



230 N. Main St. Dayton, OH 45402 | 833-230-2005 | CareSourcePASSE.com

Re: Summary of Formulary/Prior Authorization Changes Effective APRIL 1, 2025.

Dear <Parent of Guardian of> <FIRST_NAME> <LAST_NAME>:

Your health care is our priority. That is why we are writing to tell you that on April 1, 2025, there will be changes made to Arkansas Medicaid's Preferred Drug List (PDL) and CareSource PASSE's management of products not on Arkansas Medicaid's PDL. A PDL is a list of preferred drugs.

**SUMMARY OF CHANGES TO THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2025:
THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE
APRIL 1, 2025.**

Product Name	Dose(s)	Notes
budesonide ER tablet (Generic for Uceris®)	9mg	Criteria applies
cetirizine solution (Generic for Zyrtec®)	1 mg/ml	
Emflaza® oral suspension, tablet	All	Criteria applies
Freestyle Libre® 2 Plus Sensor	N/A	Updated to preferred & criteria applies. Took effect 10/1/24
glimepiride/pioglitazone tablet (Generic for Duetact®)	All	
mesalamine suppository (Generic for Canasa®)	1000mg	
mometasone furoate nasal spray OTC (Generic for Nasonex®)	50mcg	Criteria applies
Myfembree® tablet	40-1-0.5mg	Criteria applies
Pentasa® ER capsule	All	
pioglitazone/metformin tablet (Generic for ActoPlus Met®)	All	
Zegalogue® autoinjector, syringe	0.6mg/0.6mL	

**THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE
APRIL 1, 2025.**

Product Name	Dose(s)	Notes
balsalazide capsule (Generic for Colazal®)	750mg	
fexofenadine tablet OTC (Generic for Allegra®)	180mg	
mesalamine enema (Generic for sfRowasa®)	4gm/60mL	
mesalamine DR tablet (Generic for Asacol HD® & Lialda®)	800mg	
Symlin® pen injector	All	

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 1, 2025.

Product Name	Dose(s)	Notes
Alhemo [®] pen	150 mg/1.5 mL, 60 mg/1.5 mL	Updated age limit. Took effect 1/15/25
Alyftrek [®] tablet	All	Updated age and quantity limit. Took effect 12/30/24
Aqneura [®] packet	1gm	Updated quantity limit. Took effect 1/15/25
Bimzelx [®] auto-injector, syringe	320mg/2mL	Updated age limit. Took effect 12/20/24
butalbital, Esgic, Fioricet Zebutal capsule, tablet	Combination s containing 50mg butalbital	Updated quantity limit. Took effect 1/2/25
colchicine tablet	0.6mg	Criteria removed, remains preferred
Crenessity [®] capsule, oral solution	All	<ul style="list-style-type: none"> Updated quantity limit on 50mg. Took effect 12/21/24 & 100mg, took effect 12/30/24. Updated age limits on all capsules & solution. Took effect 12/21/24
Enskyce [®] 28 tablet	0.15mg- 0.03mg	<ul style="list-style-type: none"> Updated age limit. Took effect 12/30/24
Ergomar [®] sublingual tablet	2mg	Updated quantity limit. Took effect 2/3/25
Fenopron capsule	300mg	Updated quantity limit. Took effect 1/1/25
fluphenazine tablet	All	Updated age limit. Took effect 1/31/25
Gabarone [®] tablet	All	Updated quantity limit. Took effect 1/17/25
Gvoke [®] auto-injector, syringe	All	Updated age limit
Hympavzi [®] pen	150mg/mL	Updated age limit. Took effect 11/11/24 & quantity limit, took effect 1/15/25
Imkeldi [®] solution	80mg/mL	Updated quantity limit. Took effect 12/16/24
labetalol tablet	400mg	Updated quantity limit. Took effect 12/17/24
Lodoco [®] tablet	0.5mg	Updated quantity limit. Took effect 1/15/25
Lorbrena [®] tablet	25mg	Updated age limit. Took effect 1/3/25
methadone HCL injection	200mg/20mL	Now covered on the pharmacy benefit. Took effect 1/3/25

Namzaric [®] capsule	All	Updated age limit. Took effect 1/20/25
Neo-Vital Rx tabs	All	Updated age and quantity limit. Took effect 1/17/25
Nemluvio [®] pen	30mg	Updated quantity limit. Took effect 1/15/25
Prevymis [®] pellet in packet	All	<ul style="list-style-type: none"> Updated quantity limit on 20mg. Took effect 1/21/25 & age limit, took effect 1/15/25 Updated quantity limit on 120mg. Took effect 1/21/25
prucalopride (Generic for Motegrity [®])	All	<ul style="list-style-type: none"> Updated age limit, effective 12/26/24
Stelara [®] syringe, vial	All subcutaneous dose forms	Updated age limit. Took effect 1/27/25
Steqeyma [®] syringe	All	Updated age limit. Took effect 2/14/25
Vortex [®] VHC pediatric mask	N/A	Updated age limit. Took effect 2/14/25
Xofluza [®] tablet	All	Updated age limit. Took effect 2/6/25
Yesintek [®] syringe	All	Updated age limit. Took effect 2/14/25

What should you do?

First, talk to your prescriber. There are a few ways you and your prescriber can find medication information:

- You can look on our website at **CareSourcePASSE.com**. On the Members page, under Tools & Resources click on “Find My Prescriptions”.
- Or, call our Member Services Department **1-833-230-2005 (TDD/TTY: 711)**.
at

We are here to help you. The CareSource PASSE Member Services Department is open Monday through Friday, 8 a.m. to 5 p.m. CST.

Sincerely,

CareSource PASSE