIL/ VALSARTAN	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	WIDAPLIK ORAL TABLET 10-1.25-0.625 MG	TELMISARTAN/AMLODIPINE/INDAPAM	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	WIDAPLIK ORAL TABLET 20-2.5-1.25 MG	TELMISARTAN/AMLODIPINE/INDAPAM	2 PER DAY
ANGIOTENSIN RECEPTOR BLOCKERS	WIDAPLIK ORAL TABLET 40-5-2.5 MG	TELMISARTAN/AMLODIPINE/INDAPAM	2 PER DAY
ANTIANGINAL AND ANTI-ISCHEMIC	ASPRUZYO SPRINKLE ORAL PACK ER GR 1000 MG	RANOLAZINE	2 PER DAY
ANTIANGINAL AND ANTI-ISCHEMIC	ASPRUZYO SPRINKLE ORAL PACK ER GR 500 MG	RANOLAZINE	2 PER DAY
BETA-BLOCKERS	BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	BISOPROLOL FUMARATE	1 PER DAY
BETA-BLOCKERS	METOPROLOL TARTRATE ORAL TABLET 12.5 MG	METOPROLOL TARTRATE	2 PER DAY
CALCIUM CHANNEL BLOCKERS (CCBs)	KATERZIA ORAL SUSPENSION 1 MG/ML	AMLODIPINE BENZOATE	10 ML PER DAY
CALCIUM CHANNEL BLOCKERS (CCBs)	SDAMLO 2.5 MG POWDER FOR SOLN	AMLODIPINE BESYLATE	1 PER DAY
CALCIUM CHANNEL BLOCKERS (CCBs)	SDAMLO 5 MG POWDER FOR SOLN	AMLODIPINE BESYLATE	1 PER DAY
CALCIUM CHANNEL BLOCKERS (CCBs)	SDAMLO 10 MG POWDER FOR SOLN	AMLODIPINE BESYLATE	1 PER DAY
LIPOTROPICS, OTHER	NEXLETOL ORAL TABLET 180 MG	BEMPEDOIC ACID	1 PER DAY
LIPOTROPICS, OTHER	NEXLIZET ORAL TABLET 180MG-10MG	BEMPEDOIC ACID/EZETIMIBE	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 2.5MG-10MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 5 MG-10 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 10 MG-10MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 2.5MG-20MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 5 MG-20 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 10 MG-20MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 2.5MG-40MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 5 MG-40 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 10 MG-40MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 5 MG-80 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	AMLODIPINE-ATORVASTATIN ORAL TABLET 10 MG-80MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 10 MG-10MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 10 MG-20MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 10 MG-40MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 10 MG-80MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 5 MG-10 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 5 MG-20 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 5 MG-40 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	CADUET ORAL TABLET 5 MG-80 MG	AMLODIPINE/ ATORVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ATORVASTATIN CALCIUM ORAL TABLET 10 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ATORVASTATIN CALCIUM ORAL TABLET 20 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ATORVASTATIN CALCIUM ORAL TABLET 40 MG	ATORVASTATIN CALCIUM	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
LIPOTROPICS, STATINS	ATORVASTATIN CALCIUM ORAL TABLET 80 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIPITOR ORAL TABLET 10 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIPITOR ORAL TABLET 20 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIPITOR ORAL TABLET 40 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIPITOR ORAL TABLET 80 MG	ATORVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	EZETIMIBE-SIMVASTATIN ORAL TABLET 10 MG-10MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	EZETIMIBE-SIMVASTATIN ORAL TABLET 10 MG-20MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	EZETIMIBE-SIMVASTATIN ORAL TABLET 10 MG-40MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	EZETIMIBE-SIMVASTATIN ORAL TABLET 10 MG-80MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	VYTORIN ORAL TABLET 10 MG-10MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	VYTORIN ORAL TABLET 10 MG-20MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	VYTORIN ORAL TABLET 10 MG-40MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	VYTORIN ORAL TABLET 10 MG-80MG	EZETIMIBE/ SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	FLUVASTATIN ER ORAL TAB ER 24H 80 MG	FLUVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	FLUVASTATIN SODIUM ORAL CAPSULE 20 MG	FLUVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	FLUVASTATIN SODIUM ORAL CAPSULE 40 MG	FLUVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	ALTOPREV ORAL TAB ER 24H 20 MG	LOVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ALTOPREV ORAL TAB ER 24H 40 MG	LOVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ALTOPREV ORAL TAB ER 24H 60 MG	LOVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	LESCOL XL ORAL TAB ER 24H 80 MG	FLUVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	LOVASTATIN ORAL TABLET 10 MG	LOVASTATIN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
LIPOTROPICS, STATINS	LOVASTATIN ORAL TABLET 20 MG	LOVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	LOVASTATIN ORAL TABLET 40 MG	LOVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	LIVALO ORAL TABLET 1 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIVALO ORAL TABLET 2 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	LIVALO ORAL TABLET 4 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	PITAVASTATIN CALCIUM ORAL TABLET 1 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	PITAVASTATIN CALCIUM ORAL TABLET 2 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	PITAVASTATIN CALCIUM ORAL TABLET 4 MG	PITAVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ZYPITAMAG ORAL TABLET 2 MG	PITAVASTATIN MAGNESIUM	1 PER DAY
LIPOTROPICS, STATINS	ZYPITAMAG ORAL TABLET 4 MG	PITAVASTATIN MAGNESIUM	1 PER DAY
LIPOTROPICS, STATINS	PRAVASTATIN SODIUM ORAL TABLET 10 MG	PRAVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	PRAVASTATIN SODIUM ORAL TABLET 20 MG	PRAVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	PRAVASTATIN SODIUM ORAL TABLET 40 MG	PRAVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	PRAVASTATIN SODIUM ORAL TABLET 80 MG	PRAVASTATIN SODIUM	1 PER DAY
LIPOTROPICS, STATINS	CRESTOR ORAL TABLET 5 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	CRESTOR ORAL TABLET 10 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	CRESTOR ORAL TABLET 20 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	CRESTOR ORAL TABLET 40 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	EZALLOR SPRINKLE ORAL CAP SPRINK 5 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	EZALLOR SPRINKLE ORAL CAP SPRINK 10 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	EZALLOR SPRINKLE ORAL CAP SPRINK 20 MG	ROSUVASTATIN CALCIUM	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
LIPOTROPICS, STATINS	EZALLOR SPRINKLE ORAL CAP SPRINK 40 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ROSUVASTATIN CALCIUM ORAL TABLET 5 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ROSUVASTATIN CALCIUM ORAL TABLET 10 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ROSUVASTATIN CALCIUM ORAL TABLET 20 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	ROSUVASTATIN CALCIUM ORAL TABLET 40 MG	ROSUVASTATIN CALCIUM	1 PER DAY
LIPOTROPICS, STATINS	FLOLIPID ORAL SUSP 20 MG/5 ML	SIMVASTATIN	20 PER DAY
LIPOTROPICS, STATINS	FLOLIPID ORAL SUSP 40 MG/5 ML	SIMVASTATIN	10 PER DAY
LIPOTROPICS, STATINS	SIMVASTATIN ORAL TABLET 5 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	SIMVASTATIN ORAL TABLET 10 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	SIMVASTATIN ORAL TABLET 20 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	SIMVASTATIN ORAL TABLET 40 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	SIMVASTATIN ORAL TABLET 80 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ZOCOR ORAL TABLET 10 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ZOCOR ORAL TABLET 20 MG	SIMVASTATIN	1 PER DAY
LIPOTROPICS, STATINS	ZOCOR ORAL TABLET 40 MG	SIMVASTATIN	1 PER DAY
PAH AGENTS, ORAL AND INHALED	BOSENTAN ORAL TAB SUSP 32 MG	BOSENTAN	4 PER DAY
PAH AGENTS, ORAL AND INHALED	BOSENTAN ORAL TABLET 62.5 MG	BOSENTAN	2 PER DAY
PAH AGENTS, ORAL AND INHALED	BOSENTAN ORAL TABLET 125 MG	BOSENTAN	2 PER DAY
PAH AGENTS, ORAL AND INHALED	TRACLEER ORAL TAB SUSP 32 MG	BOSENTAN	4 PER DAY
PAH AGENTS, ORAL AND INHALED	TRACLEER ORAL TABLET 62.5 MG	BOSENTAN	2 PER DAY
PAH AGENTS, ORAL AND INHALED	TRACLEER ORAL TABLET 125 MG	BOSENTAN	2 PER DAY
PAH AGENTS, ORAL AND INHALED	MACITENTAN ORAL TABLET 10 MG	MACITENTAN	1 PER DAY
PAH AGENTS, ORAL AND INHALED	OPSUMIT ORAL TABLET 10 MG	MACITENTAN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
PAH AGENTS, ORAL AND INHALED	OPSYNVI ORAL TABLET 10-20 MG	MACITENTAN/ TADALAFIL	1 PER DAY
PAH AGENTS, ORAL AND INHALED	OPSYNVI ORAL TABLET 10-40 MG	MACITENTAN/ TADALAFIL	1 PER DAY
PAH AGENTS, ORAL AND INHALED	ADEMPAS ORAL TABLET 0.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	ADEMPAS ORAL TABLET 1 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	ADEMPAS ORAL TABLET 1.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	ADEMPAS ORAL TABLET 2 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	ADEMPAS ORAL TABLET 2.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	RIOCIGUAT ORAL TABLET 0.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	RIOCIGUAT ORAL TABLET 1 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	RIOCIGUAT ORAL TABLET 1.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	RIOCIGUAT ORAL TABLET 2 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	RIOCIGUAT ORAL TABLET 2.5 MG	RIOCIGUAT	3 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 100 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 150 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 200 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 400 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 600 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 800 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 1000 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 1200 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 1400 MCG	SELEXIPAG	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Drug Class	Label Name	Generic Name	Quantity Limit
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TABLET 1600 MCG	SELEXIPAG	2 PER DAY
PAH AGENTS, ORAL AND INHALED	UPTRAVI ORAL TAB DS PK 200-800 MCG	SELEXIPAG	1 PACK PER YEAR
PAH AGENTS, ORAL AND INHALED	ADCIRCA ORAL TABLET 20 MG	TADALAFIL	2 PER DAY
PAH AGENTS, ORAL AND INHALED	ALYQ ORAL TABLET 20 MG	TADALAFIL	2 PER DAY
PAH AGENTS, ORAL AND INHALED	TADALAFIL ORAL TABLET 20 MG	TADALAFIL	2 PER DAY

CENTRAL NERVOUS SYSTEM

Drug Class	Label Name	Generic Name	Quantity Limit
ALZHEIMER'S AGENTS	LEQEMBI IQLIK SUBCUTANE. AUTO INJCT 360 MG/1.8 ML	LECANEMAB-IRMB	4 PER 28 DAYS
ALZHEIMER'S AGENTS	LEQEMBI IQLIK SUBCUTANE. AUTO INJCT 500 MG/2.5 ML	LECANEMAB-IRMB	4 PER 28 DAYS
ALZHEIMER'S AGENTS	ZUNVEYL DR ORAL TABLET 5 MG	BENZGALANTAMINE GLUCONATE	2 PER DAY
ALZHEIMER'S AGENTS	ZUNVEYL DR ORAL TABLET 10 MG	BENZGALANTAMINE GLUCONATE	2 PER DAY
ALZHEIMER'S AGENTS	ZUNVEYL DR ORAL TABLET 15 MG	BENZGALANTAMINE GLUCONATE	2 PER DAY
ANTICONVULSANTS	BRIVIACT ORAL SOLUTION 10 MG/ML	BRIVARACETAM	20 ML PER DAY
ANTICONVULSANTS	BRIVIACT ORAL TABLET 10 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVIACT ORAL TABLET 25 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVIACT ORAL TABLET 50 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVIACT ORAL TABLET 75 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVIACT ORAL TABLET 100 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL SOLUTION 10 MG/ML	BRIVARACETAM	20 ML PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL TABLET 10 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL TABLET 25 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL TABLET 50 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL TABLET 75 MG	BRIVARACETAM	2 PER DAY
ANTICONVULSANTS	BRIVARACETAM ORAL TABLET 100 MG	BRIVARACETAM	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	XCOPRI ORAL TAB DS PK 12.5-25MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TAB DS PK 150-200 MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TAB DS PK 50MG-100MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 25 MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 50 MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 100 MG	CENOBAMATE	1 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 150 MG	CENOBAMATE	2 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 200 MG	CENOBAMATE	2 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 250 MG/DAY	CENOBAMATE	2 PER DAY
ANTICONVULSANTS	XCOPRI ORAL TABLET 350 MG/DAY	CENOBAMATE	2 PER DAY
ANTICONVULSANTS	CLOBAZAM ORAL SUSP 2.5 MG/ML	CLOBAZAM	16 ML PER DAY
ANTICONVULSANTS	CLOBAZAM 10 MG/4 ML ORAL SYRINGE	CLOBAZAM	16 ML PER DAY
ANTICONVULSANTS	CLOBAZAM ORAL TABLET 10 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	CLOBAZAM ORAL TABLET 20 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	ONFI ORAL SUSP 2.5 MG/ML	CLOBAZAM	16 ML PER DAY
ANTICONVULSANTS	ONFI ORAL TABLET 10 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	ONFI ORAL TABLET 20 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	SYMPAZAN ORAL FILM 5 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	SYMPAZAN ORAL FILM 10 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	SYMPAZAN ORAL FILM 20 MG	CLOBAZAM	2 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TAB RAPDIS 0.125 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TAB RAPDIS 0.25 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TAB RAPDIS 0.5 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TAB RAPDIS 1 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TAB RAPDIS 2 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TABLET 0.5 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	CLONAZEPAM ORAL TABLET 1 MG	CLONAZEPAM	3 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	CLONAZEPAM ORAL TABLET 2 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	KLONOPIN ORAL TABLET 0.5 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	KLONOPIN ORAL TABLET 1 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	KLONOPIN ORAL TABLET 2 MG	CLONAZEPAM	3 PER DAY
ANTICONVULSANTS	DIAZEPAM RECTAL KIT 2.5 MG	DIAZEPAM	3 KITS PER 30 DAYS
ANTICONVULSANTS	DIAZEPAM RECTAL KIT 12.5-15-20	DIAZEPAM	3 KITS PER 30 DAYS
ANTICONVULSANTS	DIAZEPAM RECTAL KIT 5-7.5-10MG	DIAZEPAM	3 KITS PER 30 DAYS
ANTICONVULSANTS	VALTOCO NASAL SPRAY 5 MG/SPRAY	DIAZEPAM	10 DEVICES PER 30 DAYS
ANTICONVULSANTS	VALTOCO NASAL SPRAY 10MG/SPRAY	DIAZEPAM	10 DEVICES PER 30 DAYS
ANTICONVULSANTS	VALTOCO NASAL SPRAY 15MG/2 SPRAY	DIAZEPAM	10 DEVICES PER 30 DAYS
ANTICONVULSANTS	VALTOCO NASAL SPRAY 20MG/2 SPRAY	DIAZEPAM	10 DEVICES PER 30 DAYS
ANTICONVULSANTS	APTIOM ORAL TABLET 200 MG	ESLICARBAZEPINE ACETATE	1 PER DAY
ANTICONVULSANTS	APTIOM ORAL TABLET 400 MG	ESLICARBAZEPINE ACETATE	1 PER DAY
ANTICONVULSANTS	APTIOM ORAL TABLET 600 MG	ESLICARBAZEPINE ACETATE	2 PER DAY
ANTICONVULSANTS	APTIOM ORAL TABLET 800 MG	ESLICARBAZEPINE ACETATE	2 PER DAY
ANTICONVULSANTS	ESLICARBAZEPINE ORAL TABLET 200 MG	ESLICARBAZEPINE ACETATE	1 PER DAY
ANTICONVULSANTS	ESLICARBAZEPINE ORAL TABLET 400 MG	ESLICARBAZEPINE ACETATE	1 PER DAY
ANTICONVULSANTS	ESLICARBAZEPINE ORAL TABLET 600 MG	ESLICARBAZEPINE ACETATE	2 PER DAY
ANTICONVULSANTS	ESLICARBAZEPINE ORAL TABLET 800 MG	ESLICARBAZEPINE ACETATE	2 PER DAY
ANTICONVULSANTS	FINTEPLA ORAL SOLUTION 2.2 MG/ML	FENFLURAMINE HCL	12 ML PER DAY
ANTICONVULSANTS	ZTALMY ORAL SUSP 50 MG/ML	GANAXOLONE	36 ML PER DAY
ANTICONVULSANTS	LACOSAMIDE ORAL SOLUTION 10 MG/ML	LACOSAMIDE	40 ML PER DAY
ANTICONVULSANTS	LACOSAMIDE ORAL TABLET 50 MG	LACOSAMIDE	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	LACOSAMIDE ORAL TABLET 100 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	LACOSAMIDE ORAL TABLET 150 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	LACOSAMIDE ORAL TABLET 200 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	VIMPAT ORAL SOLUTION 10 MG/ML	LACOSAMIDE	40 ML PER DAY
ANTICONVULSANTS	VIMPAT ORAL TABLET 50 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	VIMPAT ORAL TABLET 100 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	VIMPAT ORAL TABLET 150 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	VIMPAT ORAL TABLET 200 MG	LACOSAMIDE	2 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 25 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 50 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 100 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 200 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 250 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMICTAL XR ORAL TAB ER 24 300 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 25 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 50 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 100 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 200 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 250 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	LAMOTRIGINE ER ORAL TAB ER 24 300 MG	LAMOTRIGINE	1 PER DAY
ANTICONVULSANTS	ELEPSIA XR ORAL TAB ER 24H 1000 MG	LEVETIRACETAM	3 PER DAY
ANTICONVULSANTS	ELEPSIA XR ORAL TAB ER 24H 1500 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	KEPPRA ORAL TABLET 250 MG	LEVETIRACETAM	6 PER DAY
ANTICONVULSANTS	KEPPRA ORAL TABLET 500 MG	LEVETIRACETAM	6 PER DAY
ANTICONVULSANTS	KEPPRA ORAL TABLET 750 MG	LEVETIRACETAM	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	KEPPRA ORAL TABLET 1000 MG	LEVETIRACETAM	3 PER DAY
ANTICONVULSANTS	KEPPRA XR ORAL TAB ER 24H 500 MG	LEVETIRACETAM	5 PER DAY
ANTICONVULSANTS	KEPPRA XR ORAL TAB ER 24H 750 MG	LEVETIRACETAM	4 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ORAL TAB SUSP 250 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ORAL TABLET 250 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ORAL TABLET 500 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ORAL TABLET 750 MG	LEVETIRACETAM	4 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ORAL TABLET 1000 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ER ORAL TAB ER 24H 500 MG	LEVETIRACETAM	5 PER DAY
ANTICONVULSANTS	LEVETIRACETAM ER ORAL TAB ER 24H 750 MG	LEVETIRACETAM	4 PER DAY
ANTICONVULSANTS	ROWEEPRA ORAL TABLET 500 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	ROWEEPRA ORAL TABLET 750 MG	LEVETIRACETAM	4 PER DAY
ANTICONVULSANTS	ROWEEPRA ORAL TABLET 1000 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	SPRITAM ORAL TAB SUSP 250 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	SPRITAM ORAL TAB SUSP 500 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	SPRITAM ORAL TAB SUSP 750 MG	LEVETIRACETAM	4 PER DAY
ANTICONVULSANTS	SPRITAM ORAL TAB SUSP 1000 MG	LEVETIRACETAM	2 PER DAY
ANTICONVULSANTS	NAYZILAM NASAL SPRAY 5 MG/SPRAY	MIDAZOLAM	10 UNITS PER 30 DAYS
ANTICONVULSANTS	OXCARBAZEPINE ORAL TABLET 150 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXCARBAZEPINE ORAL TABLET 300 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXCARBAZEPINE ORAL TABLET 600 MG	OXCARBAZEPINE	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	OXCARBAZEPINE ER ORAL TAB ER 24H 150 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXCARBAZEPINE ER ORAL TAB ER 24H 300 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXCARBAZEPINE ER ORAL TAB ER 24H 600 MG	OXCARBAZEPINE	4 PER DAY
ANTICONVULSANTS	OXTELLAR XR ORAL TAB ER 24H 150 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXTELLAR XR ORAL TAB ER 24H 300 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	OXTELLAR XR ORAL TAB ER 24H 600 MG	OXCARBAZEPINE	4 PER DAY
ANTICONVULSANTS	TRILEPTAL ORAL TABLET 150 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	TRILEPTAL ORAL TABLET 300 MG	OXCARBAZEPINE	3 PER DAY
ANTICONVULSANTS	TRILEPTAL ORAL TABLET 600 MG	OXCARBAZEPINE	4 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 2 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 4 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 6 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 8 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 10 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 12 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 2 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 4 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 6 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	PERAMPANEL ORAL TABLET 8 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 10 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	FYCOMPA ORAL TABLET 12 MG	PERAMPANEL	1 PER DAY
ANTICONVULSANTS	BANZEL ORAL SUSP 40 MG/ML	RUFINAMIDE	80 ML PER DAY
ANTICONVULSANTS	BANZEL ORAL TABLET 200 MG	RUFINAMIDE	8 PER DAY
ANTICONVULSANTS	BANZEL ORAL TABLET 400 MG	RUFINAMIDE	8 PER DAY
ANTICONVULSANTS	RUFINAMIDE ORAL SUSP 40 MG/ML	RUFINAMIDE	80 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	RUFINAMIDE ORAL TABLET 200 MG	RUFINAMIDE	8 PER DAY
ANTICONVULSANTS	RUFINAMIDE ORAL TABLET 400 MG	RUFINAMIDE	8 PER DAY
ANTICONVULSANTS	DIACOMIT ORAL CAPSULE 250 MG	STIRIPENTOL	12 PER DAY
ANTICONVULSANTS	DIACOMIT ORAL CAPSULE 500 MG	STIRIPENTOL	6 PER DAY
ANTICONVULSANTS	DIACOMIT ORAL POWD PACK 250 MG	STIRIPENTOL	12 PER DAY
ANTICONVULSANTS	DIACOMIT ORAL POWD PACK 500 MG	STIRIPENTOL	6 PER DAY
ANTICONVULSANTS	TIAGABINE HCL ORAL TABLET 2 MG	TIAGABINE HCL	4 PER DAY
ANTICONVULSANTS	TIAGABINE HCL ORAL TABLET 4 MG	TIAGABINE HCL	4 PER DAY
ANTICONVULSANTS	TIAGABINE HCL ORAL TABLET 12 MG	TIAGABINE HCL	4 PER DAY
ANTICONVULSANTS	TIAGABINE HCL ORAL TABLET 16 MG	TIAGABINE HCL	4 PER DAY
ANTICONVULSANTS	SUBVENITE ORAL SUSP 10 MG/ML	LAMOTRIGINE	50 ML PER DAY
ANTICONVULSANTS	TOPAMAX ORAL CAP SPRINK 15 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPAMAX ORAL CAP SPRINK 25 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPAMAX ORAL TABLET 25 MG	TOPIRAMATE	8 PER DAY
ANTICONVULSANTS	TOPAMAX ORAL TABLET 50 MG	TOPIRAMATE	8 PER DAY
ANTICONVULSANTS	TOPAMAX ORAL TABLET 100 MG	TOPIRAMATE	4 PER DAY
ANTICONVULSANTS	TOPAMAX ORAL TABLET 200 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP ER 24H 25 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP ER 24H 50 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP ER 24H 100 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP ER 24H 200 MG	TOPIRAMATE	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP SPR 24 25 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP SPR 24 50 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP SPR 24 100 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP SPR 24 150 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TOPIRAMATE ER ORAL CAP SPR 24 200 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL CAP SPRINK 15 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL CAP SPRINK 25 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL CAP SPRINK 50 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL TABLET 25 MG	TOPIRAMATE	8 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL TABLET 50 MG	TOPIRAMATE	8 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL TABLET 100 MG	TOPIRAMATE	4 PER DAY
ANTICONVULSANTS	TOPIRAMATE ORAL TABLET 200 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	TROKENDI XR ORAL CAP ER 24H 25 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TROKENDI XR ORAL CAP ER 24H 50 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TROKENDI XR ORAL CAP ER 24H 100 MG	TOPIRAMATE	1 PER DAY
ANTICONVULSANTS	TROKENDI XR ORAL CAP ER 24H 200 MG	TOPIRAMATE	2 PER DAY
ANTICONVULSANTS	SABRIL ORAL POWD PACK 500 MG	VIGABATRIN	6 PER DAY
ANTICONVULSANTS	SABRIL ORAL TABLET 500 MG	VIGABATRIN	6 PER DAY
ANTICONVULSANTS	VIGABATRIN ORAL POWD PACK 500 MG	VIGABATRIN	6 PER DAY
ANTICONVULSANTS	VIGABATRIN ORAL TABLET 500 MG	VIGABATRIN	6 PER DAY
ANTICONVULSANTS	VIGADRONE ORAL POWD PACK 500 MG	VIGABATRIN	6 PER DAY
ANTICONVULSANTS	VIGADRONE ORAL TABLET 500 MG	VIGABATRIN	6 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTICONVULSANTS	VIGAFYDE ORAL SOLUTION 100 MG/ML	VIGABATRIN	30 ML PER DAY
ANTICONVULSANTS	ZONISADE ORAL SUSP 100 MG/5ML	ZONISAMIDE	30 ML PER DAY
ANTICONVULSANTS	ZONISAMIDE ORAL CAPSULE 25 MG	ZONISAMIDE	2 PER DAY
ANTICONVULSANTS	ZONISAMIDE ORAL CAPSULE 50 MG	ZONISAMIDE	2 PER DAY
ANTICONVULSANTS	ZONISAMIDE ORAL CAPSULE 100 MG	ZONISAMIDE	6 PER DAY
ANTIDEPRESSANTS, OTHER	AUVELITY ORAL TAB IR ER 45MG-105MG	DEXTROMETHORPHAN HBR/BUPROPION	2 PER DAY
ANTIDEPRESSANTS, OTHER	AUVELITY ORAL TB IRER PK 30-45-105 MG	DEXTROMETHORPHAN HBR/BUPROPION	1 PER 30 DAYS
ANTIDEPRESSANTS, OTHER	SPRAVATO NASAL SPRAY 28 MG	ESKETAMINE HCL	1 KIT/WEEK; 14 DS/FILL
ANTIDEPRESSANTS, OTHER	SPRAVATO NASAL SPRAY 56 MG	ESKETAMINE HCL	1 KIT/WEEK; 14 DS/FILL
ANTIDEPRESSANTS, OTHER	SPRAVATO NASAL SPRAY 84 MG	ESKETAMINE HCL	1 KIT/WEEK; 14 DS/FILL
ANTIDEPRESSANTS, OTHER	ZURZUVAE ORAL CAPSULE 20 MG	ZURANOLONE	1 COURSE (14 DAYS) PER PREGNANCY
ANTIDEPRESSANTS, OTHER	ZURZUVAE ORAL CAPSULE 25 MG	ZURANOLONE	1 COURSE (14 DAYS) PER PREGNANCY
ANTIDEPRESSANTS, OTHER	ZURZUVAE ORAL CAPSULE 30 MG	ZURANOLONE	1 COURSE (14 DAYS) PER PREGNANCY
ANTIDEPRESSANTS, SSRIS	FLUOXETINE DR ORAL CAPSULE DR 90 MG	FLUOXETINE HCL	4 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	QULIPTA ORAL TABLET 10 MG	ATOGEPANT	2 PER DAY
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	QULIPTA ORAL TABLET 30 MG	ATOGEPANT	1 PER DAY
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	QULIPTA ORAL TABLET 60 MG	ATOGEPANT	1 PER DAY
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	AIMOVIG SUBCUTANE. AUTO INJCT 70 MG/ML	ERENUMAB-AOOE	1 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	AIMOVIG SUBCUTANE. AUTO INJCT 140 MG/ML	ERENUMAB-AOOE	1 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	AJOVY SUBCUTANE. AUTO INJCT 225 MG/1.5ML	FREMANEZUMAB-VFRM	1 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	AJOVY SUBCUTANE. SYRINGE 225 MG/1.5ML	FREMANEZUMAB-VFRM	1 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	EMGALITY SUBCUTANE. PEN INJCTR 120 MG/ML	GALCANEZUMAB-GNLM	1 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	EMGALITY SUBCUTANE. SYRINGE 120 MG/ML	GALCANEZUMAB-GNLM	1 PER 28 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	EMGALITY SUBCUTANE. SYRINGE 300MG/3ML	GALCANEZUMAB-GNLM	1 PER 28 DAYS; 2 FOR LOADING DOSE
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	NURTEC ODT ORAL TAB RAPDIS 75 MG	RIMEGEPANT SULFATE	18 PER 30 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	UBRELVY ORAL TABLET 50 MG	UBROGEPANT	10 PER 30 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	UBRELVY ORAL TABLET 100 MG	UBROGEPANT	16 PER 30 DAYS
ANTIMIGRAINE AGENTS, CGRP INHIBITORS	ZAVZPRET NASAL SPRAY 10 MG	ZAVEGEPANT HCL	8 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ALMOTRIPTAN MALATE ORAL TABLET 6.25 MG	ALMOTRIPTAN MALATE	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG	ALMOTRIPTAN MALATE	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ELETRIPTAN HBR ORAL TABLET 20 MG	ELETRIPTAN HYDROBROMIDE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ELETRIPTAN HBR ORAL TABLET 40 MG	ELETRIPTAN HYDROBROMIDE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	RELPAX ORAL TABLET 20 MG	ELETRIPTAN HYDROBROMIDE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	RELPAX ORAL TABLET 40 MG	ELETRIPTAN HYDROBROMIDE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	FROVA ORAL TABLET 2.5 MG	FROVATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	FROVATRIPTAN SUCCINATE ORAL TABLET 2.5 MG	FROVATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	NARATRIPTAN HCL ORAL TABLET 1 MG	NARATRIPTAN HCL	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	NARATRIPTAN HCL ORAL TABLET 2.5 MG	NARATRIPTAN HCL	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	MAXALT MLT ORAL TAB RAPDIS 10 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	MAXALT ORAL TABLET 10 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	RIZATRIPTAN ORAL TAB RAPDIS 10 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIMIGRAINE AGENTS, TRIPTANS	RIZATRIPTAN ORAL TAB RAPDIS 5 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	RIZATRIPTAN ORAL TABLET 5 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	RIZATRIPTAN ORAL TABLET 10 MG	RIZATRIPTAN BENZOATE	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SYMBRAVO ORAL TABLET 10 MG-20 MG	RIZATRIPTAN BENZOATE/ MELOXICAM	12 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX NASAL SPRAY 5 MG	SUMATRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX NASAL SPRAY 20 MG	SUMATRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN NASAL SPRAY 5 MG	SUMATRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN NASAL SPRAY 20 MG	SUMATRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCC-NAPROXEN SOD ORAL TABLET 85MG-500MG	SUMATRIPTAN SUCC/ NAPROXEN SOD	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX ORAL TABLET 25 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX ORAL TABLET 50 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX ORAL TABLET 100 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX SUBCUTANE. CARTRIDGE 4 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX SUBCUTANE. CARTRIDGE 6 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX SUBCUTANE. PEN INJCTR 4 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 PENS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX SUBCUTANE. PEN INJCTR 6 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 PENS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG	SUMATRIPTAN SUCCINATE	9 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE SUBCUTANE. CARTRIDGE 4 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 UNITS PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE SUBCUTANE. CARTRIDGE 6 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE SUBCUTANE. PEN INJCTR 4 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE SUBCUTANE. PEN INJCTR 6 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	SUMATRIPTAN SUCCINATE SUBCUTANE. VIAL 6 MG/0.5ML	SUMATRIPTAN SUCCINATE	8 VIALS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZEMBRACE SYMTOUCH SUBCUTANE. PEN INJCTR 3 MG/0.5ML	SUMATRIPTAN SUCCINATE	4 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN NASAL SPRAY 2.5 MG	ZOLMITRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN NASAL SPRAY 5 MG	ZOLMITRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN ODT ORAL TAB RAPDIS 2.5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN ODT ORAL TAB RAPDIS 5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN ORAL TABLET 2.5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOLMITRIPTAN ORAL TABLET 5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOMIG NASAL SPRAY 2.5 MG	ZOLMITRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOMIG NASAL SPRAY 5 MG	ZOLMITRIPTAN	6 UNITS PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOMIG ORAL TABLET 2.5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIMIGRAINE AGENTS, TRIPTANS	ZOMIG ORAL TABLET 5 MG	ZOLMITRIPTAN	6 PER 30 DAYS
ANTIPARKINSON'S AGENTS	VYALEV 120 MG-2,400 MG/10ML VL	FOSCARBIDOPA/ FOSLEVODOPA	2 VIALS PER DAY
ANTIPARKINSON'S AGENTS	NOURIANZ ORAL TABLET 20 MG	ISTRADEFYLLINE	1 PER DAY
ANTIPARKINSON'S AGENTS	NOURIANZ ORAL TABLET 40 MG	ISTRADEFYLLINE	1 PER DAY
ANTIPARKINSON'S AGENTS	ONGENTYS ORAL CAPSULE 25 MG	OPICAPONE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPARKINSON'S AGENTS	ONGENTYS ORAL CAPSULE 50 MG	OPICAPONE	1 PER DAY
ANTIPARKINSON'S AGENTS	XADAGO ORAL TABLET 50 MG	SAFINAMIDE MESYLATE	1 PER DAY
ANTIPARKINSON'S AGENTS	XADAGO ORAL TABLET 100 MG	SAFINAMIDE MESYLATE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ASIMTUFII INTRAMUSC. SUSER SYR 720 MG/2.4ML	ARIPIPRAZOLE	1 PER 56 DAYS
ANTIPSYCHOTICS	ABILIFY ASIMTUFII INTRAMUSC. SUSER SYR 960 MG/3.2ML	ARIPIPRAZOLE	1 PER 56 DAYS
ANTIPSYCHOTICS	ABILIFY MAINTENA INTRAMUSC. SUSER SYR 300 MG	ARIPIPRAZOLE	1 PER 28 DAYS
ANTIPSYCHOTICS	ABILIFY MAINTENA INTRAMUSC. SUSER SYR 400 MG	ARIPIPRAZOLE	1 PER 28 DAYS
ANTIPSYCHOTICS	ABILIFY MAINTENA INTRAMUSC. SUSER VIAL 300 MG	ARIPIPRAZOLE	1 VIAL PER 28 DAYS
ANTIPSYCHOTICS	ABILIFY MAINTENA INTRAMUSC. SUSER VIAL 400 MG	ARIPIPRAZOLE	1 VIAL PER 28 DAYS
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 2 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 5 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 10 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 15 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 20 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSSTR 30 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 2 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 5 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 10 MG	ARIPIPRAZOLE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 15 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 20 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY MYCITE ORAL TABSENSTPD 30 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 2 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 5 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 10 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 15 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 20 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ABILIFY ORAL TABLET 30 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ODT ORAL TAB RAPDIS 10 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ODT ORAL TAB RAPDIS 15 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	ARIPIPRAZOLE	30 ML PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 2 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 5 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 10 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 15 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 20 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARIPIPRAZOLE ORAL TABLET 30 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	OPIPZA ORAL FILM 2 MG	ARIPIPRAZOLE	2 PER DAY
ANTIPSYCHOTICS	OPIPZA ORAL FILM 5 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	OPIPZA ORAL FILM 10 MG	ARIPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	ARISTADA INTRAMUSC. SUSER SYR 1064MG/3.9ML	ARIPIPRAZOLE LAUROXIL	1 PER 60 DAYS
ANTIPSYCHOTICS	SECUADO TRANSDERM. PATCH TD24 3.8MG/24HR	ASENAPINE	1 PER DAY
ANTIPSYCHOTICS	SECUADO TRANSDERM. PATCH TD24 5.7MG/24HR	ASENAPINE	1 PER DAY
ANTIPSYCHOTICS	SECUADO TRANSDERM. PATCH TD24 7.6MG/24HR	ASENAPINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	ASENAPINE MALEATE SUBLINGUAL TAB SUBL 2.5 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	ASENAPINE MALEATE SUBLINGUAL TAB SUBL 5 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	ASENAPINE MALEATE SUBLINGUAL TAB SUBL 10 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	SAPHRIS SUBLINGUAL TAB SUBL 2.5 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	SAPHRIS SUBLINGUAL TAB SUBL 5 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	SAPHRIS SUBLINGUAL TAB SUBL 10 MG	ASENAPINE MALEATE	2 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 0.25 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 0.5 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 1 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 2 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 3 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	REXULTI ORAL TABLET 4 MG	BREXPIPRAZOLE	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 0.5 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 0.75 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAP DS PK 1.5 MG-3MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 1.5 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 3 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 4.5 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	VRAYLAR ORAL CAPSULE 6 MG	CARIPRAZINE HCL	1 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ODT ORAL TAB RAPDIS 12.5 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ODT ORAL TAB RAPDIS 25 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ODT ORAL TAB RAPDIS 100 MG	CLOZAPINE	9 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ODT ORAL TAB RAPDIS 150 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ODT ORAL TAB RAPDIS 200 MG	CLOZAPINE	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	CLOZAPINE ORAL TABLET 25 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ORAL TABLET 50 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ORAL TABLET 100 MG	CLOZAPINE	9 PER DAY
ANTIPSYCHOTICS	CLOZAPINE ORAL TABLET 200 MG	CLOZAPINE	4 PER DAY
ANTIPSYCHOTICS	CLOZARIL ORAL TABLET 25 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZARIL ORAL TABLET 50 MG	CLOZAPINE	6 PER DAY
ANTIPSYCHOTICS	CLOZARIL ORAL TABLET 100 MG	CLOZAPINE	9 PER DAY
ANTIPSYCHOTICS	CLOZARIL ORAL TABLET 200 MG	CLOZAPINE	4 PER DAY
ANTIPSYCHOTICS	VERSACLOZ ORAL SUSP 50 MG/ML	CLOZAPINE	18 ML PER DAY
ANTIPSYCHOTICS	HALOPERIDOL LACTATE INJECTION VIAL 5 MG/ML	HALOPERIDOL LACTATE	6 ML PER 30 DAYS
ANTIPSYCHOTICS	HALOPERIDOL LACTATE INTRAMUSC. SYRINGE 5 MG/ML	HALOPERIDOL LACTATE	6 SYRINGES PER 30 DAYS
ANTIPSYCHOTICS	FANAPT ORAL TAB DS PK 1-2-4-6MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 1 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 2 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 4 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 6 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 8 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 10 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	FANAPT ORAL TABLET 12 MG	ILOPERIDONE	2 PER DAY
ANTIPSYCHOTICS	CAPLYTA ORAL CAPSULE 10.5 MG	LUMATEPERONE TOSYLATE	1 PER DAY
ANTIPSYCHOTICS	CAPLYTA ORAL CAPSULE 21 MG	LUMATEPERONE TOSYLATE	1 PER DAY
ANTIPSYCHOTICS	CAPLYTA ORAL CAPSULE 42 MG	LUMATEPERONE TOSYLATE	1 PER DAY
ANTIPSYCHOTICS	LATUDA ORAL TABLET 20 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LATUDA ORAL TABLET 40 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LATUDA ORAL TABLET 60 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LATUDA ORAL TABLET 80 MG	LURASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	LATUDA ORAL TABLET 120 MG	LURASIDONE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	LURASIDONE HCL ORAL TABLET 20 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LURASIDONE HCL ORAL TABLET 40 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LURASIDONE HCL ORAL TABLET 60 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	LURASIDONE HCL ORAL TABLET 80 MG	LURASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	LURASIDONE HCL ORAL TABLET 120 MG	LURASIDONE HCL	1 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 1 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 2 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 4 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 6 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 8 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 10 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TABLET 12 MG	MILSAPERIDONE	2 PER DAY
ANTIPSYCHOTICS	BYSANTI ORAL TITRATION PACK A 1-2-4-6 MG	MILSAPERIDONE	1 PACK PER 365 DAYS
ANTIPSYCHOTICS	BYSANTI TITRATION PACK C 1-2-6 MG	MILSAPERIDONE	1 PACK PER 365 DAYS
ANTIPSYCHOTICS	BYSANTI TITRATION PACK B 1-2-6-8 MG	MILSAPERIDONE	1 PACK PER 365 DAYS
ANTIPSYCHOTICS	OLANZAPINE INTRAMUSC. VIAL 10 MG	OLANZAPINE	3 PER FILL
ANTIPSYCHOTICS	OLANZAPINE ODT ORAL TAB RAPDIS 5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ODT ORAL TAB RAPDIS 10 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ODT ORAL TAB RAPDIS 15 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ODT ORAL TAB RAPDIS 20 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 2.5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 7.5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 10 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 15 MG	OLANZAPINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	OLANZAPINE ORAL TABLET 20 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	WELTRUZA SUBCUTANE. SUSER VIAL 318 MG	OLANZAPINE	1 VIAL PER 28 DAYS
ANTIPSYCHOTICS	WELTRUZA SUBCUTANE. SUSER VIAL 425 MG	OLANZAPINE	1 VIAL PER 28 DAYS
ANTIPSYCHOTICS	WELTRUZA SUBCUTANE. SUSER VIAL 531 MG	OLANZAPINE	1 VIAL PER 28 DAYS
ANTIPSYCHOTICS	ZYPREXA INTRAMUSC. VIAL 10 MG	OLANZAPINE	3 PER FILL
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 2.5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 7.5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 10 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 15 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ORAL TABLET 20 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ZYDIS ORAL TAB RAPDIS 5 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ZYDIS ORAL TAB RAPDIS 10 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ZYDIS ORAL TAB RAPDIS 15 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA ZYDIS ORAL TAB RAPDIS 20 MG	OLANZAPINE	1 PER DAY
ANTIPSYCHOTICS	ZYPREXA RELPREVV INTRAMUSC. VIAL 210 MG	OLANZAPINE PAMOATE	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	ZYPREXA RELPREVV INTRAMUSC. VIAL 300 MG	OLANZAPINE PAMOATE	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	ZYPREXA RELPREVV INTRAMUSC. VIAL 405 MG	OLANZAPINE PAMOATE	1 VIAL PER 30 DAYS
ANTIPSYCHOTICS	OLANZAPINE-FLUOXETINE HCL ORAL CAPSULE 12MG-25MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE-FLUOXETINE HCL ORAL CAPSULE 12MG-50MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	OLANZAPINE-FLUOXETINE HCL ORAL CAPSULE 3 MG-25 MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE-FLUOXETINE HCL ORAL CAPSULE 6MG-25MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	OLANZAPINE-FLUOXETINE HCL ORAL CAPSULE 6MG-50MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	SYMBYAX ORAL CAPSULE 3 MG-25 MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	SYMBYAX ORAL CAPSULE 6MG-25MG	OLANZAPINE/ FLUOXETINE HCL	1 PER DAY
ANTIPSYCHOTICS	LYBALVI ORAL TABLET 5 MG-10 MG	OLANZAPINE/SAMIDORPHAN MALATE	1 PER DAY
ANTIPSYCHOTICS	LYBALVI ORAL TABLET 10 MG-10MG	OLANZAPINE/SAMIDORPHAN MALATE	1 PER DAY
ANTIPSYCHOTICS	LYBALVI ORAL TABLET 15 MG-10MG	OLANZAPINE/SAMIDORPHAN MALATE	1 PER DAY
ANTIPSYCHOTICS	LYBALVI ORAL TABLET 20 MG-10MG	OLANZAPINE/SAMIDORPHAN MALATE	1 PER DAY
ANTIPSYCHOTICS	INVEGA ORAL TAB ER 24 1.5 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	INVEGA ORAL TAB ER 24 3 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	INVEGA ORAL TAB ER 24 6 MG	PALIPERIDONE	2 PER DAY
ANTIPSYCHOTICS	INVEGA ORAL TAB ER 24 9 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	PALIPERIDONE ER ORAL TAB ER 24 1.5 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	PALIPERIDONE ER ORAL TAB ER 24 3 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	PALIPERIDONE ER ORAL TAB ER 24 6 MG	PALIPERIDONE	2 PER DAY
ANTIPSYCHOTICS	PALIPERIDONE ER ORAL TAB ER 24 9 MG	PALIPERIDONE	1 PER DAY
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 117MG/0.75ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 156 MG/ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 234MG/1.5ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 351MG/2.25ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 39MG/0.25ML	PALIPERIDONE PALMITATE	1 SYRINGE PER 28 DAYS
ANTIPSYCHOTICS	ERZOFRI INTRAMUSC. SYRINGE 78MG/0.5ML	PALIPERIDONE PALMITATE	1 SYRINGE PER 28 DAYS
ANTIPSYCHOTICS	INVEGA HAFYERA INTRAMUSC. SYRINGE 1092MG/3.5ML	PALIPERIDONE PALMITATE	1 PER 180 DAYS
ANTIPSYCHOTICS	INVEGA HAFYERA INTRAMUSC. SYRINGE 1560MG/5ML	PALIPERIDONE PALMITATE	1 PER 180 DAYS
ANTIPSYCHOTICS	INVEGA SUSTENNA INTRAMUSC. SYRINGE 117MG/0.75ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	INVEGA SUSTENNA INTRAMUSC. SYRINGE 156 MG/ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	INVEGA SUSTENNA INTRAMUSC. SYRINGE 234MG/1.5ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	INVEGA SUSTENNA INTRAMUSC. SYRINGE 39MG/0.25ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	INVEGA SUSTENNA INTRAMUSC. SYRINGE 78MG/0.5ML	PALIPERIDONE PALMITATE	1 PER 28 DAYS
ANTIPSYCHOTICS	INVEGA TRINZA INTRAMUSC. SYRINGE 273MG/0.88ML	PALIPERIDONE PALMITATE	1 PER 90 DAYS
ANTIPSYCHOTICS	INVEGA TRINZA INTRAMUSC. SYRINGE 410MG/1.32ML	PALIPERIDONE PALMITATE	1 PER 90 DAYS
ANTIPSYCHOTICS	INVEGA TRINZA INTRAMUSC. SYRINGE 546MG/1.75ML	PALIPERIDONE PALMITATE	1 PER 90 DAYS
ANTIPSYCHOTICS	INVEGA TRINZA INTRAMUSC. SYRINGE 819MG/2.63ML	PALIPERIDONE PALMITATE	1 PER 90 DAYS
ANTIPSYCHOTICS	NUPLAZID ORAL TABLET 10 MG	PIMAVANSERIN TARTRATE	1 PER DAY
ANTIPSYCHOTICS	NUPLAZID ORAL CAPSULE 34 MG	PIMAVANSERIN TARTRATE	1 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ER ORAL TAB ER 24H 50 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ER ORAL TAB ER 24H 150 MG	QUETIAPINE FUMARATE	1 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ER ORAL TAB ER 24H 200 MG	QUETIAPINE FUMARATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ER ORAL TAB ER 24H 300 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ER ORAL TAB ER 24H 400 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 25 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 50 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 100 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 150 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 200 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 300 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	QUETIAPINE FUMARATE ORAL TABLET 400 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 25 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 50 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 100 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 200 MG	QUETIAPINE FUMARATE	3 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 300 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	SEROQUEL ORAL TABLET 400 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	SEROQUEL XR ORAL TAB ER 24H 50 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	SEROQUEL XR ORAL TAB ER 24H 150 MG	QUETIAPINE FUMARATE	1 PER DAY
ANTIPSYCHOTICS	SEROQUEL XR ORAL TAB ER 24H 200 MG	QUETIAPINE FUMARATE	1 PER DAY
ANTIPSYCHOTICS	SEROQUEL XR ORAL TAB ER 24H 300 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	SEROQUEL XR ORAL TAB ER 24H 400 MG	QUETIAPINE FUMARATE	2 PER DAY
ANTIPSYCHOTICS	RISPERDAL ORAL SOLUTION 1 MG/ML	RISPERIDONE	8 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	RISPERDAL ORAL TABLET 0.5 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERDAL ORAL TABLET 1 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERDAL ORAL TABLET 2 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERDAL ORAL TABLET 3 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERDAL ORAL TABLET 4 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 0.25 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 0.5 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 1 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 2 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 3 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ODT ORAL TAB RAPDIS 4 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL SOLUTION 1 MG/ML	RISPERIDONE	8 ML PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 0.25 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 0.5 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 1 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 2 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 3 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	RISPERIDONE ORAL TABLET 4 MG	RISPERIDONE	2 PER DAY
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 50MG/0.14ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 75MG/0.21ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 100MG/0.28ML	RISPERIDONE	1 PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 125MG/0.35ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 150MG/0.42ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 200MG/0.56ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	UZEDY SUBCUTANE SUSER SYR 250MG/0.7ML	RISPERIDONE	1 PER 30 DAYS
ANTIPSYCHOTICS	RISPERDAL CONSTA INTRAMUSC. VIAL 12.5MG/2ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERDAL CONSTA INTRAMUSC. VIAL 25 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERDAL CONSTA INTRAMUSC. VIAL 37.5MG/2ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERDAL CONSTA INTRAMUSC. VIAL 50 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERIDONE ER INTRAMUSC. VIAL 12.5 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERIDONE ER INTRAMUSC. VIAL 25 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERIDONE ER INTRAMUSC. VIAL 37.5 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RISPERIDONE ER INTRAMUSC. VIAL 50 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RYKINDO INTRAMUSC. VIAL 25 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RYKINDO INTRAMUSC. VIAL 37.5MG/2ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	RYKINDO INTRAMUSC. VIAL 50 MG/2 ML	RISPERIDONE MICROSPHERES	2 VIALS PER 28 DAYS
ANTIPSYCHOTICS	COBENFY ORAL CAPSULE 50 MG-20 MG	XANOMELINE TART/ TROSPIUM CHLOR	2 PER DAY
ANTIPSYCHOTICS	COBENFY ORAL CAPSULE 100 MG-20 MG	XANOMELINE TART/ TROSPIUM CHLOR	2 PER DAY
ANTIPSYCHOTICS	COBENFY ORAL CAPSULE 125 MG-30 MG	XANOMELINE TART/ TROSPIUM CHLOR	2 PER DAY
ANTIPSYCHOTICS	COBENFY ORAL CAP DS PK 50-100-20 MG	XANOMELINE TART/ TROSPIUM CHLOR	2 PER DAY
ANTIPSYCHOTICS	GEODON ORAL CAPSULE 20 MG	ZIPRASIDONE HCL	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIPSYCHOTICS	GEODON ORAL CAPSULE 40 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	GEODON ORAL CAPSULE 60 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	GEODON ORAL CAPSULE 80 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	GEODON INTRAMUSC. VIAL FNL 20MG/1ML	ZIPRASIDONE MESYLATE	2 PER FILL
ANTIPSYCHOTICS	ZIPRASIDONE HCL ORAL CAPSULE 20 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	ZIPRASIDONE HCL ORAL CAPSULE 40 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	ZIPRASIDONE HCL ORAL CAPSULE 60 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	ZIPRASIDONE HCL ORAL CAPSULE 80 MG	ZIPRASIDONE HCL	2 PER DAY
ANTIPSYCHOTICS	ZIPRASIDONE MESYLATE INTRAMUSC. VIAL FNL 20MG/1	ZIPRASIDONE MESYLATE	2 PER FILL
MOVEMENT DISORDERS	AUSTEDO ORAL TABLET 6 MG	DEUTETRABENAZINE	4 PER DAY
MOVEMENT DISORDERS	AUSTEDO ORAL TABLET 9 MG	DEUTETRABENAZINE	4 PER DAY
MOVEMENT DISORDERS	AUSTEDO ORAL TABLET 12 MG	DEUTETRABENAZINE	4 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 6 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 12 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 18 MG	DEUTETRABENAZINE	2 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 24 MG	DEUTETRABENAZINE	2 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 30 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 36 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 42 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	AUSTEDO XR ORAL TAB ER 24H 48 MG	DEUTETRABENAZINE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA INITIATION PACK ORAL CAP DS PK 40 MG-80MG	VALBENAZINE TOSYLATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE 40 MG	VALBENAZINE TOSYLATE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE 60 MG	VALBENAZINE TOSYLATE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE 80 MG	VALBENAZINE TOSYLATE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE SPRINKLE 40 MG	VALBENAZINE TOSYLATE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE SPRINKLE 60 MG	VALBENAZINE TOSYLATE	1 PER DAY
MOVEMENT DISORDERS	INGREZZA ORAL CAPSULE SPRINKLE 80 MG	VALBENAZINE TOSYLATE	1 PER DAY
NARCOLEPSY AGENTS	ARMODAFINIL ORAL TABLET 50 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	ARMODAFINIL ORAL TABLET 150 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	ARMODAFINIL ORAL TABLET 200 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	ARMODAFINIL ORAL TABLET 250 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	NUVIGIL ORAL TABLET 50 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	NUVIGIL ORAL TABLET 150 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	NUVIGIL ORAL TABLET 200 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	NUVIGIL ORAL TABLET 250 MG	ARMODAFINIL	1 PER DAY
NARCOLEPSY AGENTS	MODAFINIL ORAL TABLET 100 MG	MODAFINIL	2 PER DAY
NARCOLEPSY AGENTS	MODAFINIL ORAL TABLET 200 MG	MODAFINIL	2 PER DAY
NARCOLEPSY AGENTS	PROVIGIL ORAL TABLET 100 MG	MODAFINIL	2 PER DAY
NARCOLEPSY AGENTS	PROVIGIL ORAL TABLET 200 MG	MODAFINIL	2 PER DAY
NARCOLEPSY AGENTS	WAKIX ORAL TABLET 4.45 MG	PITOLISANT HCL	2 PER DAY
NARCOLEPSY AGENTS	WAKIX ORAL TABLET 17.8 MG	PITOLISANT HCL	2 PER DAY
NARCOLEPSY AGENTS	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	SODIUM OXYBATE	18 ML PER DAY
NARCOLEPSY AGENTS	XYREM ORAL SOLUTION 500 MG/ML	SODIUM OXYBATE	18 ML PER DAY
NARCOLEPSY AGENTS	XYWAV ORAL SOLUTION 0.5G/ML	SODIUM,CALCIUM,MAG,POT OXYBATE	18 ML PER DAY
NARCOLEPSY AGENTS	SUNOSI ORAL TABLET 75 MG	SOLRIAMFETOL HCL	1 PER DAY
NARCOLEPSY AGENTS	SUNOSI ORAL TABLET 150 MG	SOLRIAMFETOL HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL CAPSULE 100 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL CAPSULE 200 MG	GABAPENTIN	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL CAPSULE 300 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL CAPSULE 400 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL SOLUTION 250 MG/5ML	GABAPENTIN	72 ML PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL SOLUTION 300 MG/6ML	GABAPENTIN	72 ML PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL TABLET 600 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABAPENTIN ORAL TABLET 800 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABARONE ORAL TABLET 100 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	GABARONE ORAL TABLET 400 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL CAPSULE 100 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL CAPSULE 300 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL CAPSULE 400 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL SOLUTION 250 MG/5ML	GABAPENTIN	72 ML PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL TABLET 600 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	NEURONTIN ORAL TABLET 800 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	RELGAABI ORAL CAPSULE 200 MG	GABAPENTIN	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	RELGAABI ORAL CAPSULE 300 MG	GABAPENTIN	6 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	RELGAABI ORAL CAPSULE 400 MG	GABAPENTIN	4 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LIDOCAINE TOPICAL ADH. PATCH 5 %	LIDOCAINE	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	ZTLIDO TOPICAL ADH. PATCH 1.8 %	LIDOCAINE	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	MILNACIPRAN HCL TITRATION PACK ORAL TAB DS PK	MILNACIPRAN HCL	55 PER 28 DAYS
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	MILNACIPRAN HCL ORAL TABLET 12.5 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	MILNACIPRAN HCL ORAL TABLET 25 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	MILNACIPRAN HCL ORAL TABLET 50 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	MILNACIPRAN HCL ORAL TABLET 100 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	SAVELLA TITRATION PACK ORAL TAB DS PK	MILNACIPRAN HCL	55 PER 28 DAYS
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	SAVELLA ORAL TABLET 12.5 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	SAVELLA ORAL TABLET 25 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	SAVELLA ORAL TABLET 50 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	SAVELLA ORAL TABLET 100 MG	MILNACIPRAN HCL	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA CR ORAL TAB ER 24H 82.5 MG	PREGABALIN	1 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA CR ORAL TAB ER 24H 165 MG	PREGABALIN	1 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA CR ORAL TAB ER 24H 330 MG	PREGABALIN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 25 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 50 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 75 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 100 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 150 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 200 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 225 MG	PREGABALIN	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL CAPSULE 300 MG	PREGABALIN	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	LYRICA ORAL SOLUTION 20 MG/ML	PREGABALIN	30 ML PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ER ORAL TAB ER 24H 82.5 MG	PREGABALIN	1 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ER ORAL TAB ER 24H 165 MG	PREGABALIN	1 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ER ORAL TAB ER 24H 330 MG	PREGABALIN	1 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 25 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 50 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 75 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 100 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 150 MG	PREGABALIN	3 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 200 MG	PREGABALIN	3 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 225 MG	PREGABALIN	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL CAPSULE 300 MG	PREGABALIN	2 PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	PREGABALIN ORAL SOLUTION 20 MG/ML	PREGABALIN	30 ML PER DAY
NEUROPATHIC & MISCELLANEOUS PAIN AGENTS	JOURNAVX ORAL TABLET 50 MG	SUZETRIGINE	30 PER 60 DAYS
SEDATIVE HYPNOTICS	QUVIVIQ ORAL TABLET 25 MG	DARIDOREXANT HCL	1 PER DAY
SEDATIVE HYPNOTICS	QUVIVIQ ORAL TABLET 50 MG	DARIDOREXANT HCL	1 PER DAY
SEDATIVE HYPNOTICS	IGALMI SUBLINGUAL FILM 120 MCG	DEXMEDETOMIDINE HCL	2 PER DAY
SEDATIVE HYPNOTICS	IGALMI SUBLINGUAL FILM 180 MCG	DEXMEDETOMIDINE HCL	2 PER DAY
SEDATIVE HYPNOTICS	DOXEPIN HCL ORAL TABLET 3 MG	DOXEPIN HCL	1 PER DAY
SEDATIVE HYPNOTICS	DOXEPIN HCL ORAL TABLET 6 MG	DOXEPIN HCL	1 PER DAY
SEDATIVE HYPNOTICS	ESTAZOLAM ORAL TABLET 1 MG	ESTAZOLAM	1 PER DAY
SEDATIVE HYPNOTICS	ESTAZOLAM ORAL TABLET 2 MG	ESTAZOLAM	1 PER DAY
SEDATIVE HYPNOTICS	ESZOPICLONE ORAL TABLET 1 MG	ESZOPICLONE	1 PER DAY
SEDATIVE HYPNOTICS	ESZOPICLONE ORAL TABLET 2 MG	ESZOPICLONE	1 PER DAY
SEDATIVE HYPNOTICS	ESZOPICLONE ORAL TABLET 3 MG	ESZOPICLONE	1 PER DAY
SEDATIVE HYPNOTICS	DAYVIGO ORAL TABLET 5 MG	LEMBOREXANT	1 PER DAY
SEDATIVE HYPNOTICS	DAYVIGO ORAL TABLET 10 MG	LEMBOREXANT	1 PER DAY
SEDATIVE HYPNOTICS	DORAL ORAL TABLET 15 MG	QUAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	QUAZEPAM ORAL TABLET 15 MG	QUAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	RAMELTEON ORAL TABLET 8 MG	RAMELTEON	1 PER DAY
SEDATIVE HYPNOTICS	ROZEREM ORAL TABLET 8 MG	RAMELTEON	1 PER DAY
SEDATIVE HYPNOTICS	BELSOMRA ORAL TABLET 5 MG	SUVOREXANT	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
SEDATIVE HYPNOTICS	BELSOMRA ORAL TABLET 10 MG	SUVOREXANT	1 PER DAY
SEDATIVE HYPNOTICS	BELSOMRA ORAL TABLET 15 MG	SUVOREXANT	1 PER DAY
SEDATIVE HYPNOTICS	BELSOMRA ORAL TABLET 20 MG	SUVOREXANT	1 PER DAY
SEDATIVE HYPNOTICS	HETLIOZ LQ ORAL SUSP 4 MG/ML	TASIMELTEON	5 ML PER DAY
SEDATIVE HYPNOTICS	HETLIOZ ORAL CAPSULE 20 MG	TASIMELTEON	1 PER DAY
SEDATIVE HYPNOTICS	TASIMELTEON ORAL CAPSULE 20 MG	TASIMELTEON	1 PER DAY
SEDATIVE HYPNOTICS	RESTORIL ORAL CAPSULE 7.5 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	RESTORIL ORAL CAPSULE 15 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	RESTORIL ORAL CAPSULE 22.5 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	RESTORIL ORAL CAPSULE 30 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	TEMAZEPAM ORAL CAPSULE 7.5 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	TEMAZEPAM ORAL CAPSULE 15 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	TEMAZEPAM ORAL CAPSULE 22.5 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	TEMAZEPAM ORAL CAPSULE 30 MG	TEMAZEPAM	1 PER DAY
SEDATIVE HYPNOTICS	HALCION ORAL TABLET 0.25 MG	TRIAZOLAM	2 PER DAY
SEDATIVE HYPNOTICS	TRIAZOLAM ORAL TABLET 0.125 MG	TRIAZOLAM	1 PER DAY
SEDATIVE HYPNOTICS	TRIAZOLAM ORAL TABLET 0.25 MG	TRIAZOLAM	2 PER DAY
SEDATIVE HYPNOTICS	ZALEPLON ORAL CAPSULE 5 MG	ZALEPLON	2 PER DAY
SEDATIVE HYPNOTICS	ZALEPLON ORAL CAPSULE 10 MG	ZALEPLON	2 PER DAY
SEDATIVE HYPNOTICS	AMBIEN CR ORAL TAB MPHASE 6.25 MG	ZOLPIDEM TARTRATE	2 PER DAY
SEDATIVE HYPNOTICS	AMBIEN CR ORAL TAB MPHASE 12.5 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	AMBIEN ORAL TABLET 5 MG	ZOLPIDEM TARTRATE	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
SEDATIVE HYPNOTICS	AMBIEN ORAL TABLET 10 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	EDLUAR SUBLINGUAL TAB SUBL 5 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	EDLUAR SUBLINGUAL TAB SUBL 10 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE ER ORAL TAB MPHASE 6.25 MG	ZOLPIDEM TARTRATE	2 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE ER ORAL TAB MPHASE 12.5 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE ORAL TABLET 5 MG	ZOLPIDEM TARTRATE	2 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE ORAL TABLET 10 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE SUBLINGUAL TAB SUBL 1.75 MG	ZOLPIDEM TARTRATE	1 PER DAY
SEDATIVE HYPNOTICS	ZOLPIDEM TARTRATE SUBLINGUAL TAB SUBL 3.5 MG	ZOLPIDEM TARTRATE	1 PER DAY
SKELETAL MUSCLE RELAXANTS	BACLOFEN ORAL SUSP 25 MG/5 ML	BACLOFEN	16 ML PER DAY
SKELETAL MUSCLE RELAXANTS	BACLOFEN ORAL SOLUTION 5 MG/5 ML	BACLOFEN	80 ML PER DAY
SKELETAL MUSCLE RELAXANTS	BACLOFEN ORAL SOLUTION 10 MG/5 ML	BACLOFEN	40 ML PER DAY
SKELETAL MUSCLE RELAXANTS	FLEQSUVY ORAL SUSP 25 MG/5 ML	BACLOFEN	16 ML PER DAY
SKELETAL MUSCLE RELAXANTS	OZOBAX ORAL SOLUTION 5 MG/5 ML	BACLOFEN	80 ML PER DAY
SKELETAL MUSCLE RELAXANTS	OZOBAX DS ORAL SOLUTION 10 MG/5 ML	BACLOFEN	40 ML PER DAY
SKELETAL MUSCLE RELAXANTS	CARISOPRODOL-ASPIRIN-CODEINE ORAL TABLET 200-325-16	CARISOPRODOL/ ASPIRIN/CODEINE	8 PER DAY
SKELETAL MUSCLE RELAXANTS	AMRIX ORAL CAP ER 24H 15 MG	CYCLOBENZAPRINE HCL	21 PER 30 DAYS
SKELETAL MUSCLE RELAXANTS	AMRIX ORAL CAP ER 24H 30 MG	CYCLOBENZAPRINE HCL	21 PER 30 DAYS
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL ER ORAL CAP ER 24H 15 MG	CYCLOBENZAPRINE HCL	21 PER 30 DAYS
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL ER ORAL CAP ER 24H 30 MG	CYCLOBENZAPRINE HCL	21 PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	CYCLOBENZAPRINE HCL	6 PER DAY
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL ORAL TABLET 7.5 MG	CYCLOBENZAPRINE HCL	4 PER DAY
SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	CYCLOBENZAPRINE HCL	3 PER DAY
SKELETAL MUSCLE RELAXANTS	FEXMID ORAL TABLET 7.5 MG	CYCLOBENZAPRINE HCL	4 PER DAY
SKELETAL MUSCLE RELAXANTS	METAXALONE ORAL TABLET 640 MG	METAXALONE	4 PER DAY
SKELETAL MUSCLE RELAXANTS	TONMYA ORAL SUBLINGUAL TAB SUBL 2.8 MG	CYCLOBENZAPRINE HCL	2 PER DAY
SKELETAL MUSCLE RELAXANTS	ATMEKSI ORAL SUSPENSION 750 MG/5 ML	METHOCARBAMOL	40 ML PER DAY
SKELETAL MUSCLE RELAXANTS	ZANAFLEX ORAL CAPSLE 8 MG	TIZANIDINE HCL	4 PER DAY
SKELETAL MUSCLE RELAXANTS	TIZANIDINE ORAL CAPSLE 8 MG	TIZANIDINE HCL	4 PER DAY
SKELETAL MUSCLE RELAXANTS	ONTRALFY ORAL SOLUTION 2 MG/5 ML	TIZANIDINE HCL	90 ML PER DAY
SPINAL MUSCULAR ATROPHY	EVRYSDI ORAL TABLET 5 MG	RISDIPLAM	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 3.1 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 6.3 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 9.4 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 12.5 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 15.7 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADZENYS XR-ODT ORAL TAB RAP BP 18.8 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DYANAVEL XR ORAL SUS BP 24H 2.5 MG/ML	AMPHETAMINE	8 ML PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 3.1 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 6.3 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 9.4 MG	AMPHETAMINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 12.5 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 15.7 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE ER ODT ORAL TAB RAP BP 18.8 MG	AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE SULFATE ORAL TABLET 5 MG	AMPHETAMINE SULFATE	6 PER DAY
STIMULANTS AND RELATED AGENTS	AMPHETAMINE SULFATE ORAL TABLET 10 MG	AMPHETAMINE SULFATE	6 PER DAY
STIMULANTS AND RELATED AGENTS	EVEKEO ORAL TABLET 5 MG	AMPHETAMINE SULFATE	6 PER DAY
STIMULANTS AND RELATED AGENTS	EVEKEO ORAL TABLET 10 MG	AMPHETAMINE SULFATE	6 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 10 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 18 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 25 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 40 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 60 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 80 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE HCL ORAL CAPSULE 100 MG	ATOMOXETINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ATOMOXETINE ORAL SOLUTION 4 MG/ML	ATOMOXETINE HCL	25 ML PER DAY
STIMULANTS AND RELATED AGENTS	ATONCY HCL ORAL SOLUTION 4 MG/ML	ATOMOXETINE HCL	25 ML PER DAY
STIMULANTS AND RELATED AGENTS	CLONIDINE HCL ER ORAL TAB ER 12H 0.1 MG	CLONIDINE HCL	4 PER DAY
STIMULANTS AND RELATED AGENTS	CLONIDINE HCL ER ORAL TAB ER 24H 0.17 MG	CLONIDINE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	ONYDA XR ORAL SUS ER 24H 0.1 MG/ML	CLONIDINE HCL	4 ML PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 5 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 10 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 15 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 20 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 25 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 30 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 35 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ER ORAL CPBP 50-50 40 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ORAL TABLET 2.5 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ORAL TABLET 5 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN ORAL TABLET 2.5 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN ORAL TABLET 5 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN ORAL TABLET 10 MG	DEXMETHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 5 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 10 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 15 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 20 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 25 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 30 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 35 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	FOCALIN XR ORAL CPBP 50-50 40 MG	DEXMETHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	XELSTRYM TRANSDERM. PATCH TD24 4.5 MG/9HR	DEXTROAMPHETAMINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	XELSTRYM TRANSDERM. PATCH TD24 9 MG/9 HR	DEXTROAMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	XELSTRYM TRANSDERM. PATCH TD24 13.5MG/9HR	DEXTROAMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	XELSTRYM TRANSDERM. PATCH TD24 18 MG/9 HR	DEXTROAMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXEDRINE ORAL CAPSULE ER 10 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXEDRINE ORAL CAPSULE ER 15 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE ER 5 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE ER 10 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE ER 15 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5 ML	DEXTROAMPHETAMINE SULFATE	60 ML PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL TABLET 15 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL TABLET 20 MG	DEXTROAMPHETAMINE SULFATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE SULFATE ORAL TABLET 30 MG	DEXTROAMPHETAMINE SULFATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	PROCENTRA ORAL SOLUTION 5 MG/5 ML	DEXTROAMPHETAMINE SULFATE	60 ML PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 2.5 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 5 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 7.5 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 10 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 15 MG	DEXTROAMPHETAMINE SULFATE	4 PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 20 MG	DEXTROAMPHETAMINE SULFATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ZENZEDI ORAL TABLET 30 MG	DEXTROAMPHETAMINE SULFATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 7.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 10 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 12.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 15 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 20 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL ORAL TABLET 30 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 10 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 15 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 20 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 25 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	ADDERALL XR ORAL CAP ER 24H 30 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 10 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 15 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 20 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 25 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHET ER ORAL CAP ER 24H 30 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL CPTP 24HR 12.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL CPTP 24HR 25 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL CPTP 24HR 37.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL CPTP 24HR 50 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 7.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 10 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 12.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 15 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 20 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DEXTROAMPHETAMINE-AMPHETAMINE ORAL TABLET 30 MG	DEXTROAMPHETAMINE/AMPHETAMINE	2 PER DAY
STIMULANTS AND RELATED AGENTS	MYDAYIS ORAL CPTP 24HR 12.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	MYDAYIS ORAL CPTP 24HR 25 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	MYDAYIS ORAL CPTP 24HR 37.5 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	MYDAYIS ORAL CPTP 24HR 50 MG	DEXTROAMPHETAMINE/AMPHETAMINE	1 PER DAY
STIMULANTS AND RELATED AGENTS	GUANFACINE HCL ER ORAL TAB ER 24H 1 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	GUANFACINE HCL ER ORAL TAB ER 24H 2 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	GUANFACINE HCL ER ORAL TAB ER 24H 3 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	GUANFACINE HCL ER ORAL TAB ER 24H 4 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	INTUNIV ORAL TAB ER 24H 1 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	INTUNIV ORAL TAB ER 24H 2 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	INTUNIV ORAL TAB ER 24H 3 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	INTUNIV ORAL TAB ER 24H 4 MG	GUANFACINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	ARYNTA ORAL SOLUTION 10 MG/ML	LISDEXAMFETAMINE DIMESYLATE	7 ML PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 10 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 20 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 30 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 40 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 50 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 60 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL CAPSULE 70 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 10 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 20 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 30 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 40 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 50 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	LISDEXAMFETAMINE DIMESYLATE ORAL TAB CHEW 60 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 10 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 20 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 30 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 40 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 50 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 60 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL CAPSULE 70 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 10 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 20 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 30 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 40 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 50 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	VYVANSE ORAL TAB CHEW 60 MG	LISDEXAMFETAMINE DIMESYLATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DESOXYN ORAL TABLET 5 MG	METHAMPHETAMINE HCL	5 PER DAY
STIMULANTS AND RELATED AGENTS	METHAMPHETAMINE HCL ORAL TABLET 5 MG	METHAMPHETAMINE HCL	5 PER DAY
STIMULANTS AND RELATED AGENTS	COTEMPLA XR-ODT ORAL TAB RAP BP 8.6 MG	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	COTEMPLA XR-ODT ORAL TAB RAP BP 17.3 MG	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	COTEMPLA XR-ODT ORAL TAB RAP BP 25.9 MG	METHYLPHENIDATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ODT ORAL TAB 8.6 MG	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ODT ORAL TAB RAP BP 17.3 MG	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ODT ORAL TAB RAP BP 25.9 MG	METHYLPHENIDATE	2 PER DAY
STIMULANTS AND RELATED AGENTS	DAYTRANA TRANSDERM. PATCH TD24 10MG/9HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DAYTRANA TRANSDERM. PATCH TD24 15MG/9HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DAYTRANA TRANSDERM. PATCH TD24 20 MG/9 HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	DAYTRANA TRANSDERM. PATCH TD24 30MG/9HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE TRANSDERM. PATCH TD24 10MG/9HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE TRANSDERM. PATCH TD24 20 MG/9 HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE TRANSDERM. PATCH TD24 30MG/9HR	METHYLPHENIDATE	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 15 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 20 MG	METHYLPHENIDATE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 50 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	APTENSIO XR ORAL CSBP 40-60 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	CONCERTA ORAL TAB ER 24 18 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	CONCERTA ORAL TAB ER 24 27 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	CONCERTA ORAL TAB ER 24 36 MG	METHYLPHENIDATE HCL	2 PER DAY
STIMULANTS AND RELATED AGENTS	CONCERTA ORAL TAB ER 24 54 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	JORNAY PM ORAL CPDR ER SP 100 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	JORNAY PM ORAL CPDR ER SP 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	JORNAY PM ORAL CPDR ER SP 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	JORNAY PM ORAL CPDR ER SP 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	JORNAY PM ORAL CPDR ER SP 80 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLIN ORAL SOLUTION 10 MG/5 ML	METHYLPHENIDATE HCL	50 ML PER DAY
STIMULANTS AND RELATED AGENTS	METHYLIN ORAL SOLUTION 5 MG/5 ML	METHYLPHENIDATE HCL	50 ML PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (LA) ORAL CPBP 50-50 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (LA) ORAL CPBP 50-50 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (LA) ORAL CPBP 50-50 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER (LA) ORAL CPBP 50-50 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 15 MG	METHYLPHENIDATE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 50 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL CSBP 40-60 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 18 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 27 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 36 MG	METHYLPHENIDATE HCL	2 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 45 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 54 MG	METHYLPHENIDATE HCL	2 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 63 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TAB ER 24 72 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TABLET ER 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE ER ORAL TABLET ER 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 50 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL CD ORAL CPBP 30-70 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 10 MG	METHYLPHENIDATE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 50 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ER (CD) ORAL CPBP 30-70 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL SOLUTION 10 MG/5 ML	METHYLPHENIDATE HCL	50 ML PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL SOLUTION 5 MG/5 ML	METHYLPHENIDATE HCL	50 ML PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TAB CHEW 2.5 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TAB CHEW 5 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TAB CHEW 10 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TABLET 5 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TABLET 10 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE HCL ORAL TABLET 20 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE LA ORAL CPBP 50-50 10 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE LA ORAL CPBP 50-50 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE LA ORAL CPBP 50-50 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE LA ORAL CPBP 50-50 40 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	METHYLPHENIDATE LA ORAL CPBP 50-50 60 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	QUILLICHEW ER ORAL TAB CBP24H 20 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	QUILLICHEW ER ORAL TAB CBP24H 30 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	QUILLICHEW ER ORAL TAB CBP24H 40 MG	METHYLPHENIDATE HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
STIMULANTS AND RELATED AGENTS	QUILLIVANT XR ORAL SUSP ER RC24 5 MG/ML	METHYLPHENIDATE HCL	20 ML PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 18 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 27 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 36 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 45 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 54 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 63 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RELEXXII ORAL TAB ER 24 72 MG	METHYLPHENIDATE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	RITALIN ORAL TABLET 5 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	RITALIN ORAL TABLET 10 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	RITALIN ORAL TABLET 20 MG	METHYLPHENIDATE HCL	3 PER DAY
STIMULANTS AND RELATED AGENTS	AZSTARYS ORAL CAPSULE 26.1-5.2MG	SERDEXMETHYLPHEN/ DEXMETHYLPHEN	1 PER DAY
STIMULANTS AND RELATED AGENTS	AZSTARYS ORAL CAPSULE 39.2-7.8MG	SERDEXMETHYLPHEN/ DEXMETHYLPHEN	1 PER DAY
STIMULANTS AND RELATED AGENTS	AZSTARYS ORAL CAPSULE 52.3-10.4	SERDEXMETHYLPHEN/ DEXMETHYLPHEN	1 PER DAY
STIMULANTS AND RELATED AGENTS	QELBREE ORAL CAP ER 24H 100 MG	VILOXAZINE HCL	1 PER DAY
STIMULANTS AND RELATED AGENTS	QELBREE ORAL CAP ER 24H 150 MG	VILOXAZINE HCL	2 PER DAY
STIMULANTS AND RELATED AGENTS	QELBREE ORAL CAP ER 24H 200 MG	VILOXAZINE HCL	3 PER DAY
TOBACCO CESSATION PRODUCTS	BUPROPION HCL SR ORAL TAB ER 12H 150 MG	BUPROPION HCL	2 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE TRANSDERM. PATCH DYSQ 21-14-7MG	NICOTINE	1 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE TRANSDERM. PATCH TD24 14MG/24HR	NICOTINE	1 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE TRANSDERM. PATCH TD24 21 MG/24HR	NICOTINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
TOBACCO CESSATION PRODUCTS	NICOTINE TRANSDERM. PATCH TD24 7MG/24HR	NICOTINE	1 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTROL NS NASAL SPRAY 10 MG/ML	NICOTINE	10 ML PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE GUM BUCCAL GUM 2 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE GUM BUCCAL GUM 4 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE LOZENGE BUCCAL LOZENGE 2 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE LOZENGE BUCCAL LOZENGE 4 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE LOZENGE BUCCAL LOZNG MINI 2 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	NICOTINE LOZENGE BUCCAL LOZNG MINI 4 MG	NICOTINE POLACRILEX	24 PER DAY
TOBACCO CESSATION PRODUCTS	CHANTIX ORAL TAB DS PK 0.5 (11)-1	VARENICLINE TARTRATE	1 PACK PER 28 DAYS
TOBACCO CESSATION PRODUCTS	CHANTIX ORAL TABLET 0.5 MG	VARENICLINE TARTRATE	2 PER DAY
TOBACCO CESSATION PRODUCTS	CHANTIX ORAL TABLET 1 MG	VARENICLINE TARTRATE	2 PER DAY
TOBACCO CESSATION PRODUCTS	VARENICLINE TARTRATE ORAL TAB DS PK 0.5 (11)-1	VARENICLINE TARTRATE	1 PACK PER 28 DAYS
TOBACCO CESSATION PRODUCTS	VARENICLINE TARTRATE ORAL TABLET 0.5 MG	VARENICLINE TARTRATE	2 PER DAY
TOBACCO CESSATION PRODUCTS	VARENICLINE TARTRATE ORAL TABLET 1 MG	VARENICLINE TARTRATE	2 PER DAY

DERMATOLOGICS

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIBIOTICS, TOPICAL	GENTAMICIN SULFATE TOPICAL CREAM (G) 0.1 %	GENTAMICIN SULFATE	2 GRAMS PER DAY
ANTIBIOTICS, TOPICAL	MUPIROCIN TOPICAL OINT. (G) 2 %	MUPIROCIN	110 GRAMS PER 30 DAYS
ANTIBIOTICS, TOPICAL	MUPIROCIN TOPICAL CREAM (G) 2 %	MUPIROCIN CALCIUM	110 GRAMS PER 30 DAYS
ANTIBIOTICS, TOPICAL	CENTANY TOPICAL OINT. (G) 2 %	MUPIROCIN	110 GRAMS PER 30 DAYS
ANTIFUNGALS, TOPICAL	KETOCONAZOLE TOPICAL CREAM (G) 2 %	KETOCONAZOLE	2 GRAMS PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIFUNGALS, TOPICAL	NYSTOP TOPICAL POWDER 100000/G	NYSTATIN	10 GRAMS PER DAY
ANTIFUNGALS, TOPICAL	NYAMYC TOPICAL POWDER 100000/G	NYSTATIN	10 GRAMS PER DAY
ANTIFUNGALS, TOPICAL	NYSTATIN TOPICAL POWDER 100000/G	NYSTATIN	10 GRAMS PER DAY
ANTIFUNGALS, TOPICAL	OXICONAZOLE NITRATE TOPICAL CREAM (G) 1 %	OXICONAZOLE NITRATE	3 GRAMS PER DAY
ANTIFUNGALS, TOPICAL	OXISTAT TOPICAL LOTION 1 %	OXICONAZOLE NITRATE	2 ML PER DAY
ANTIPSORIATICS, TOPICAL	DERMACURE TOPICAL CREAM (G) 41%	UREA	7.6 GRAMS PER DAY
ANTIPSORIATICS, TOPICAL	ZORYVE TOPICAL CREAM (G) 0.3 %	ROFLUMILAST	2 GRAMS PER DAY
ANTIPSORIATICS, TOPICAL	ZORYVE TOPICAL FOAM (G) 0.3 %	ROFLUMILAST	2 GRAMS PER DAY
ANTIPSORIATICS, TOPICAL	UREA TOPICAL CREAM (G) 40 %	UREA	7 GRAMS PER DAY
ANTIPSORIATICS, TOPICAL	UREA TOPICAL CREAM (G) 39 %	UREA	7.6 GRAMS PER DAY
ROSACEA AGENTS, TOPICAL	RHOFADE TOPICAL CREAM (G) 1 %	OXYMETAZOLINE HCL	2 GRAMS PER DAY
ROSACEA AGENTS, TOPICAL	OXYMETAZOLINE TOPICAL CREAM (G) 1%	OXYMETAZOLINE HCL	2 GRAMS PER DAY
STEROIDS, TOPICAL	AMCINONIDE TOPICAL CREAM (G) 0.1%	AMCINONIDE	2 GRAMS PER DAY
STEROIDS, TOPICAL	AMCINONIDE TOPICAL OINTMENT (G) 0.1%	AMCINONIDE	2 GRAMS PER DAY

DIABETES

Drug Class	Label Name	Generic Name	Quantity Limit
ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE ORAL TABLET 25 MG	ACARBOSE	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE ORAL TABLET 50 MG	ACARBOSE	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE ORAL TABLET 100 MG	ACARBOSE	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	PRECOSE ORAL TABLET 25 MG	ACARBOSE	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	PRECOSE ORAL TABLET 50 MG	ACARBOSE	3 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ALPHA-GLUCOSIDASE INHIBITORS	PRECOSE ORAL TABLET 100 MG	ACARBOSE	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	MIGLITOL ORAL TABLET 25 MG	MIGLITOL	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	MIGLITOL ORAL TABLET 50 MG	MIGLITOL	3 PER DAY
ALPHA-GLUCOSIDASE INHIBITORS	MIGLITOL ORAL TABLET 100 MG	MIGLITOL	3 PER DAY
DPP-4 INHIBITORS	OSENI ORAL TABLET 12.5-30 MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	OSENI ORAL TABLET 25 MG-45MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25 MG-15MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25 MG-30MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25 MG-45MG	ALOGLIPTIN BENZ/ PIOGLITAZONE	1 PER DAY
DPP-4 INHIBITORS	KAZANO ORAL TABLET 12.5-500MG	ALOGLIPTIN BENZ/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	KAZANO ORAL TABLET 12.5-1000MG	ALOGLIPTIN BENZ/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-500MG	ALOGLIPTIN BENZ/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1000MG	ALOGLIPTIN BENZ/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	NESINA ORAL TABLET 6.25 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	NESINA ORAL TABLET 12.5 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	NESINA ORAL TABLET 25 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN ORAL TABLET 6.25 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN ORAL TABLET 12.5 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	ALOGLIPTIN ORAL TABLET 25 MG	ALOGLIPTIN BENZOATE	1 PER DAY
DPP-4 INHIBITORS	DAPAGLIFLOZIN-SAXAGLIPTIN ORAL TABLET 10 MG-5 MG	DAPAGLIFLOZIN/ SAXAGLIPTIN HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
DPP-4 INHIBITORS	TRIJARDY XR ORAL TAB BP 24H 10-5-1000 MG	EMPAGLIFLOZ/ LINAGLIP/METFORMIN	1 PER DAY
DPP-4 INHIBITORS	TRIJARDY XR ORAL TAB BP 24H 12.5-2.5 MG	EMPAGLIFLOZ/ LINAGLIP/METFORMIN	2 PER DAY
DPP-4 INHIBITORS	TRIJARDY XR ORAL TAB BP 24H 25-5-1000 MG	EMPAGLIFLOZ/ LINAGLIP/METFORMIN	1 PER DAY
DPP-4 INHIBITORS	TRIJARDY XR ORAL TAB BP 24H 5-2.5-1000 MG	EMPAGLIFLOZ/ LINAGLIP/METFORMIN	2 PER DAY
DPP-4 INHIBITORS	GLYXAMBI ORAL TABLET 10 MG-5 MG	EMPAGLIFLOZIN/ LINAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	GLYXAMBI ORAL TABLET 25 MG-5 MG	EMPAGLIFLOZIN/ LINAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	STEGLUJAN ORAL TABLET 5 MG-100MG	ERTUGLIFLOZIN/ SITAGLIPTIN PHOS	1 PER DAY
DPP-4 INHIBITORS	STEGLUJAN ORAL TABLET 15MG-100MG	ERTUGLIFLOZIN/ SITAGLIPTIN PHOS	1 PER DAY
DPP-4 INHIBITORS	TRADJENTA ORAL TABLET 5 MG	LINAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	JENTADUETO ORAL TABLET 2.5-500 MG	LINAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JENTADUETO ORAL TABLET 2.5-850 MG	LINAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JENTADUETO ORAL TABLET 2.5-1000MG	LINAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JENTADUETO XR ORAL TAB BP 24H 2.5-1000MG	LINAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JENTADUETO XR ORAL TAB BP 24H 5MG-1000MG	LINAGLIPTIN/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	SAXAGLIPTIN HCL ORAL TABLET 2.5 MG	SAXAGLIPTIN HCL	1 PER DAY
DPP-4 INHIBITORS	SAXAGLIPTIN HCL ORAL TABLET 5 MG	SAXAGLIPTIN HCL	1 PER DAY
DPP-4 INHIBITORS	SAXAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 2.5-1000MG	SAXAGLIPTIN HCL/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SAXAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 5 MG-500MG	SAXAGLIPTIN HCL/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	SAXAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 5MG-1000MG	SAXAGLIPTIN HCL/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	BRYNOVIN ORAL SOLUTION 25 MG/ML	SITAGLIPTIN	4 ML PER DAY
DPP-4 INHIBITORS	ZITUVIO ORAL TABLET 25 MG	SITAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	ZITUVIO ORAL TABLET 50 MG	SITAGLIPTIN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
DPP-4 INHIBITORS	ZITUVIO ORAL TABLET 100 MG	SITAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN ORAL TABLET 25 MG	SITAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN ORAL TABLET 50 MG	SITAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN ORAL TABLET 100 MG	SITAGLIPTIN	1 PER DAY
DPP-4 INHIBITORS	ZITUVIMET ORAL TABLET 50-500 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ZITUVIMET ORAL TABLET 50-1,000 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN-METFORMIN ORAL TABLET 50-500 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN-METFORMIN ORAL TABLET 50-1000 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ZITUVIMET XR ORAL TBMP 24HR 50-500 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ZITUVIMET XR ORAL TBMP 24HR 50-1000 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	ZITUVIMET XR ORAL TBMP 24HR 100-1000 MG	SITAGLIPTIN/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 50-500 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 50-1,000 MG	SITAGLIPTIN/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN-METFORMIN ER ORAL TBMP 24HR 100-1,000 MG	SITAGLIPTIN/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	JANUMET ORAL TABLET 50MG-500MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JANUMET ORAL TABLET 50-1000 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN PHOSPHATE-METFORMIN ORAL TABLET 50MG-500MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN PHOSPHATE-METFORMIN ORAL TABLET 50-1000 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	JANUMET XR ORAL TBMP 24HR 50MG-500MG	SITAGLIPTIN PHOS/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	JANUMET XR ORAL TBMP 24HR 50-1000 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	JANUMET XR ORAL TBMP 24HR 100-1000MG	SITAGLIPTIN PHOS/ METFORMIN HCL	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
DPP-4 INHIBITORS	SITAGLIPTIN PHOSPHATE-METFORMIN ER ORAL TABLET 50-500 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN PHOSPHATE-METFORMIN ER ORAL TABLET 50-1000 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	2 PER DAY
DPP-4 INHIBITORS	SITAGLIPTIN PHOSPHATE-METFFORMIN ER ORAL TABLET 100-1000 MG	SITAGLIPTIN PHOS/ METFORMIN HCL	1 PER DAY
DPP-4 INHIBITORS	JANUVIA ORAL TABLET 25 MG	SITAGLIPTIN PHOSPHATE	1 PER DAY
DPP-4 INHIBITORS	JANUVIA ORAL TABLET 50 MG	SITAGLIPTIN PHOSPHATE	1 PER DAY
DPP-4 INHIBITORS	JANUVIA ORAL TABLET 100 MG	SITAGLIPTIN PHOSPHATE	1 PER DAY
GLP-1 RECEPTOR AGONISTS	TRULICITY SUBCUTANE. PEN INJCTR 0.75MG/0.5ML	DULAGLUTIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	TRULICITY SUBCUTANE. PEN INJCTR 1.5 MG/0.5ML	DULAGLUTIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	TRULICITY SUBCUTANE. PEN INJCTR 3 MG/0.5ML	DULAGLUTIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	TRULICITY SUBCUTANE. PEN INJCTR 4.5 MG/0.5ML	DULAGLUTIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	EXENATIDE SUBCUTANE. PEN INJCTR 5MCG/0.02ML	EXENATIDE	1 PER 30 DAYS; 1 PER FILL
GLP-1 RECEPTOR AGONISTS	EXENATIDE SUBCUTANE. PEN INJCTR 10MCG/0.04ML	EXENATIDE	1 PER 30 DAYS; 1 PER FILL
GLP-1 RECEPTOR AGONISTS	XULTOPHY 100-3.6 SUBCUTANE. INSULN PEN 100-3.6/ML	INSULIN DEGLUDEC/ LIRAGLUTIDE	5 PER 30 DAYS
GLP-1 RECEPTOR AGONISTS	SOLIQUA 100-33 SUBCUTANE. INSULN PEN 100-33/ML	INSULIN GLARGINE/ LIXISENATIDE	6 PER 30 DAYS
GLP-1 RECEPTOR AGONISTS	LIRAGLUTIDE SUBCUTANE. PEN INJCTR 0.6 MG/0.1ML	LIRAGLUTIDE	3 PER 30 DAYS; 3 PER FILL
GLP-1 RECEPTOR AGONISTS	VICTOZA 2-PAK SUBCUTANE. PEN INJCTR 0.6 MG/0.1ML	LIRAGLUTIDE	3 PER 30 DAYS; 3 PER FILL
GLP-1 RECEPTOR AGONISTS	VICTOZA 3-PAK SUBCUTANE. PEN INJCTR 0.6 MG/0.1ML	LIRAGLUTIDE	3 PER 30 DAYS; 3 PER FILL
GLP-1 RECEPTOR AGONISTS	OZEMPIC SUBCUTANE. PEN INJCTR 0.25 MG OR 0.5 MG	SEMAGLUTIDE	1 PER 28 DAYS; 1 PER FILL
GLP-1 RECEPTOR AGONISTS	OZEMPIC SUBCUTANE. PEN INJCTR 1/0.75 (3)	SEMAGLUTIDE	1 PER 28 DAYS; 1 PER FILL
GLP-1 RECEPTOR AGONISTS	OZEMPIC SUBCUTANE. PEN INJCTR 2MG/0.75ML	SEMAGLUTIDE	1 PER 28 DAYS; 1 PER FILL

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
GLP-1 RECEPTOR AGONISTS	OZEMPIC ORAL TABLET 1.5 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	OZEMPIC ORAL TABLET 4 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	OZEMPIC ORAL TABLET 9 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 1.5 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 3 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 4 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 7 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 9 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	RYBELSUS ORAL TABLET 14 MG	SEMAGLUTIDE	1 PER DAY; 30 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 2.5 MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 5 MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 7.5 MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 10MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 12.5MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
GLP-1 RECEPTOR AGONISTS	MOUNJARO SUBCUTANE. PEN INJCTR 15MG/0.5ML	TIRZEPATIDE	4 PER 28 DAYS; 4 PER FILL
MEGLITINIDES	NATEGLINIDE ORAL TABLET 60 MG	NATEGLINIDE	3 PER DAY
MEGLITINIDES	NATEGLINIDE ORAL TABLET 120 MG	NATEGLINIDE	3 PER DAY
MEGLITINIDES	REPAGLINIDE ORAL TABLET 0.5 MG	REPAGLINIDE	4 PER DAY
MEGLITINIDES	REPAGLINIDE ORAL TABLET 1 MG	REPAGLINIDE	4 PER DAY
MEGLITINIDES	REPAGLINIDE ORAL TABLET 2 MG	REPAGLINIDE	8 PER DAY
SGLT2 INHIBITORS	INVOKANA ORAL TABLET 100 MG	CANAGLIFLOZIN	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
SGLT2 INHIBITORS	INVOKANA ORAL TABLET 300 MG	CANAGLIFLOZIN	1 PER DAY
SGLT2 INHIBITORS	INVOKAMET ORAL TABLET 50MG-500MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET ORAL TABLET 150-500 MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET ORAL TABLET 50-1000 MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET ORAL TABLET 150-1000MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET XR ORAL TAB BP 24H 50MG-500MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET XR ORAL TAB BP 24H 150-500 MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET XR ORAL TAB BP 24H 50-1000 MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	INVOKAMET XR ORAL TAB BP 24H 150-1000MG	CANAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN ORAL TABLET 5 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN ORAL TABLET 10 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN-METFORMIN ER ORAL TAB BP 24H 5MG-1000 MG	DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN	2 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN-METFORMIN ER ORAL TAB BP 24H 10-1000 MG	DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN-METFORMIN ER ORAL TAB BP 24H 10-500 MG	DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN-METFORMIN ER ORAL TAB BP 24H 5-500 MG	DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	XIGDUO XR ORAL TAB BP 24H 5 MG-500MG	DAPAGLIFLOZ PROPANED/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	XIGDUO XR ORAL TAB BP 24H 10MG-500MG	DAPAGLIFLOZ PROPANED/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	XIGDUO XR ORAL TAB BP 24H 2.5-1000MG	DAPAGLIFLOZ PROPANED/ METFORMIN	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
SGLT2 INHIBITORS	XIGDUO XR ORAL TAB BP 24H 5MG-1000MG	DAPAGLIFLOZ PROPANED/ METFORMIN	2 PER DAY
SGLT2 INHIBITORS	XIGDUO XR ORAL TAB BP 24H 10-1000 MG	DAPAGLIFLOZ PROPANED/ METFORMIN	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN ORAL TABLET 5 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	DAPAGLIFLOZIN ORAL TABLET 10 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	FARXIGA ORAL TABLET 5 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	FARXIGA ORAL TABLET 10 MG	DAPAGLIFLOZIN PROPANEDIOL	1 PER DAY
SGLT2 INHIBITORS	JARDIANCE ORAL TABLET 10 MG	EMPAGLIFLOZIN	1 PER DAY
SGLT2 INHIBITORS	JARDIANCE ORAL TABLET 25 MG	EMPAGLIFLOZIN	1 PER DAY
SGLT2 INHIBITORS	SYNJARDY ORAL TABLET 5 MG-500MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY ORAL TABLET 12.5-500MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY ORAL TABLET 5MG-1000MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY ORAL TABLET 12.5-1000MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY XR ORAL TAB BP 24H 5MG-1000MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY XR ORAL TAB BP 24H 10-1000 MG	EMPAGLIFLOZIN/ METFORMIN HCL	1 PER DAY
SGLT2 INHIBITORS	SYNJARDY XR ORAL TAB BP 24H 12.5-1000MG	EMPAGLIFLOZIN/ METFORMIN HCL	2 PER DAY
SGLT2 INHIBITORS	SYNJARDY XR ORAL TAB BP 24H 25-1000 MG	EMPAGLIFLOZIN/ METFORMIN HCL	1 PER DAY
SGLT2 INHIBITORS	STEGLATRO ORAL TABLET 5 MG	ERTUGLIFLOZIN PIDOLATE	1 PER DAY
SGLT2 INHIBITORS	STEGLATRO ORAL TABLET 15 MG	ERTUGLIFLOZIN PIDOLATE	1 PER DAY
SGLT2 INHIBITORS	SEGLUROMET ORAL TABLET 2.5-1000MG	ERTUGLIFLOZIN/ METFORMIN	2 PER DAY
SGLT2 INHIBITORS	SEGLUROMET ORAL TABLET 2.5-500 MG	ERTUGLIFLOZIN/ METFORMIN	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Drug Class	Label Name	Generic Name	Quantity Limit
SGLT2 INHIBITORS	SEGLUROMET ORAL TABLET 7.5-1000MG	ERTUGLIFLOZIN/ METFORMIN	2 PER DAY
SGLT2 INHIBITORS	SEGLUROMET ORAL TABLET 7.5-500 MG	ERTUGLIFLOZIN/ METFORMIN	2 PER DAY
SGLT2 INHIBITORS	INPEFA ORAL TABLET 200 MG	SOTAGLIFLOZIN	1 PER DAY
SGLT2 INHIBITORS	INPEFA ORAL TABLET 400 MG	SOTAGLIFLOZIN	1 PER DAY
THIAZOLIDINEDIONES	ACTOS ORAL TABLET 15 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	ACTOS ORAL TABLET 30 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	ACTOS ORAL TABLET 45 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE HCL ORAL TABLET 15 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE HCL ORAL TABLET 30 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE HCL ORAL TABLET 45 MG	PIOGLITAZONE HCL	1 PER DAY
THIAZOLIDINEDIONES	DUETACT ORAL TABLET 30 MG-2 MG	PIOGLITAZONE HCL/ GLIMEPIRIDE	1.5 PER DAY
THIAZOLIDINEDIONES	DUETACT ORAL TABLET 30 MG-4 MG	PIOGLITAZONE HCL/ GLIMEPIRIDE	1.5 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE-GLIMEPIRIDE ORAL TABLET 30 MG-2 MG	PIOGLITAZONE HCL/ GLIMEPIRIDE	1.5 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE-GLIMEPIRIDE ORAL TABLET 30 MG-4 MG	PIOGLITAZONE HCL/ GLIMEPIRIDE	1.5 PER DAY
THIAZOLIDINEDIONES	ACTOPLUS MET ORAL TABLET 15MG-850MG	PIOGLITAZONE HCL/ METFORMIN HCL	3 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE-METFORMIN ORAL TABLET 15MG-500MG	PIOGLITAZONE HCL/ METFORMIN HCL	3 PER DAY
THIAZOLIDINEDIONES	PIOGLITAZONE-METFORMIN ORAL TABLET 15MG-850MG	PIOGLITAZONE HCL/ METFORMIN HCL	3 PER DAY

ENDOCRINE & METABOLIC AGENTS

Drug Class	Label Name	Generic Name	Quantity Limit
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML	ALENDRONATE SODIUM	10 ML PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ALENDRONATE SODIUM ORAL TABLET 5 MG	ALENDRONATE SODIUM	1 PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ALENDRONATE SODIUM ORAL TABLET 10 MG	ALENDRONATE SODIUM	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ALENDRONATE SODIUM ORAL TABLET 35 MG	ALENDRONATE SODIUM	4 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BINOSTO ORAL TABLET EFF 70 MG	ALENDRONATE SODIUM	4 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FOSAMAX ORAL TABLET 70 MG	ALENDRONATE SODIUM	4 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FOSAMAX PLUS D ORAL TABLET 70 MG-2800	ALENDRONATE SODIUM/VITAMIN D3	4 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FOSAMAX PLUS D ORAL TABLET 70 MG-5600	ALENDRONATE SODIUM/VITAMIN D3	4 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BONIVA ORAL TABLET 150 MG	IBANDRONATE SODIUM	1 PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ACTONEL ORAL TABLET 35 MG	RISEDRONATE SODIUM	4 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ACTONEL ORAL TABLET 150 MG	RISEDRONATE SODIUM	1 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ATELVIA ORAL TABLET DR 35 MG	RISEDRONATE SODIUM	4 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	PROLIA SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BILDYOS SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-NXXP	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BOSAYA SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-KYQQ	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	CONEXXENCE SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-BNHT	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	OSVYRTI SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-DESU	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	STOBOCLO SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-BMWO	1 SYRINGE PER 6 MONTHS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS	JUBBONTI SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-BBDZ	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	ENOBY SUBCUTANE. SYRINGE 60 MG/ML	DENOSUMAB-QBDE	1 SYRINGE PER 6 MONTHS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RISEDRONATE SODIUM DR ORAL TABLET DR 35 MG	RISEDRONATE SODIUM	4 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RISEDRONATE SODIUM ORAL TABLET 5 MG	RISEDRONATE SODIUM	1 PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RISEDRONATE SODIUM ORAL TABLET 30 MG	RISEDRONATE SODIUM	1 PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RISEDRONATE SODIUM ORAL TABLET 35 MG	RISEDRONATE SODIUM	4 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	RISEDRONATE SODIUM ORAL TABLET 150 MG	RISEDRONATE SODIUM	1 PER 30 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	EVENITY (2 SYRINGES) SUBCUTANE. SYRINGE 210MG/2.34ML	ROMOSOZUMAB-AQQG	2 SYRINGES PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	EVENITY SUBCUTANE. SYRINGE 105MG/1.17ML	ROMOSOZUMAB-AQQG	2 SYRINGES PER 28 DAYS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BONSITY SUBCUTANE. PEN INJCTR 20MCG/DOSE	TERIPARATIDE	20 MCG PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	FORTEO SUBCUTANE. PEN INJCTR 20MCG/DOSE	TERIPARATIDE	20 MCG PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	TERIPARATIDE SUBCUTANE. PEN INJCTR 20MCG/DOSE	TERIPARATIDE	20 MCG PER DAY
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	TYMLOS SUBCUTANE. PEN INJCTR 80MCG/DOSE	ABALOPARATIDE	1.56 ML PER 30 DAYS
GROWTH HORMONES	SOGROYA SUBCUTANE. PEN INJCTR 5 MG/1.5ML	SOMAPACITAN-BECO	4 PENS PER 28 DAYS
GROWTH HORMONES	SOGROYA SUBCUTANE. PEN INJCTR 10 MG/1.5ML	SOMAPACITAN-BECO	4 PENS PER 28 DAYS
GROWTH HORMONES	SOGROYA SUBCUTANE. PEN INJCTR 15 MG/1.5ML	SOMAPACITAN-BECO	4 PENS PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

PROGESTINS FOR CACHEXIA	MEGESTROL ACETATE ORAL SUSP 400MG/10ML	MEGESTROL ACETATE	20 ML PER DAY
PROGESTINS FOR CACHEXIA	MEGESTROL ACETATE ORAL SUSP 800MG/20ML	MEGESTROL ACETATE	20 ML PER DAY
STEROIDS, ORAL	BUDESONIDE DR ORAL CAPDR - ER 3 MG	BUDESONIDE	3 PER DAY
STEROIDS, ORAL	BUDESONIDE EC ORAL CAPDR - ER 3 MG	BUDESONIDE	3 PER DAY
STEROIDS, ORAL	TARPEYO DR ORAL CAPSULE 4 MG	BUDESONIDE	4 PER DAY

GASTROINTESTINAL

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIDIARRHEALS	MYTESI ORAL TABLET DR 125 MG	CROFELEMER	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	APREPITANT ORAL CAP DS PK 125MG-80MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	APREPITANT ORAL CAPSULE 40 MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	APREPITANT ORAL CAPSULE 80 MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	APREPITANT ORAL CAPSULE 125 MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	EMEND ORAL CAP DS PK 125MG-80MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	EMEND ORAL CAPSULE 80 MG	APREPITANT	12 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	EMEND ORAL SUSP RECON 125 MG	APREPITANT	12 PACKETS PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	DICLEGIS ORAL TABLET DR 10 MG-10MG	DOXYLAMINE SUCCINATE/VIT B6	4 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	DOXYLAMINE SUCC-PYRIDOXINE HCL ORAL TABLET DR 10 MG-10MG	DOXYLAMINE SUCCINATE/VIT B6	4 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	DRONABINOL ORAL CAPSULE 2.5 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	DRONABINOL ORAL CAPSULE 5 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	DRONABINOL ORAL CAPSULE 10 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	DRONABINOL ORAL SOLUTION 5 MG/ML	DRONABINOL	(CINV): 30 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
			(AIDS-Anorexia): 4 ML PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	MARINOL ORAL CAPSULE 2.5 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	MARINOL ORAL CAPSULE 5 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	MARINOL ORAL CAPSULE 10 MG	DRONABINOL	2 PER DAY
ANTIEMETICS AND ANTIVERTIGO AGENTS	SANCUSO TRANSDERM. PATCH TDWK 3.1MG/24HR	GRANISETRON	4 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	GIMOTI NASAL SPRAY/PUMP 15MG/SPRAY	METOCLOPRAMIDE HCL	1 BOTTLE PER 28 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	AKYNZEO ORAL CAPSULE 300-0.5 MG	NETUPITANT/ PALONOSETRON HCL	4 PER 30 DAYS
ANTIEMETICS AND ANTIVERTIGO AGENTS	ONDANSETRON ODT ORAL TABLET 16 MG	ONDANSETRON	1 PER DAY
BILE SALTS	CHOLBAM ORAL CAPSULE 250 MG	CHOLIC ACID	4 PER DAY
BILE SALTS	CHOLBAM ORAL CAPSULE 50 MG	CHOLIC ACID	4 PER DAY
BILE SALTS	LIVMARLI ORAL SOLUTION 9.5 MG/ML	MARALIXIBAT CHLORIDE	3 ML PER DAY
BILE SALTS	LIVMARLI ORAL SOLUTION 19 MG/ML	MARALIXIBAT CHLORIDE	2 ML PER DAY
BILE SALTS	LIVMARLI ORAL TABLET 10 MG	MARALIXIBAT CHLORIDE	2 PER DAY
BILE SALTS	LIVMARLI ORAL TABLET 15 MG	MARALIXIBAT CHLORIDE	2 PER DAY
BILE SALTS	LIVMARLI ORAL TABLET 20 MG	MARALIXIBAT CHLORIDE	2 PER DAY
BILE SALTS	LIVMARLI ORAL TABLET 30 MG	MARALIXIBAT CHLORIDE	1 PER DAY
BILE SALTS	BYLVAY ORAL CAPSULE 400 MCG	ODEVIXIBAT	2 PER DAY
BILE SALTS	BYLVAY ORAL CAPSULE 1200 MCG	ODEVIXIBAT	6 PER DAY
BILE SALTS	BYLVAY ORAL PEL DSP CP 200 MCG	ODEVIXIBAT	2 PER DAY
BILE SALTS	BYLVAY ORAL PEL DSP CP 600 MCG	ODEVIXIBAT	5 PER DAY
BILE SALTS	IQIRVO ORAL TABLET 80 MG	ELAFIBRANOR	1 PER DAY
BILE SALTS	LIVDELZI ORAL CAPSULE 10 MG	SELADELPAR LYSINE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
GASTROINTESTINAL MOTILITY, CHRONIC	ALOSETRON HCL ORAL TABLET 0.5 MG	ALOSETRON HCL	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	ALOSETRON HCL ORAL TABLET 1 MG	ALOSETRON HCL	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LOTRONEX ORAL TABLET 0.5 MG	ALOSETRON HCL	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LOTRONEX ORAL TABLET 1 MG	ALOSETRON HCL	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	VIBERZI ORAL TABLET 75 MG	ELUXADOLINE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	VIBERZI ORAL TABLET 100 MG	ELUXADOLINE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LINZESS ORAL CAPSULE 72 MCG	LINACLOTIDE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LINZESS ORAL CAPSULE 145 MCG	LINACLOTIDE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LINZESS ORAL CAPSULE 290 MCG	LINACLOTIDE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	AMITIZA ORAL CAPSULE 8 MCG	LUBIPROSTONE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	AMITIZA ORAL CAPSULE 24MCG	LUBIPROSTONE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LUBIPROSTONE ORAL CAPSULE 8 MCG	LUBIPROSTONE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	LUBIPROSTONE ORAL CAPSULE 24MCG	LUBIPROSTONE	2 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	SYMPROIC ORAL TABLET 0.2 MG	NALDEMEDINE TOSYLATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	MOVANTIK ORAL TABLET 12.5 MG	NALOXEGOL OXALATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	MOVANTIK ORAL TABLET 25 MG	NALOXEGOL OXALATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	MOTEGRITY ORAL TABLET 1 MG	PRUCALOPRIDE SUCCINATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	MOTEGRITY ORAL TABLET 2 MG	PRUCALOPRIDE SUCCINATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	PRUCALOPRIDE ORAL TABLET 1 MG	PRUCALOPRIDE SUCCINATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	PRUCALOPRIDE ORAL TABLET 2 MG	PRUCALOPRIDE SUCCINATE	1 PER DAY
GASTROINTESTINAL MOTILITY, CHRONIC	IBSRELA ORAL TABLET 50 MG	TENAPANOR HCL	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
HISTAMINE II (H2) RECEPTOR BLOCKERS	RANITIDINE ORAL TABLET 150 MG	RANITIDINE	2 PER DAY
HISTAMINE II (H2) RECEPTOR BLOCKERS	RANITIDINE ORAL TABLET 300 MG	RANITIDINE	1 PER DAY
H. PYLORI TREATMENT	BISMUTH-METRONIDAZOLE-TETRACYC ORAL CAPSULE 125-125 MG	BISMUTH/METRONID/ TETRACYCLINE	12 PER DAY
H. PYLORI TREATMENT	PYLERA ORAL CAPSULE 125-125 MG	BISMUTH/METRONID/ TETRACYCLINE	12 PER DAY
H. PYLORI TREATMENT	LANSOPRAZOL-AMOXICIL-CLARITHRO ORAL COMBO. PKG 30-500-500	LANSOPRAZOLE/ AMOXICILN/CLARITH	8 PER DAY
H. PYLORI TREATMENT	OMECLAMOX-PAK ORAL COMBO. PKG 20(20)-500	OMEPRAZOLE/ CLARITH/AMOXICILLIN	8 PER DAY
H. PYLORI TREATMENT	VOQUEZNA ORAL DUAL PAK 20 MG – 500 MG	VONOPRAZAN/ AMOXICILLIN	8 PER DAY
H. PYLORI TREATMENT	VOQUEZNA ORAL TRIPLE PAK 20 MG – 500 MG – 500 MG	VONOPRAZAN/ AMOXICILLIN/CLARITH	8 PER DAY
PROTON PUMP INHIBITORS	DEXILANT ORAL CAP DR BP 30 MG	DEXLANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	DEXILANT ORAL CAP DR BP 60 MG	DEXLANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	DEXLANSOPRAZOLE DR ORAL CAP DR BP 30 MG	DEXLANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	DEXLANSOPRAZOLE DR ORAL CAP DR BP 60 MG	DEXLANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DR 20 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DR 40 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL SUSPDR PKT 2.5 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL SUSPDR PKT 5 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL SUSPDR PKT 10 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL SUSPDR PKT 20 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM ORAL SUSPDR PKT 40 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL CAPSULE DR 20 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
PROTON PUMP INHIBITORS	NEXIUM ORAL CAPSULE DR 40 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL SUSPDR PKT 2.5 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL SUSPDR PKT 5 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL SUSPDR PKT 10 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL SUSPDR PKT 20 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	NEXIUM ORAL SUSPDR PKT 40 MG	ESOMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	LANSOPRAZOLE ORAL CAPSULE DR 15 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	LANSOPRAZOLE ORAL CAPSULE DR 30 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	LANSOPRAZOLE ORAL TAB RAP DR 15 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	LANSOPRAZOLE ORAL TAB RAP DR 30 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	PREVACID ORAL TAB RAP DR 15 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	PREVACID ORAL CAPSULE DR 30 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	PREVACID ORAL TAB RAP DR 30 MG	LANSOPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE ORAL CAPSULE DR 10 MG	OMEPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE ORAL CAPSULE DR 20 MG	OMEPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE ORAL CAPSULE DR 40 MG	OMEPRAZOLE	1 PER DAY
PROTON PUMP INHIBITORS	PRILOSEC ORAL SUSPDR PKT 2.5 MG	OMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	PRILOSEC ORAL SUSPDR PKT 10 MG	OMEPRAZOLE MAGNESIUM	1 PER DAY
PROTON PUMP INHIBITORS	KONVOMEP ORAL SUSP RECON 2-84 MG/ML	OMEPRAZOLE/SODIUM BICARBONATE	20 ML PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE 20MG-1.1G	OMEPRAZOLE/SODIUM BICARBONATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
PROTON PUMP INHIBITORS	OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE 40MG-1.1G	OMEPRAZOLE/SODIUM BICARBONATE	1 PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE-SODIUM BICARBONATE ORAL PACKET 20-1680MG	OMEPRAZOLE/SODIUM BICARBONATE	1 PER DAY
PROTON PUMP INHIBITORS	OMEPRAZOLE-SODIUM BICARBONATE ORAL PACKET 40-1680MG	OMEPRAZOLE/SODIUM BICARBONATE	1 PER DAY
PROTON PUMP INHIBITORS	PANTOPRAZOLE SODIUM ORAL TABLET DR 20 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	PANTOPRAZOLE SODIUM ORAL GRANPKT DR 40 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	PANTOPRAZOLE SODIUM ORAL TABLET DR 40 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	PROTONIX ORAL GRANPKT DR 40 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	PROTONIX ORAL TABLET DR 20 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	PROTONIX ORAL TABLET DR 40 MG	PANTOPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	ACIPHEX ORAL TABLET DR 20 MG	RABEPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	RABEPRAZOLE SODIUM ORAL TABLET DR 20 MG	RABEPRAZOLE SODIUM	1 PER DAY
PROTON PUMP INHIBITORS	VOQUEZNA ORAL TABLET 10 MG	VONOPRAZAN FUMARATE	1 PER DAY
PROTON PUMP INHIBITORS	VOQUEZNA ORAL TABLET 20 MG	VONOPRAZAN FUMARATE	1 PER DAY

IMMUNOLOGIC & GENETIC

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	ORENCIA CLICKJECT SUBCUTANE. AUTO INJCT 125 MG/ML	ABATACEPT	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ORENCIA SUBCUTANE. SYRINGE 125 MG/ML	ABATACEPT	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ORENCIA SUBCUTANE. SYRINGE 50MG/0.4ML	ABATACEPT	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ORENCIA SUBCUTANE. SYRINGE 87.5MG/0.7	ABATACEPT	4 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	CIBINQO ORAL TABLET 50 MG	ABROCITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	CIBINQO ORAL TABLET 100 MG	ABROCITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	CIBINQO ORAL TABLET 200 MG	ABROCITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	HUMIRA CROHN'S-UC-HS SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA PSOR-UVEITS-ADOL HS SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) CROHN'S-UC-HS SUBCUTANE. PEN IJ KIT 80MG/0.8ML	ADALIMUMAB	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) PEDIATRIC UC SUBCUTANE. PEN IJ KIT 80MG/0.8ML	ADALIMUMAB	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) SUBCUTANE. PEN IJ KIT 40MG/0.4ML	ADALIMUMAB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) SUBCUTANE. PEN IJ KIT 80MG/0.8ML	ADALIMUMAB	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) SUBCUTANE. SYRINGEKIT 10MG/0.1ML	ADALIMUMAB	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) SUBCUTANE. SYRINGEKIT 20MG/0.2ML	ADALIMUMAB	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HUMIRA(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AACF(CF) SUBCUTANE. SYRINGE 40MG/0.8ML	ADALIMUMAB-AACF	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AACF(CF) SUBCUTANE. SYRINGE KIT 40MG/0.8ML	ADALIMUMAB-AACF	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AACF(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-AACF	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	IDACIO(CF) CROHN'S-UC SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-AACF	4 PENS PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	IDACIO(CF) PSORIASIS SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-AACF	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	IDACIO(CF) PEN SUBCUTANE. PEN INJCTR 40MG/0.8ML	ADALIMUMAB-AACF	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	IDACIO(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-AACF	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	IDACIO(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-AACF	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AATY(CF) SUBCUTANE. AUTOINJKIT 40MG/0.4ML	ADALIMUMAB-AATY	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AATY(CF) SUBCUTANE. AUTOINJKIT 80MG/0.8ML	ADALIMUMAB-AATY	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AATY(CF) SUBCUTANE. SYRINGEKIT 20MG/0.2ML	ADALIMUMAB-AATY	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-AATY(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-AATY	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANE. AUTOINJKIT 80MG/0.8ML	ADALIMUMAB-AATY	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUFLYMA(CF) SUBCUTANE. AUTOINJKIT 40MG/0.4ML	ADALIMUMAB-AATY	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUFLYMA(CF) SUBCUTANE. AUTOINJKIT 80MG/0.8ML	ADALIMUMAB-AATY	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUFLYMA(CF) SUBCUTANE. SYRINGEKIT 20MG/0.2ML	ADALIMUMAB-AATY	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUFLYMA(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-AATY	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ(CF) SUBCUTANE. PEN INJCTR 40MG/0.4ML	ADALIMUMAB-ADAZ	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ(CF) SUBCUTANE. PEN INJCTR 80MG/0.8ML	ADALIMUMAB-ADAZ	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ(CF) SUBCUTANE. SYRINGE 10MG/0.1ML	ADALIMUMAB-ADAZ	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ(CF) SUBCUTANE. SYRINGE 40MG/0.4ML	ADALIMUMAB-ADAZ	4 SYRINGES PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADAZ(CF) SUBCUTANE. SYRINGE 20MG/0.2ML	ADALIMUMAB-ADAZ	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) PEN CROHN-UC START SUBCUTANE. PEN INJCTR 80MG/0.8ML	ADALIMUMAB-ADAZ	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) SUBCUTANE. PEN INJCTR 40MG/0.4ML	ADALIMUMAB-ADAZ	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) SUBCUTANE. PEN INJCTR 80MG/0.8ML	ADALIMUMAB-ADAZ	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) SUBCUTANE. SYRINGE 10MG/0.1ML	ADALIMUMAB-ADAZ	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) SUBCUTANE. SYRINGE 20MG/0.2ML	ADALIMUMAB-ADAZ	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HYRIMOZ(CF) SUBCUTANE. SYRINGE 40MG/0.4ML	ADALIMUMAB-ADAZ	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-ADAZ	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. SYRINGEKIT 10MG/0.2ML	ADALIMUMAB-ADBM	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. SYRINGEKIT 20MG/0.4ML	ADALIMUMAB-ADBM	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-ADBM	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-ADBM	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-ADBM(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-ADBM	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-ADBM	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. PEN IJ KIT 40MG/0.4ML	ADALIMUMAB-ADBM	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. SYRINGEKIT 10MG/0.2ML	ADALIMUMAB-ADBM	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. SYRINGEKIT 20MG/0.4ML	ADALIMUMAB-ADBM	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-ADBM	4 SYRINGES PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	CYLTEZO(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-ADBM	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ABRILADA(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-AFZB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ABRILADA(CF) SUBCUTANE. SYRINGEKIT 20MG/0.4ML	ADALIMUMAB-AFZB	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ABRILADA(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-AFZB	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	YUSIMRY(CF) SUBCUTANE. PEN INJCTR 40MG/0.8ML	ADALIMUMAB-AQVH	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. AUTO INJCT 40MG/0.4ML	ADALIMUMAB-ATTO	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. AUTO INJCT 40MG/0.8ML	ADALIMUMAB-ATTO	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. AUTO INJCT 80MG/0.8ML	ADALIMUMAB-ATTO	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. SYRINGE 10MG/0.2ML	ADALIMUMAB-ATTO	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. SYRINGE 20MG/0.2ML	ADALIMUMAB-ATTO	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AMJEVITA(CF) SUBCUTANE. SYRINGE 40MG/0.4ML	ADALIMUMAB-ATTO	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HADLIMA PUSHTOUCH SUBCUTANE. AUTO INJCT 40MG/0.8ML	ADALIMUMAB-BWWD	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HADLIMA SUBCUTANE. SYRINGE 40MG/0.8ML	ADALIMUMAB-BWWD	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HADLIMA(CF) PUSHTOUCH SUBCUTANE. AUTO INJCT 40MG/0.4ML	ADALIMUMAB-BWWD	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HADLIMA(CF) SUBCUTANE. SYRINGE 40MG/0.4ML	ADALIMUMAB-BWWD	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-FKJP(CF) SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-FKJP	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-FKJP(CF) SUBCUTANE. SYRINGEKIT 20MG/0.4ML	ADALIMUMAB-FKJP	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-FKJP(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-FKJP	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HULIO(CF) PEN SUBCUTANE. PEN IJ KIT 40MG/0.8ML	ADALIMUMAB-FKJP	4 PENS PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	HULIO(CF) SUBCUTANE. SYRINGEKIT 20MG/0.4ML	ADALIMUMAB-FKJP	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	HULIO(CF) SUBCUTANE. SYRINGEKIT 40MG/0.8ML	ADALIMUMAB-FKJP	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-RYVK(CF) SUBCUTANE. AUTOINJKIT 40MG/0.4ML	ADALIMUMAB-RYVK	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-RYVK(CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-RYVK	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-RYVK(CF) SUBCUTANE. AUTOINJKIT 80MG/0.8ML	ADALIMUMAB-RYVK	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ADALIMUMAB-RYVK(CF) SUBCUTANE. AUTOINJKIT 40MG/0.4ML	ADALIMUMAB-RYVK	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMLANDI (CF) SUBCUTANE. AUTOINJKIT 80MG/0.8ML	ADALIMUMAB-RYVK	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMLANDI (CF) SUBCUTANE. SYRINGEKIT 20MG/0.2ML	ADALIMUMAB-RYVK	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMLANDI (CF) SUBCUTANE. SYRINGEKIT 40MG/0.4ML	ADALIMUMAB-RYVK	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMLANDI (CF) SUBCUTANE. SYRINGEKIT 80MG/0.8ML	ADALIMUMAB-RYVK	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	KINERET SUBCUTANE. SYRINGE 100MG/0.67ML	ANAKINRA	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA ORAL TAB DS PK 10-20MG	APREMILAST	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA ORAL TAB DS PK 10-20-30MG	APREMILAST	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA ORAL TABLET 20 MG	APREMILAST	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA ORAL TABLET 30 MG	APREMILAST	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA XR ORAL TAB ER 24H 75 MG	APREMILAST	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OTEZLA XR ORAL TB TBER DP 10-30-75 MG	APREMILAST	41 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OLUMIANT ORAL TABLET 1 MG	BARICITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OLUMIANT ORAL TABLET 2 MG	BARICITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	OLUMIANT ORAL TABLET 4 MG	BARICITINIB	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	BIMZELX SUBCUTANE. AUTO INJCT 160MG/ML	BIMEKIZUMAB-BKZX	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	BIMZELX SUBCUTANE. SYRINGE 160MG/ML	BIMEKIZUMAB-BKZX	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	BIMZELX SUBCUTANE AUTOINJECT 320 MG/2 ML	BIMEKIZUMAB-BKZX	1 PEN PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	BIMZELX SUBCUTANE SYRINGE 320 MG/2 ML	BIMEKIZUMAB-BKZX	1 PEN PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ILARIS SUBCUTANE. VIAL 150 MG/ML	CANAKINUMAB/PF	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	CIMZIA SUBCUTANE. KIT 400 MG	CERTOLIZUMAB PEGOL	6 SYRINGES PER 30 DAYS
CYTOKINE AND CAM ANTAGONISTS	CIMZIA SUBCUTANE. SYRINGEKIT 200 MG/ML	CERTOLIZUMAB PEGOL	6 SYRINGES PER 30 DAYS
CYTOKINE AND CAM ANTAGONISTS	CIMZIA SUBCUTANE. SYRINGEKIT 400 MG/2ML	CERTOLIZUMAB PEGOL	6 SYRINGES PER 30 DAYS
CYTOKINE AND CAM ANTAGONISTS	SOTYKTU ORAL TABLET 6 MG	DEUCRAVACITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	ENBREL MINI SUBCUTANE. CARTRIDGE 50MG/ML(1)	ETANERCEPT	8 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENBREL SUBCUTANE. SYRINGE 25MG/0.5ML	ETANERCEPT	8 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENBREL SUBCUTANE. SYRINGE 50MG/ML(1)	ETANERCEPT	8 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENBREL SUBCUTANE. VIAL 25MG/0.5ML	ETANERCEPT	8 VIALS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENBREL SURECLICK SUBCUTANE. PEN INJCTR 50MG/ML(1)	ETANERCEPT	8 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	VELSIPITY ORAL TABLET 2MG	ETRASIMOD ARGININE	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	SIMPONI ARIA INTRAVEN. VIAL 50 MG/4 ML	GOLIMUMAB	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMPONI SUBCUTANE. PEN INJCTR 100 MG/ML	GOLIMUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMPONI SUBCUTANE. PEN INJCTR 50MG/0.5ML	GOLIMUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMPONI SUBCUTANE. SYRINGE 100 MG/ML	GOLIMUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	SIMPONI SUBCUTANE. SYRINGE 50MG/0.5ML	GOLIMUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TREMFYA INTRAVEN. VIAL 200MG/20ML	GUSELKUMAB	1 VIAL PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	TREMFYA SUBCUTANE. AUTO INJCT 100 MG/ML	GUSELKUMAB	1 PEN PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	TREMFYA SUBCUTANE. PEN INJCTR 100 MG/2ML	GUSELKUMAB	1 PEN PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	TREMFYA SUBCUTANE. PEN INJCTR 200 MG/2ML	GUSELKUMAB	1 PEN PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TREMFYA SUBCUTANE. SYRINGE 100 MG/ML	GUSELKUMAB	1 SYRINGE PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	TREMFYA SUBCUTANE. SYRINGE 200 MG/2ML	GUSELKUMAB	1 SYRINGE PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ICOTYDE ORAL TABLET 200 MG	ICOTROKINRA HCL	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	ZYMFENTRA SUBCUTANE. PEN IJ KIT 120 MG/ML	INFLIXIMAB-DYYB	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ZYMFENTRA SUBCUTANE. SYRINGEKIT 120 MG/ML	INFLIXIMAB-DYYB	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ (2 PACK) SUBCUTANE. AUTO INJCT 80 MG/ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ (3 PACK) SUBCUTANE. AUTO INJCT 80 MG/ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ SUBCUTANE. AUTO INJCT 80 MG/ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ SYRINGE SUBCUTANE. SYRINGE 20 MG/0.25 ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ SYRINGE SUBCUTANE. SYRINGE 40 MG/0.5 ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TALTZ SYRINGE SUBCUTANE. SYRINGE 80 MG/ML	IXEKIZUMAB	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH INTRAVEN. VIAL 300MG/15ML	MIRIKIZUMAB-MRKZ	1 VIAL PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. PEN INJCTR 100MG/ML	MIRIKIZUMAB-MRKZ	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. PEN INJCTR 200 MG/2ML	MIRIKIZUMAB-MRKZ	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. PEN INJCTR 300 MG/3ML	MIRIKIZUMAB-MRKZ	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. SYRINGE INJCTR 100MG/ML	MIRIKIZUMAB-MRKZ	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. SYRINGE INJCTR 200 MG/2ML	MIRIKIZUMAB-MRKZ	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	OMVOH SUBCUTANE. SYRINGE INJCTR 300 MG/3ML	MIRIKIZUMAB-MRKZ	1 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI INTRAVEN. VIAL 600MG/10ML	RISANKIZUMAB-RZAA	3 PER 84 DAYS
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI ON-BODY SUBCUTANE. WEAR INJCT 180 MG/1.2ML	RISANKIZUMAB-RZAA	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI ON-BODY SUBCUTANE. WEAR INJCT 360 MG/2.4ML	RISANKIZUMAB-RZAA	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI PEN SUBCUTANE. PEN INJCTR 150 MG/ML	RISANKIZUMAB-RZAA	1 PER 84 DAYS
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI SUBCUTANE. SYRINGE 150 MG/ML	RISANKIZUMAB-RZAA	1 PER 84 DAYS
CYTOKINE AND CAM ANTAGONISTS	SKYRIZI SUBCUTANE. SYRINGE 55 MG/0.37ML	RISANKIZUMAB-RZAA	1 PER 84 DAYS
CYTOKINE AND CAM ANTAGONISTS	KEVZARA SUBCUTANE. PEN INJCTR 150MG/1.14ML	SARILUMAB	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	KEVZARA SUBCUTANE. PEN INJCTR 200MG/1.14ML	SARILUMAB	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	KEVZARA SUBCUTANE. SYRINGE 150MG/1.14ML	SARILUMAB	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	KEVZARA SUBCUTANE. SYRINGE 200MG/1.14ML	SARILUMAB	2 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENSPRYNG SUBCUTANE. SYRINGE 120 MG/ML	SATRALIZUMAB-MWGE	1 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX (2 SYRINGES) SUBCUTANE. SYRINGE 150 MG/ML	SECUKINUMAB	2 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX SENSOREADY (2 PENS) SUBCUTANE. PEN INJCTR 150 MG/ML	SECUKINUMAB	2 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX SENSOREADY PEN SUBCUTANE. PEN INJCTR 150 MG/ML	SECUKINUMAB	1 PEN PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX SUBCUTANE. SYRINGE 150 MG/ML	SECUKINUMAB	1 SYRINGE PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX SUBCUTANE. SYRINGE 75MG/0.5ML	SECUKINUMAB	1 SYRINGE PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	COSENTYX UNOREADY PEN SUBCUTANE. PEN INJCTR 300 MG/2ML	SECUKINUMAB	1 PEN PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ILUMYA SUBCUTANE. SYRINGE 100 MG/ML	TILDRAKIZUMAB-ASMN	1 PER 84 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	ACTEMRA ACTPEN SUBCUTANE. PEN INJCTR 162 MG/0.9 ML	TOCILIZUMAB	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	ACTEMRA SUBCUTANE. SYRINGE 162 MG/0.9 ML	TOCILIZUMAB	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TYENNE SUBCUTANE. SYRINGE 162 MG/0.9 ML	TOCILIZUMAB-AAZG	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TYENNE SUBCUTANE. PEN INJCTR 162 MG/0.9 ML	TOCILIZUMAB-AAZG	4 PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AVTOZMA SUBCUTANE. AUTOINJ 162 MG/0.9 ML	TOCILIZUMAB-ANOH	4 PENS PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	AVTOZMA SUBCUTANE SYRINGE 162 MG/0.9 ML	TOCILIZUMAB-ANOH	4 SYRINGES PER 28 DAYS
CYTOKINE AND CAM ANTAGONISTS	TOFACITINIB CITRATE ORAL SOLUTION 1 MG/ML	TOFACITINIB CITRATE	10 ML PER DAY
CYTOKINE AND CAM ANTAGONISTS	TOFACITINIB CITRATE ORAL TABLET 5 MG	TOFACITINIB CITRATE	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	TOFACITINIB CITRATE ORAL TABLET 10 MG	TOFACITINIB CITRATE	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	TOFACITINIB ER ORAL TAB ER 24H 11 MG	TOFACITINIB CITRATE	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	TOFACITINIB ER ORAL TAB ER 24H 22 MG	TOFACITINIB CITRATE	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	XELJANZ ORAL SOLUTION 1 MG/ML	TOFACITINIB CITRATE	10 ML PER DAY
CYTOKINE AND CAM ANTAGONISTS	XELJANZ ORAL TABLET 5 MG	TOFACITINIB CITRATE	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	XELJANZ ORAL TABLET 10 MG	TOFACITINIB CITRATE	2 PER DAY
CYTOKINE AND CAM ANTAGONISTS	XELJANZ XR ORAL TAB ER 24H 11 MG	TOFACITINIB CITRATE	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	XELJANZ XR ORAL TAB ER 24H 22 MG	TOFACITINIB CITRATE	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	RINVOQ ORAL TAB ER 24H 15 MG	UPADACITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	RINVOQ ORAL TAB ER 24H 30 MG	UPADACITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	RINVOQ ORAL TAB ER 24H 45 MG	UPADACITINIB	1 PER DAY
CYTOKINE AND CAM ANTAGONISTS	RINVOQ LQ ORAL SOLUTION 1 MG/ML	UPADACITINIB	12 ML PER DAY
CYTOKINE AND CAM ANTAGONISTS	STARJEMZA INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-HMNY	4 PER 56 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	STARJEMZA SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB-HMNY	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STARJEMZA SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB-HMNY	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STARJEMZA SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB-HMNY	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STELARA INTRAVEN. VIAL 130 MG/26 ML	USTEKINUMAB	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STELARA SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STELARA SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STELARA SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB INTRAVEN. VIAL 130 MG/26 ML	USTEKINUMAB	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	OTULFI INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-AAUZ	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	OTULFI SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB-AAUZ	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	OTULFI SUBCUTANE. SYRINGE 90MG/ML	USTEKINUMAB-AAUZ	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	OTULFI SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB-AAUZ	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SELARSDI INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-AEKN	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SELARSDI SUBCUTANE. SYRINGE 45 MG/0.5ML	USTEKINUMAB-AEKN	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SELARSDI SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB-AEKN	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	SELARSDI SUBCUTANE. VIAL 45 MG/0.5ML	USTEKINUMAB-AEKN	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB-TTWE INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-TTWE	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB-TTWE SUBCUTANE. SYRINGE 45 MG/0.5ML	USTEKINUMAB-TTWE	1 PER 56 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB-TTWE SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB-TTWE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	USTEKINUMAB-TTWE SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB-TTWE	1 VIAL PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	YESINTEK INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-KFCE	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	YESINTEK SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB-KFCE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	YESINTEK SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB-KFCE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	YESINTEK SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB-KFCE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	IMULDOSA INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-SRLF	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	IMULDOSA SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB-SRLF	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	IMULDOSA SUBCUTANE. SYRINGE 90MG/ML	USTEKINUMAB-SRLF	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STEQEYMA INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-STBA	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STEQEYMA SUBCUTANE. SYRINGE 45 MG/0.5 ML	USTEKINUMAB-STBA	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STEQEYMA SUBCUTANE. SYRINGE 90 MG/ML	USTEKINUMAB-STBA	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	STEQEYMA SUBCUTANE. VIAL 45 MG/0.5 ML	USTEKINUMAB-STBA	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	PYZCHIVA INTRAVEN. VIAL 130MG/26ML	USTEKINUMAB-TTWE	4 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	PYZCHIVA SUBCUTANE. SYRINGE 45MG/0.5ML	USTEKINUMAB-TTWE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	PYZCHIVA SUBCUTANE. SYRINGE 90MG/ML	USTEKINUMAB-TTWE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	PYZCHIVA SUBCUTANE. VIAL 45MG/0.5ML	USTEKINUMAB-TTWE	1 PER 56 DAYS
CYTOKINE AND CAM ANTAGONISTS	ENTYVIO SUBCUTANE. PEN INJCTR 108MG/0.68ML	VEDOLIZUMAB	2 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	FASENRA SUBCUTANE. SYRINGE 10 MG/0.5ML	BENRALIZUMAB	1 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	FASENRA PEN SUBCUTANE. AUTO INJCT 30 MG/ML	BENRALIZUMAB	1 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	FASENRA SUBCUTANE. SYRINGE 30 MG/ML	BENRALIZUMAB	1 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
IMMUNOMODULATORS, ASTHMA	NUCALA SUBCUTANE. AUTO INJCT 100 MG/ML	MEPOLIZUMAB	3 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	NUCALA SUBCUTANE. SYRINGE 100 MG/ML	MEPOLIZUMAB	3 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	NUCALA SUBCUTANE. SYRINGE 40MG/0.4ML	MEPOLIZUMAB	1 PER 90 DAYS
IMMUNOMODULATORS, ASTHMA	NUCALA SUBCUTANE. VIAL 100 MG	MEPOLIZUMAB	3 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	TEZSPIRE SUBCUTANE. PEN INJCTR 210MG/1.91ML	TEZEPELUMAB-EKKO	1 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	TEZSPIRE SUBCUTANE. SYRINGE 210MG/1.91ML	TEZEPELUMAB-EKKO	1 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	OMLYCLO SUBCUTANE. SYRINGE 75 MG/0.5ML	OMALIZUMAB-IGEC	1 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	OMLYCLO SUBCUTANE. SYRINGE 150 MG/ML	OMALIZUMAB-IGEC	2 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	OMLYCLO SUBCUTANE. SYRINGE 300 MG/2ML	OMALIZUMAB-IGEC	8 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. AUTOINJECTOR 150 MG/ML	OMALIZUMAB	8 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. SYRINGE 150 MG/ML	OMALIZUMAB	8 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. VIAL 150 MG	OMALIZUMAB	8 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. AUTOINJECTOR 75 MG/ML	OMALIZUMAB	6 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. SYRINGE 75MG/0.5ML	OMALIZUMAB	6 PER 28 DAYS
IMMUNOMODULATORS, ASTHMA	XOLAIR SUBCUTANE. AUTOINJECTOR 300 MG/ML	OMALIZUMAB	4 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	ADBRY AUTOINJECTOR SUBCUTANE. 300 MG/2ML	TRALOKINUMAB-LDRM	2 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	ADBRY SUBCUTANE. SYRINGE 150 MG/ML	TRALOKINUMAB-LDRM	4 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT PEN SUBCUTANE. PEN INJCTR 200MG/1.14ML	DUPILUMAB	2 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT PEN SUBCUTANE. PEN INJCTR 300 MG/2ML	DUPILUMAB	4 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT SUBCUTANE. SYRINGE 100MG/0.67ML	DUPILUMAB	2 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT SUBCUTANE. SYRINGE 200MG/1.14ML	DUPILUMAB	2 PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
IMMUNOMODULATORS, ATOPIC DERMATITIS	DUPIXENT SUBCUTANE. SYRINGE 300 MG/2ML	DUPILUMAB	4 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	EUCRISA TOPICAL OINT. (G) 2 %	CRISABOROLE	300 GRAMS PER YEAR
IMMUNOMODULATORS, ATOPIC DERMATITIS	EBGLYSS SUBCUTANE. PEN INJCTR 250 MG/2 ML	LEBRIKIZUMAB-LBKZ	1 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	EBGLYSS SUBCUTANE. SYRINGE 250 MG/2 ML	LEBRIKIZUMAB-LBKZ	1 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	NEMLUVIO SUBCUTANE. PEN INJCTR 30 MG	NEMOLIZUMAB-ILTO	2 PER 28 DAYS
IMMUNOMODULATORS, ATOPIC DERMATITIS	OPZELURA TOPICAL CREAM (G) 1.5%	RUXOLITINIB PHOSPHATE	240 GRAMS PER YEAR
IMMUNOMODULATORS, ATOPIC DERMATITIS	VTAMA TOPICAL CREAM (G) 1 %	TAPINAROF	2 GRAMS PER DAY
IMMUNOMODULATORS, ATOPIC DERMATITIS	ZORYVE TOPICAL CREAM (G) 0.15 %	ROFLUMILAST	2 GRAMS PER DAY
IMMUNOMODULATORS, ATOPIC DERMATITIS	ZORYVE TOPICAL CREAM (G) 0.05 %	ROFLUMILAST	2 GRAMS PER DAY
IMMUNOMODULATORS, ATOPIC DERMATITIS	ANZUPGO TOPICAL CREAM (G) 2%	DELGOCITINIB	30 GRAMS PER MONTH
IMMUNOSUPPRESSIVES, ORAL	TAVNEOS ORAL CAPSULE 10 MG	AVACOPAN	6 PER DAY
IMMUNOSUPPRESSIVES, ORAL	REZUROCK ORAL TABLET 200 MG	BELUMOSUDIL MESYLATE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	MAVENCLAD ORAL TABLET 10 MG	CLADRIBINE	10 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	CLADRIBINE ORAL TABLET 10 MG	CLADRIBINE	10 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	AMPYRA ORAL TAB ER 12H 10 MG	DALFAMPRIDINE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	DALFAMPRIDINE ER ORAL TAB ER 12H 10 MG	DALFAMPRIDINE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	DIMETHYL FUMARATE ORAL CAPSULE DR 120 MG	DIMETHYL FUMARATE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	DIMETHYL FUMARATE ORAL CAPSULE DR 120-240 MG	DIMETHYL FUMARATE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	DIMETHYL FUMARATE ORAL CAPSULE DR 240 MG	DIMETHYL FUMARATE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	TECFIDERA ORAL CAPSULE DR 120 MG	DIMETHYL FUMARATE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	TECFIDERA ORAL CAPSULE DR 120-240 MG	DIMETHYL FUMARATE	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
MULTIPLE SCLEROSIS AGENTS	TECFIDERA ORAL CAPSULE DR 240 MG	DIMETHYL FUMARATE	2 PER DAY
MULTIPLE SCLEROSIS AGENTS	VUMERITY ORAL CAPSULE DR 231 MG	DIROXIMEL FUMARATE	4 PER DAY
MULTIPLE SCLEROSIS AGENTS	FINGOLIMOD ORAL CAPSULE 0.5 MG	FINGOLIMOD HCL	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	GILENYA ORAL CAPSULE 0.25 MG	FINGOLIMOD HCL	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	GILENYA ORAL CAPSULE 0.5 MG	FINGOLIMOD HCL	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	TASCENSO ODT ORAL TAB RAPDIS 0.25 MG	FINGOLIMOD LAURYL SULFATE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	COPAXONE SUBCUTANE. SYRINGE 20 MG/ML	GLATIRAMER ACETATE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	COPAXONE SUBCUTANE. SYRINGE 40 MG/ML	GLATIRAMER ACETATE	12 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	GLATIRAMER ACETATE SUBCUTANE. SYRINGE 20 MG/ML	GLATIRAMER ACETATE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	GLATIRAMER ACETATE SUBCUTANE. SYRINGE 40 MG/ML	GLATIRAMER ACETATE	12 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	GLATOPA SUBCUTANE. SYRINGE 20 MG/ML	GLATIRAMER ACETATE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	GLATOPA SUBCUTANE. SYRINGE 40 MG/ML	GLATIRAMER ACETATE	12 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	AVONEX INTRAMUSC. SYRINGE 30MCG/.5ML	INTERFERON BETA-1A	4 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	AVONEX INTRAMUSC. SYRINGEKIT 30MCG/.5ML	INTERFERON BETA-1A	4 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	AVONEX PEN INTRAMUSC. PEN IJ KIT 30MCG/.5ML	INTERFERON BETA-1A	4 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	REBIF REBIDOSE SUBCUTANE. PEN INJCTR 22MCG/.5ML	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	REBIF REBIDOSE SUBCUTANE. PEN INJCTR 44MCG/.5ML	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	REBIF REBIDOSE SUBCUTANE. PEN INJCTR 8.8-22(6)	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	REBIF SUBCUTANE. SYRINGE 22MCG/.5ML	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
MULTIPLE SCLEROSIS AGENTS	REBIF SUBCUTANE. SYRINGE 44MCG/.5ML	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	REBIF SUBCUTANE. SYRINGE 8.8-22(6)	INTERFERON BETA-1A/ALBUMIN	6 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	BETASERON SUBCUTANE. KIT 0.3 MG	INTERFERON BETA-1B	15 VIALS PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	BETASERON SUBCUTANE. VIAL 0.3 MG	INTERFERON BETA-1B	15 VIALS PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	EXTAVIA SUBCUTANE. KIT 0.3 MG	INTERFERON BETA-1B	15 PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	EXTAVIA SUBCUTANE. VIAL 0.3 MG	INTERFERON BETA-1B	15 PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	BAFIERTAM ORAL CAPSULE DR 95 MG	MONOMETHYL FUMARATE	4 PER DAY
MULTIPLE SCLEROSIS AGENTS	KESIMPTA SUBCUTANE. PEN INJCTR 20MG/0.4ML	OFATUMUMAB	1 PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	ZEPOSIA ORAL CAP DS PK 0.23-0.46 MG	OZANIMOD HYDROCHLORIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	ZEPOSIA ORAL CAP DS PK 0.23-0.92 MG	OZANIMOD HYDROCHLORIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	ZEPOSIA ORAL CAPSULE 0.92 MG	OZANIMOD HYDROCHLORIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY INTRAMUSC. SYRINGE 125MCG/0.5ML	PEGINTERFERON BETA-1A	1 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY PEN SUBCUTANE. PEN INJCTR 125MCG/0.5ML	PEGINTERFERON BETA-1A	1 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY PEN SUBCUTANE. PEN INJCTR 63-94 MCG	PEGINTERFERON BETA-1A	1 PEN PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY SUBCUTANE. SYRINGE 125MCG/0.5ML	PEGINTERFERON BETA-1A	1 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	PLEGRIDY SUBCUTANE. SYRINGE 63-94 MCG	PEGINTERFERON BETA-1A	1 ML PER 28 DAYS
MULTIPLE SCLEROSIS AGENTS	PONVORY ORAL TAB DS PK 2 MG-10 MG	PONESIMOD	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	PONVORY ORAL TABLET 20 MG	PONESIMOD	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	MAYZENT ORAL TAB DS PK 0.25 MG(7)	SIPONIMOD	4 PER DAY
MULTIPLE SCLEROSIS AGENTS	MAYZENT ORAL TAB DS PK 0.25MG(12)	SIPONIMOD	4 PER DAY
MULTIPLE SCLEROSIS AGENTS	MAYZENT ORAL TABLET 0.25 MG	SIPONIMOD	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
MULTIPLE SCLEROSIS AGENTS	MAYZENT ORAL TABLET 1 MG	SIPONIMOD	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	MAYZENT ORAL TABLET 2 MG	SIPONIMOD	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	AUBAGIO ORAL TABLET 7 MG	TERIFLUNOMIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	AUBAGIO ORAL TABLET 14 MG	TERIFLUNOMIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	TERIFLUNOMIDE ORAL TABLET 7 MG	TERIFLUNOMIDE	1 PER DAY
MULTIPLE SCLEROSIS AGENTS	TERIFLUNOMIDE ORAL TABLET 14 MG	TERIFLUNOMIDE	1 PER DAY
MUSCULAR DYSTROPHY AGENTS	DEFLAZACORT ORAL TABLET 6 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	DEFLAZACORT ORAL TABLET 18 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	DEFLAZACORT ORAL TABLET 30 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	DEFLAZACORT ORAL TABLET 36 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	EMFLAZA ORAL TABLET 6 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	EMFLAZA ORAL TABLET 18 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	EMFLAZA ORAL TABLET 30 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	EMFLAZA ORAL TABLET 36 MG	DEFLAZACORT	2 PER DAY
MUSCULAR DYSTROPHY AGENTS	DUVYZAT ORAL SUSP 8.86 MG/ML	GIVINOSTAT	12 ML PER DAY
MUSCULAR DYSTROPHY AGENTS	AGAMREE ORAL SUSPENSION 40 MG/ML	VAMOROLONE	7.5 ML PER DAY

OPHTHALMICS

Drug Class	Label Name	Generic Name	Quantity Limit
OPHTHALMICS, GLAUCOMA AGENTS (OTHER)	ROCKLATAN OPHTHALMIC DROPS 0.02-0.005%	NETARSUDIL MESYLAT/ LATANOPROST	5 ML PER 30 DAYS
OPHTHALMICS, GLAUCOMA AGENTS (OTHER)	RHOPRESSA OPHTHALMIC DROPS 0.02 %	NETARSUDIL MESYLATE	5 ML PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
OPHTHALMICS, GLAUCOMA AGENTS (OTHER)	PILOCARPINE HCL 1.25 % DROPS	PILOCARPINE HCL	2.5 ML PER MONTH
OPHTHALMICS, GLAUCOMA AGENTS (OTHER)	VUITY 1.25 % DROPS	PILOCARPINE HCL	2.5 ML PER MONTH
OPHTHALMICS, IMMUNOMODULATORS	XIIDRA OPHTHALMIC DROPERETTE 5 %	LIFITEGRAST	2 BLISTER PACKS PER DAY
OPHTHALMICS, IMMUNOMODULATORS	MIEBO OPHTHALMIC DROPS 100%	PERFLUOROHEXYLOCTANE/PF	0.4 ML PER DAY
OPHTHALMICS, IMMUNOMODULATORS	TYRVAYA NASAL SPRAY METR 0.03/SPRAY	VARENICLINE TARTRATE	2 BOTTLES PER 30 DAYS
OPHTHALMICS, IMMUNOMODULATORS	TRYPTYR OPHTHALMIC DROPERETTE 0.003%	ACOLTREMON	2 VIALS PER DAY
OPHTHALMICS, PROSTAGLANDIN AGONISTS	BIMATOPROST OPHTHALMIC DROPS 0.01%	BIMATOPROST	7.5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	BIMATOPROST OPHTHALMIC DROPS 0.03 %	BIMATOPROST	7.5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	LUMIGAN OPHTHALMIC DROPS 0.01 %	BIMATOPROST	7.5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	ZOLYMBUS OPHTHALMIC DROPS 0.01 %	BIMATOPROST/PF	1 PER DAY
OPHTHALMICS, PROSTAGLANDIN AGONISTS	LATANOPROST OPHTHALMIC DROPS 0.005 %	LATANOPROST	5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	XALATAN OPHTHALMIC DROPS 0.005 %	LATANOPROST	5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	IYUZEH OPHTHALMIC DROPERETTE 0.005 %	LATANOPROST/PF	1 PER DAY
OPHTHALMICS, PROSTAGLANDIN AGONISTS	VYZULTA OPHTHALMIC DROPS 0.024 %	LATANOPROSTENE BUNOD	5 ML PER 30 DAYS
OPHTHALMICS, PROSTAGLANDIN AGONISTS	TAFLUPROST OPHTHALMIC DROPERETTE 0.0015 %	TAFLUPROST/PF	1 PER DAY
OPHTHALMICS, PROSTAGLANDIN AGONISTS	ZIOPTAN OPHTHALMIC DROPERETTE 0.0015 %	TAFLUPROST/PF	1 PER DAY

RENAL & GENITOURINARY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BLADDER RELAXANTS	DARIFENACIN ER ORAL TAB ER 24H 7.5 MG	DARIFENACIN HYDROBROMIDE	1 PER DAY
BLADDER RELAXANTS	DARIFENACIN ER ORAL TAB ER 24H 15 MG	DARIFENACIN HYDROBROMIDE	1 PER DAY
BLADDER RELAXANTS	FESOTERODINE FUMARATE ER ORAL TAB ER 24H 4 MG	FESOTERODINE FUMARATE	1 PER DAY
BLADDER RELAXANTS	FESOTERODINE FUMARATE ER ORAL TAB ER 24H 8 MG	FESOTERODINE FUMARATE	1 PER DAY
BLADDER RELAXANTS	TOVIAZ ORAL TAB ER 24H 4 MG	FESOTERODINE FUMARATE	1 PER DAY
BLADDER RELAXANTS	TOVIAZ ORAL TAB ER 24H 8 MG	FESOTERODINE FUMARATE	1 PER DAY
BLADDER RELAXANTS	FLAVOXATE HCL ORAL TABLET 100 MG	FLAVOXATE HCL	8 PER DAY
BLADDER RELAXANTS	MIRABEGRON TAB ER 24H 25 MG	MIRABEGRON	1 PER DAY
BLADDER RELAXANTS	MIRABEGRON TAB ER 24H 50 MG	MIRABEGRON	1 PER DAY
BLADDER RELAXANTS	MIRABEGRON ORAL SUS ER REC 8 MG/ML	MIRABEGRON	10 ML PER DAY
BLADDER RELAXANTS	MYRBETRIQ ORAL TAB ER 24H 25 MG	MIRABEGRON	1 PER DAY
BLADDER RELAXANTS	MYRBETRIQ ORAL TAB ER 24H 50 MG	MIRABEGRON	1 PER DAY
BLADDER RELAXANTS	MYRBETRIQ ORAL SUS ER REC 8 MG/ML	MIRABEGRON	10 ML PER DAY
BLADDER RELAXANTS	OXYTROL TRANSDERM. PATCH TDSW 3.9MG/24HR	OXYBUTYNIN	8 PER 28 DAYS
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	OXYBUTYNIN CHLORIDE	3 PER DAY
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ER ORAL TAB ER 24 5 MG	OXYBUTYNIN CHLORIDE	1 PER DAY
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ER ORAL TAB ER 24 10 MG	OXYBUTYNIN CHLORIDE	1 PER DAY
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ER ORAL TAB ER 24 15 MG	OXYBUTYNIN CHLORIDE	1 PER DAY
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	OXYBUTYNIN CHLORIDE	15 ML PER DAY
BLADDER RELAXANTS	OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	OXYBUTYNIN CHLORIDE	3 PER DAY
BLADDER RELAXANTS	SOLIFENACIN SUCCINATE ORAL TABLET 5 MG	SOLIFENACIN SUCCINATE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BLADDER RELAXANTS	SOLIFENACIN SUCCINATE ORAL TABLET 10 MG	SOLIFENACIN SUCCINATE	1 PER DAY
BLADDER RELAXANTS	VESICARE ORAL TABLET 10 MG	SOLIFENACIN SUCCINATE	1 PER DAY
BLADDER RELAXANTS	VESICARE LS ORAL SUSP 1 MG/ML	SOLIFENACIN SUCCINATE	10 ML PER DAY
BLADDER RELAXANTS	DETROL ORAL TABLET 1 MG	TOLTERODINE TARTRATE	2 PER DAY
BLADDER RELAXANTS	DETROL ORAL TABLET 2 MG	TOLTERODINE TARTRATE	2 PER DAY
BLADDER RELAXANTS	DETROL LA ORAL CAP ER 24H 2 MG	TOLTERODINE TARTRATE	1 PER DAY
BLADDER RELAXANTS	DETROL LA ORAL CAP ER 24H 4 MG	TOLTERODINE TARTRATE	1 PER DAY
BLADDER RELAXANTS	TOLTERODINE TARTRATE ORAL TABLET 1 MG	TOLTERODINE TARTRATE	2 PER DAY
BLADDER RELAXANTS	TOLTERODINE TARTRATE ORAL TABLET 2 MG	TOLTERODINE TARTRATE	2 PER DAY
BLADDER RELAXANTS	TOLTERODINE TARTRATE ER ORAL CAP ER 24H 2 MG	TOLTERODINE TARTRATE	1 PER DAY
BLADDER RELAXANTS	TOLTERODINE TARTRATE ER ORAL CAP ER 24H 4 MG	TOLTERODINE TARTRATE	1 PER DAY
BLADDER RELAXANTS	TROSPIUM CHLORIDE ER ORAL CAP ER 24H 60 MG	TROSPIUM CHLORIDE	1 PER DAY
BLADDER RELAXANTS	TROSPIUM CHLORIDE ORAL TABLET 20 MG	TROSPIUM CHLORIDE	2 PER DAY
BLADDER RELAXANTS	GEMTESA ORAL TABLET 75 MG	VIBEGRON	1 PER DAY
5-ALPHA REDUCTASE (5AR) INHIBITORS	FINASTERIDE/TADALAFIL ORAL CAPSULE 5 MG-5MG	FINASTERIDE/ TADALAFIL	1 PER DAY
ALPHA BLOCKERS FOR BPH	TEZRULY ORAL SOLUTION 1 MG/ML	TERAZOSIN HCL	20 ML PER DAY

RESPIRATORY

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIBIOTICS, INHALED	ARIKAYCE INHALATION VIAL-NEB 590 MG/8.4	AMIKACIN LIPOSOMAL/ NEB.ACCESSR	8.4 ML PER DAY
ANTIBIOTICS, INHALED	CAYSTON INHALATION VIAL-NEB 75 MG/ML	AZTREONAM LYSINE	3 ML PER DAY
ANTIBIOTICS, INHALED	BETHKIS INHALATION AMPUL-NEB 300 MG/4ML	TOBRAMYCIN	4 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
ANTIBIOTICS, INHALED	TOBI PODHALER INHALATION CAP W/DEV 28 MG	TOBRAMYCIN	4 PER DAY
ANTIBIOTICS, INHALED	TOBRAMYCIN INHALATION AMPUL-NEB 300 MG/4ML	TOBRAMYCIN	4 ML PER DAY
ANTIBIOTICS, INHALED	TOBI INHALATION AMPUL-NEB 300 MG/5ML	TOBRAMYCIN IN 0.225% SOD CHLOR	5 ML PER DAY
ANTIBIOTICS, INHALED	TOBRAMYCIN INHALATION AMPUL-NEB 300 MG/5ML	TOBRAMYCIN IN 0.225% SOD CHLOR	5 ML PER DAY
ANTIBIOTICS, INHALED	KITABIS PAK INHALATION AMPUL-NEB 300 MG/5ML	TOBRAMYCIN/ NEBULIZER	5 ML PER DAY
ANTIBIOTICS, INHALED	TOBRAMYCIN INHALATION AMPUL-NEB 300 MG/5ML	TOBRAMYCIN/ NEBULIZER	5 ML PER DAY
ANTIHISTAMINES, MINIMALLY SEDATING	DESLORATADINE ORAL SOLUTION 0.5 MG/ML	DESLORATADINE	10 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE HFA INHALATION HFA AER AD 90 MCG	ALBUTEROL SULFATE	2 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE HFA INHALATION HFA AER AD 90 MCG	ALBUTEROL SULFATE	2 INHALERS PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE INHALATION VIAL-NEB 0.63MG/3ML	ALBUTEROL SULFATE	12 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE INHALATION VIAL-NEB 1.25MG/3ML	ALBUTEROL SULFATE	12 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE INHALATION VIAL-NEB 2.5 MG/0.5	ALBUTEROL SULFATE	4 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE INHALATION VIAL-NEB 2.5 MG/3ML	ALBUTEROL SULFATE	12 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML	ALBUTEROL SULFATE	40 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE ORAL TAB ER 12H 4 MG	ALBUTEROL SULFATE	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE ORAL TAB ER 12H 8 MG	ALBUTEROL SULFATE	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE ORAL TABLET 2 MG	ALBUTEROL SULFATE	4 PER DAY
BRONCHODILATORS, BETA-AGONIST	ALBUTEROL SULFATE ORAL TABLET 4 MG	ALBUTEROL SULFATE	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BRONCHODILATORS, BETA-AGONIST	PROAIR RESPICLICK INHALATION AER POW BA 90 MCG	ALBUTEROL SULFATE	2 INHALERS PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	VENTOLIN HFA INHALATION HFA AER AD 90 MCG	ALBUTEROL SULFATE	2 INHALERS PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	AIRSUPRA INHALATION HFA AER AD 90-80 MCG	ALBUTEROL SULFATE/ BUDESONIDE	2 INHALERS PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ARFORMOTEROL TARTRATE INHALATION VIAL-NEB 15MCG/2ML	ARFORMOTEROL TARTRATE	4 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	BROVANA INHALATION VIAL-NEB 15MCG/2ML	ARFORMOTEROL TARTRATE	4 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	BREYNA INHALATION HFA AER AD 160-4.5MCG	BUDESONIDE/FORMOTEROL FUMARATE	1 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	BREYNA INHALATION HFA AER AD 80-4.5 MCG	BUDESONIDE/FORMOTEROL FUMARATE	1 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	BUDESONIDE-FORMOTEROL FUMARATE INHALATION HFA AER AD 160-4.5MCG	BUDESONIDE/FORMOTEROL FUMARATE	10.2 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	BUDESONIDE-FORMOTEROL FUMARATE INHALATION HFA AER AD 80-4.5 MCG	BUDESONIDE/FORMOTEROL FUMARATE	10.2 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	SYMBICORT INHALATION HFA AER AD 160-4.5MCG (10.2 G PACK)	BUDESONIDE/FORMOTEROL FUMARATE	1 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	SYMBICORT INHALATION HFA AER AD 160-4.5MCG (6 G PACK)	BUDESONIDE/FORMOTEROL FUMARATE	2 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	SYMBICORT INHALATION HFA AER AD 80-4.5 MCG (10.2 G PACK)	BUDESONIDE/FORMOTEROL FUMARATE	1 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	SYMBICORT INHALATION HFA AER AD 80-4.5 MCG (6.9 G PACK)	BUDESONIDE/FORMOTEROL FUMARATE	2 PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ADVAIR DISKUS INHALATION BLST W/DEV 100-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	ADVAIR DISKUS INHALATION BLST W/DEV 250-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	ADVAIR DISKUS INHALATION BLST W/DEV 500-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BRONCHODILATORS, BETA-AGONIST	ADVAIR HFA INHALATION HFA AER AD 115-21MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ADVAIR HFA INHALATION HFA AER AD 230-21MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	ADVAIR HFA INHALATION HFA AER AD 45-21 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	AIRDUO RESPICLICK INHALATION AER POW BA 113-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	AIRDUO RESPICLICK INHALATION AER POW BA 232-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	AIRDUO RESPICLICK INHALATION AER POW BA 55-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL HFA INHALATION HFA AER AD 115-21MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL HFA INHALATION HFA AER AD 230-21MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL HFA INHALATION HFA AER AD 45-21 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION AER POW BA 113-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION AER POW BA 232-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION AER POW BA 55-14 MCG	FLUTICASONE PROPION/ SALMETEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION BLST W/DEV 100-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION BLST W/DEV 250-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-SALMETEROL INHALATION BLST W/DEV 500-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	WIXELA INHUB INHALATION BLST W/DEV 100-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	WIXELA INHUB INHALATION BLST W/DEV 250-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	WIXELA INHUB INHALATION BLST W/DEV 500-50 MCG	FLUTICASONE PROPION/ SALMETEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	BREO ELLIPTA INHALATION BLST W/DEV 100-25MCG	FLUTICASONE/ VILANTEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	BREO ELLIPTA INHALATION BLST W/DEV 200-25 MCG	FLUTICASONE/ VILANTEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	BREO ELLIPTA INHALATION BLST W/DEV 50-25 MCG	FLUTICASONE/ VILANTEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-VILANTEROL INHALATION BLST W/DEV 100-25MCG	FLUTICASONE/ VILANTEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	FLUTICASONE-VILANTEROL INHALATION BLST W/DEV 200-25 MCG	FLUTICASONE/ VILANTEROL	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	FORMOTEROL FUMARATE INHALATION VIAL-NEB 20 MCG/2ML	FORMOTEROL FUMARATE	4 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	PERFOROMIST INHALATION VIAL-NEB 20 MCG/2ML	FORMOTEROL FUMARATE	4 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	LEVALBUTEROL CONCENTRATE INHALATION VIAL-NEB 1.25MG/0.5	LEVALBUTEROL HCL	3 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	LEVALBUTEROL HCL INHALATION VIAL-NEB 0.31MG/3ML	LEVALBUTEROL HCL	9 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	LEVALBUTEROL HCL INHALATION VIAL-NEB 0.63MG/3ML	LEVALBUTEROL HCL	9 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	LEVALBUTEROL HCL INHALATION VIAL-NEB 1.25MG/3ML	LEVALBUTEROL HCL	9 ML PER DAY
BRONCHODILATORS, BETA-AGONIST	LEVALBUTEROL TARTRATE HFA INHALATION HFA AER AD 45 MCG	LEVALBUTEROL TARTRATE	1 GRAM PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
BRONCHODILATORS, BETA-AGONIST	XOPENEX HFA INHALATION HFA AER AD 45 MCG	LEVALBUTEROL TARTRATE	1 GRAM PER DAY
BRONCHODILATORS, BETA-AGONIST	DULERA INHALATION HFA AER AD 100-5 MCG	MOMETASONE/ FORMOTEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	DULERA INHALATION HFA AER AD 100-5 MCG	MOMETASONE/ FORMOTEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	DULERA INHALATION HFA AER AD 200-5 MCG	MOMETASONE/ FORMOTEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	DULERA INHALATION HFA AER AD 200-5 MCG	MOMETASONE/ FORMOTEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	DULERA INHALATION HFA AER AD 50MCG-5MCG	MOMETASONE/ FORMOTEROL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	STRIVERDI RESPIMAT INHALATION MIST INHAL 2.5 MCG	OLODATEROL HCL	1 INHALER PER 30 DAYS
BRONCHODILATORS, BETA-AGONIST	SEREVENT DISKUS INHALATION BLST W/DEV 50 MCG	SALMETEROL XINAFOATE	2 PER DAY
BRONCHODILATORS, BETA-AGONIST	TERBUTALINE SULFATE ORAL TABLET 2.5 MG	TERBUTALINE SULFATE	3 PER DAY
BRONCHODILATORS, BETA-AGONIST	TERBUTALINE SULFATE ORAL TABLET 5 MG	TERBUTALINE SULFATE	3 PER DAY
COPD AGENTS	TUDORZA PRESSAIR INHALATION AER POW BA 400 MCG	ACLIDINIUM BROMIDE	1 INHALER PER 30 DAYS
COPD AGENTS	BREZTRI AEROSPHERE INHALATION HFA AER AD 160-9-4.8	BUDESONIDE/ GLYCOPYR/ FORMOTEROL	1 PER 30 DAYS
COPD AGENTS	BREZTRI AEROSPHERE INHALATION HFA AER AD 160-18-4.8	BUDESONIDE/ GLYCOPYR/ FORMOTEROL	1 PER 30 DAYS
COPD AGENTS	OHTUVAYRE 3 MG/2.5ML INHAL SUS	ENSIFENTRINE	5 ML PER DAY
COPD AGENTS	TRELEGY ELLIPTA INHALATION BLST W/DEV 100-62.5	FLUTICASONE/UMECLIDIN/VILANTER	2 PER DAY
COPD AGENTS	TRELEGY ELLIPTA INHALATION BLST W/DEV 200-62.5	FLUTICASONE/ UMECLIDIN/VILANTER	2 PER DAY
COPD AGENTS	BEVESPI AEROSPHERE INHALATION HFA AER AD 9-4.8 MCG	GLYCOPYRROLATE/ FORMOTEROL FUM	1 PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
COPD AGENTS	ATROVENT HFA INHALATION HFA AER AD 17MCG	IPRATROPIUM BROMIDE	2 PER 30 DAYS
COPD AGENTS	IPRATROPIUM BROMIDE INHALATION HFA AER AD 17 MCG	IPRATROPIUM BROMIDE	2 PER 30 DAYS
COPD AGENTS	IPRATROPIUM BROMIDE INHALATION SOLUTION 0.2 MG/ML	IPRATROPIUM BROMIDE	10 ML PER DAY
COPD AGENTS	COMBIVENT RESPIMAT INHALATION MIST INHAL 20-100 MCG	IPRATROPIUM/ ALBUTEROL SULFATE	1 INHALER PER 30 DAYS
COPD AGENTS	IPRATROPIUM-ALBUTEROL INHALATION AMPUL-NEB 0.5-3MG/3	IPRATROPIUM/ ALBUTEROL SULFATE	3 ML PER DAY
COPD AGENTS	YUPELRI INHALATION VIAL-NEB 175MCG/3ML	REVEFENACIN	3 ML PER DAY
COPD AGENTS	DALIRESP ORAL TABLET 250 MCG	ROFLUMILAST	1 PER DAY
COPD AGENTS	DALIRESP ORAL TABLET 500 MCG	ROFLUMILAST	1 PER DAY
COPD AGENTS	ROFLUMILAST ORAL TABLET 250 MCG	ROFLUMILAST	1 PER DAY
COPD AGENTS	ROFLUMILAST ORAL TABLET 500 MCG	ROFLUMILAST	1 PER DAY
COPD AGENTS	STIOLTO RESPIMAT INHALATION MIST INHAL 2.5-2.5MCG	TIOTROPIUM BR/ OLODATEROL HCL	1 INHALER PER 30 DAYS
COPD AGENTS	SPIRIVA HANDIHALER INHALATION CAP W/DEV 18 MCG	TIOTROPIUM BROMIDE	1 PER DAY
COPD AGENTS	SPIRIVA RESPIMAT INHALATION MIST INHAL 2.5 MCG	TIOTROPIUM BROMIDE	1 INHALER PER 30 DAYS
COPD AGENTS	TIOTROPIUM BROMIDE INHALATION CAP W/DEV 18 MCG	TIOTROPIUM BROMIDE	1 PER DAY
COPD AGENTS	ANORO ELLIPTA INHALATION BLST W/DEV 62.5-25MCG	UMECLIDINIUM BRM/ VILANTEROL TR	2 PER DAY
COPD AGENTS	UMECLIDINIUM BRM/ VILANTEROL TR INHALATION BLST W/DEV 62.5-25MCG	UMECLIDINIUM BRM/ VILANTEROL TR	2 PER DAY
COPD AGENTS	INCRUSE ELLIPTA INHALATION BLST W/DEV 62.5 MCG	UMECLIDINIUM BROMIDE	1 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
COPD AGENTS	UMECLIDINIUM ELLIPTA 62.5 MCG BLST W/DEV 62.5 MCG	UMECLIDINIUM BROMIDE	1 PER DAY
EPINEPHRINE, SELF-INJECTABLE	AUVI-Q INJECTION AUTO INJCT 0.15/0.15	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	AUVI-Q INJECTION AUTO INJCT 0.1MG/.1ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	AUVI-Q INJECTION AUTO INJCT 0.3MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPINEPHRINE INJECTION AUTO INJCT 0.15/0.15	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPINEPHRINE INJECTION AUTO INJCT 0.15MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPINEPHRINE INJECTION AUTO INJCT 0.3MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPIPEN 2-PAK INJECTION AUTO INJCT 0.3MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPIPEN INJECTION AUTO INJCT 0.3MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPIPEN JR 2-PAK INJECTION AUTO INJCT 0.15MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	EPIPEN JR INJECTION AUTO INJCT 0.15MG/0.3ML	EPINEPHRINE	2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	NEFFY 1 MG/0.1 ML NASAL SPRAY	EPINEPHRINE	2 BOTTLES PER FILL
EPINEPHRINE, SELF-INJECTABLE	NEFFY 2 MG/0.1 ML NASAL SPRAY	EPINEPHRINE	2 BOTTLES PER FILL
EPINEPHRINE, SELF-INJECTABLE	SYMJEPI INJECTION SYRINGE 0.15MG/0.3ML	EPINEPHRINE	2 PER DAY; 2 PER FILL
EPINEPHRINE, SELF-INJECTABLE	SYMJEPI INJECTION SYRINGE 0.3MG/0.3ML	EPINEPHRINE	2 PER DAY; 2 PER FILL
GLUCOCORTICOIDS, INHALED	BUDESONIDE INHALATION AMPUL-NEB 0.25MG/2ML	BUDESONIDE	2 ML PER DAY
GLUCOCORTICOIDS, INHALED	BUDESONIDE INHALATION AMPUL-NEB 0.5 MG/2ML	BUDESONIDE	2 ML PER DAY
GLUCOCORTICOIDS, INHALED	BUDESONIDE INHALATION AMPUL-NEB 1 MG/2 ML	BUDESONIDE	2 ML PER DAY
GLUCOCORTICOIDS, INHALED	PULMICORT INHALATION AMPUL-NEB 0.25MG/2ML	BUDESONIDE	2 ML PER DAY
GLUCOCORTICOIDS, INHALED	PULMICORT INHALATION AMPUL-NEB 0.5 MG/2ML	BUDESONIDE	2 ML PER DAY
GLUCOCORTICOIDS, INHALED	PULMICORT INHALATION AMPUL-NEB 1 MG/2 ML	BUDESONIDE	2 ML PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
GLUCOCORTICOIDS, INHALED	ALVESCO INHALATION HFA AER AD 80 MCG	CICLESONIDE	2 PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ALVESCO INHALATION HFA AER AD 160 MCG	CICLESONIDE	2 PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ARNUITY ELLIPTA INHALATION BLST W/DEV 50 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	ARNUITY ELLIPTA INHALATION BLST W/DEV 100 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	ARNUITY ELLIPTA INHALATION BLST W/DEV 200 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	FLUTICASONE FUROATE INHALATION BLST W/DEV 50 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	FLUTICASONE FUROATE INHALATION BLST W/DEV 100 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	FLUTICASONE FUROATE INHALATION BLST W/DEV 200 MCG	FLUTICASONE FUROATE	1 PER DAY
GLUCOCORTICOIDS, INHALED	FLUTICASONE PROPIONATE HFA INHALATION AER W/ADAP 44 MCG	FLUTICASONE PROPIONATE	2 PER 30 DAYS
GLUCOCORTICOIDS, INHALED	FLUTICASONE PROPIONATE HFA INHALATION AER W/ADAP 110 MCG	FLUTICASONE PROPIONATE	2 INHALERS PER 30 DAYS
GLUCOCORTICOIDS, INHALED	FLUTICASONE PROPIONATE HFA INHALATION AER W/ADAP 220 MCG	FLUTICASONE PROPIONATE	2 INHALERS PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX HFA INHALATION HFA AER AD 50 MCG	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX HFA INHALATION HFA AER AD 100 MCG	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX HFA INHALATION HFA AER AD 200 MCG	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX INHALATION AER POW BA 110MCG(30)	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX INHALATION AER POW BA 220MCG 120	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX INHALATION AER POW BA 220MCG(14)	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX INHALATION AER POW BA 220MCG(30)	MOMETASONE FUROATE	1 INHALER PER 30 DAYS
GLUCOCORTICOIDS, INHALED	ASMANEX INHALATION AER POW BA 220MCG(60)	MOMETASONE FUROATE	1 INHALER PER 30 DAYS

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
INTRANASAL RHINITIS AGENTS	AZELASTINE-FLUTICASONE NASAL SPRAY/PUMP 137-50 MCG	AZELASTINE/ FLUTICASONE	1 BOTTLE PER 30 DAYS
INTRANASAL RHINITIS AGENTS	DYMISTA NASAL SPRAY/PUMP 137-50 MCG	AZELASTINE/ FLUTICASONE	1 BOTTLE PER 30 DAYS
INTRANASAL RHINITIS AGENTS	QNASL CHILDREN NASAL HFA AER AD 40 MCG	BECLOMETHASONE DIPROPIONATE	1 PER 30 DAYS
INTRANASAL RHINITIS AGENTS	QNASL NASAL HFA AER AD 80 MCG	BECLOMETHASONE DIPROPIONATE	1 PER 30 DAYS
INTRANASAL RHINITIS AGENTS	OMNARIS NASAL SPRAY/PUMP 50 MCG	CICLESONIDE	1 PER 30 DAYS
INTRANASAL RHINITIS AGENTS	FLUNISOLIDE NASAL SPRAY 25 MCG	FLUNISOLIDE	3 BOTTLES PER 30 DAYS
INTRANASAL RHINITIS AGENTS	FLUTICASONE PROPIONATE NASAL SPRAY SUSP 50 MCG	FLUTICASONE PROPIONATE	1 BOTTLE PER 30 DAYS
INTRANASAL RHINITIS AGENTS	MOMETASONE FUROATE NASAL SPRAY/PUMP 50 MCG	MOMETASONE FUROATE	2 BOTTLES PER 30 DAYS
LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM ORAL GRAN PACK 4 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM ORAL TAB CHEW 4 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM ORAL TAB CHEW 5 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM ORAL TABLET 10 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	SINGULAIR ORAL GRAN PACK 4 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	SINGULAIR ORAL TAB CHEW 4 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	SINGULAIR ORAL TAB CHEW 5 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	SINGULAIR ORAL TABLET 10 MG	MONTELUKAST SODIUM	1 PER DAY
LEUKOTRIENE MODIFIERS	ACCOLATE ORAL TABLET 10 MG	ZAFIRLUKAST	2 PER DAY
LEUKOTRIENE MODIFIERS	ACCOLATE ORAL TABLET 20 MG	ZAFIRLUKAST	2 PER DAY
LEUKOTRIENE MODIFIERS	ZAFIRLUKAST ORAL TABLET 10 MG	ZAFIRLUKAST	2 PER DAY
LEUKOTRIENE MODIFIERS	ZAFIRLUKAST ORAL TABLET 20 MG	ZAFIRLUKAST	2 PER DAY
LEUKOTRIENE MODIFIERS	ZILEUTON ER ORAL TBMP 12HR 600 MG	ZILEUTON	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

Maximum Quantity List

Kentucky Medicaid

Drug Class	Label Name	Generic Name	Quantity Limit
LEUKOTRIENE MODIFIERS	ZYFLO ORAL TABLET 600 MG	ZILEUTON	4 PER DAY

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.



MedImpact Healthcare Systems, Inc.

10181 Scripps Gateway Ct. San Diego, CA 92131
Phone: 800.788.2949

MedImpact.com

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.