



DATE: March 16, 2026

TO: Commonwealth of Kentucky Medicaid Provider Network

FROM: MedImpact Healthcare Systems

Subject: Pulmicort Rebate Status Change

Status: H2-Pharma has announced the discontinuation of **Pulmicort Flexhaler®** (budesonide) National Drug Codes (NDCs) associated with labeler codes 00186 and 6129, which currently participate in the Medicaid Drug Rebate Program (MDRP). New NDCs for **Pulmicort Flexhaler**, associated with the manufacturer Rubicon Holdings (labeler code 85612), do not participate in the MDRP and therefore will not be covered by the Kentucky Department for Medicaid Services (DMS). Currently, there will be no change in coverage for Pulmicort Respules.

Labeler codes 00186 and 6129 will continue to be covered while supplies last; however, pharmacies and prescribers should collaborate to transition patients to therapeutically appropriate and covered alternative medications as soon as possible. Providers may reference the table below to identify possible alternative therapies on the Medicaid Preferred Drug List (PDL):

Preferred Agents	Non-Preferred Agents
Asmanex Twisthaler ^{QL}	Alvesco ^{QL}
budesonide inhalation suspension ^{AE, CC, QL}	ArmonAir Digihaler ^{QL}
Flovent HFA ^{QL}	Arnuity Ellipta ^{QL}
fluticasone propionate HFA ^{QL}	Asmanex HFA ^{QL}
	Flovent Diskus ^{QL}
	fluticasone furoate
	Pulmicort Respules ^{QL}
	Qvar Redihaler

Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: <https://kyportal.medimpact.com/provider-documents/drug-information>. For any additional information or questions that you may have, please contact the Kentucky MedImpact team



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

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	