



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

Your health care is our priority. That is why we are writing to tell you that on JULY 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

JULY 1, 2025:

THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 1, 2025

Product Name	Dose(s)	Notes
Cholestyramine Light (Generic for Questran Light®) powder for oral suspension	4gm	Preferred without criteria. Took effect 3/18/25
Freestyle® Blood Glucose meters and corresponding strips	N/A	Took effect 5/1/25. True Metrix® products are also preferred
Insulin lispro Kwikpen, Kwikpen Jr, vial (Generic for Humalog®)	All	
Insulin lispro mix pen, vial (Generic for Humalog®)	All	
Journavx® tablet	50mg	Preferred without criteria. Took effect 2/10/25 • Quantity limit applicable effective 3/6/25
Omega-3 acid ethyl esters capsule (Generic for Lovaza®)	1gm	Criteria applies. Took effect 5/2/25 (Update)
Taltz® autoinjector, syringe	All	
Triamcinolone ointment	0.1%	Applicable to 15gm, 30gm & 80gm package sizes. Took effect 2/26/25 (Update)
Trulicity® pen injector	All	Criteria applies. Effective June 1, 2025
Xeljanz®, Xeljanz XR tablet	All	Criteria applies

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

Product Name	Dose(s)	Notes
Apidra® Solostar pen	All	
Apidra® vial	All	
Cozaar® tablet	100mg	Took effect 3/4/25
Enspryng® syringe	All	
Humalog® cartridge, Kwikpen, Kwikpen Jr, vial	100unit/ml	
Humalog® Mix Kwikpen, vial	75-25ml, 50-50ml	
Hydrocortisone cream, ointment	1%, 2.5%	Applicable to 454gm package size. Took effect 5/8/25 (Update)
Hyzaar® tablet	100-12.5mg, 100-25mg	Took effect 3/4/25
Levemir® FlexTouch, vial	100unit/ml	While product is still available
Novolin® N vial	100unit/ml	
Novolin® R vial	100unit/ml	
Novolog® cartridge, vial	100unit/ml	
Novolog® Mix Flexpen, vial	70-30ml	
One Touch® Blood Glucose meters, strips	N/A	Took effect 5/1/25; FreeStyle® and True Metrix® products are preferred
Tracleer® tablet for suspension	32mg	Took effect 5/7/25
Triamcinolone cream, ointment	0.025%, 0.1%	Applicable to 454gm package size. Took effect 5/1/25 (Update)
VanaLice® gel	N/A	Took effect 5/8/25 (Update)
Zaditor® drops	0.025% (0.035%)	Took effect 5/9/25

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

Product Name	Dose(s)	Notes
Accu-Chek® Fastclix lancet drum	N/A	Updated quantity limit. Took effect 3/14/25
Actonel® & generic risedronate sodium tablet	35mg	Updated quantity limit. Took effect 4/23/25
Adalimumab-aaty (CF) Crohn (Yuflyma® biosimilar to Humira®)	80mg	Updated quantity limit. Took effect 3/17/25
Agamree® oral suspension	40mg/ml	Updated quantity limit. Took effect 4/7/25
Albuterol sulfate tablet	2mg, 4mg	Updated quantity limit. Took effect 4/8/25
Auranofin/Ridaura® capsule	3mg	Updated quantity limit. Took effect 4/11/25
Ayvakit® tablet	25mg, 50mg	Updated age limit. Took effect 5/12/25

Product Name	Dose(s)	Notes
Benlysta® autoinjector, syringe	200 mg/ml	Updated quantity limit. Took effect 3/14/25
Bisoprolol (Generic for Zebeta®) tablet	2.5mg	Updated quantity limit. Took effect 5/2/25
Cabenuva® extended-release suspension vial	400-600mg	Updated quantity limit. Took effect 4/8/25
Cefazolin/Dextrose solution for injection	3g/50ml	Updated quantity limit. Took effect 3/10/25
Chenodal® tablet	250mg	Updated quantity limit. Took effect 3/17/25
Ctexli® tablet	250mg	Updated quantity limit. Took effect 3/13/25
Clobetasol (Generic for Impoyz®) topical cream	0.025%	Updated quantity limit. Took effect 2/10/25
Crenessity® solution	50mg/ml	Updated quantity limit. Took effect 5/8/25
D.H.E. 45® & generic dihydroergotamine ampule	1 mg/ml	Updated quantity limit. Took effect 3/13/25
Dificid® tablet	200mg	Age limit removed, effective 3/12/25
E.E.S® oral powder for suspension	200 mg/5 ml	Daily quantity limit removed. Took effect 2/14/25
Eryped® oral powder for suspension	400 mg/5 ml	Daily quantity limit removed. Took effect 2/14/25
Everolimus (Generic for Afinitor®) tablet	10mg	Updated quantity limit. Took effect 5/9/25
Evrysdi® tablet	5mg	Updated quantity limit. Took effect 2/21/25
Filsuvez® gel	10%	Updated quantity limit. Took effect 4/11/25
Fintepla® oral solution	2.2 mg/ml	Updated quantity limit. Took effect 3/5/25
Focalin® XR capsule	25mg	Updated age limit. Took effect 1/31/25
Cozaar® & generic losartan tablet	100mg	Updated quantity limit. Took effect 3/4/25
Humira® pen injector kit	40mg/0.8ml	Updated quantity limit. Effective 4/11/25
Hydrocodone-Acetaminophen (Generic for Norco®) tablet	7.5-325mg	Updated age limit. Took effect 2/1/25
Hyzaar® & generic losartan/hydrochlorothiazide tablet	100-12.5mg, 100-25mg	Updated quantity limit. Took effect 3/4/25
Inzirqo® oral suspension	10mg/ml	Updated age limit. Took effect 3/10/25

Product Name	Dose(s)	Notes
Iressa® tablet	250mg	Updated quantity limit. Took effect 5/9/25
Ivermectin tablet	6mg	Updated quantity limit. Took effect 3/17/25
Livmarli® oral solution	9.5mg/ml	Updated quantity limit. Took effect 5/12/25
Livmarli® oral solution	19mg/ml	Updated quantity limit. Removed age limit. Took effect 5/12/25
LoJaimiess® tablet	0.1-0.02-0.01mg	Updated age limit. Took effect 4/15/25
Memantine-Donepezil extended release (ER) (Generic for Namzaric®) capsule	21-10mg	Updated quantity limit, effective 2/14/25 & age limit effective 3/14/25
Miglustat, brand Zavesca® & Yargesa®) capsule	100mg	Updated quantity limit. Took effect 4/11/25
Nebivolol (Generic for Bystolic®) tablet	2.5mg, 5mg, 10mg	Updated quantity limit. Took effect 2/14/25
Nuedexta® capsule	20-10mg	Updated quantity limit. Took effect 4/11/25
Omvo® pen injector, syringe	300 mg/3 ml	Updated age & quantity limit. Took effect 2/19/25 & 2/28/25
Otufi® syringe	All	Updated age limit. Took effect 3/7/25
Oxycodone hydrochloride Immediate-Release (IR) capsule	5 mg	Updated age limit. Took effect 5/5/25
Oxycodone hydrochloride oral solution	5 mg/5 ml	Updated quantity limit. Took effect 2/28/25
Oxycodone-Acetaminophen (Generic for Percocet®) tablet	5-325mg, 7.5-325mg, 10-325mg	Updated age limit. Took effect 2/1/25
Paxlovid® tablet	300/150-100mg	Updated quantity limit. Took effect 5/2/25
Pradaxa® & generic dabigatran capsule	110mg	Updated quantity limit. Took effect 3/10/25
Procysbi® delayed-release granules in packet	All	Updated quantity limit. Took effect 4/11/25
Prolia® syringe	60mg/ml	Updated age limit. Took effect 5/12/25
Pyzchiva® (Biosimilar to Stelara®) syringe	45mg/0.5 ml, 90 mg/ml	Updated age limit. Took effect 2/24/25
Qfitlia® pen	50mg/0.5ml	Updated age & quantity limit. Took effect 3/28/25
Qfitlia® vial	20mg/0.2ml	Updated age & quantity limit. Took effect 3/28/25

Product Name	Dose(s)	Notes
Raldesy® oral solution	10mg/ml	Updated age limit. Took effect 3/21/25
Romvimza® capsule	14mg, 20mg, 30mg	Updated quantity limit. Took effect 2/14/25. Age limit applicable to 14mg strength, took effect 3/14/25
RoxyBond® tablet	5mg	Removed quantity limit. Took effect 3/27/25
RoxyBond® tablet	10mg	Updated quantity limit. Took effect 3/27/25
Rybelsus® tablet	1.5mg, 4mg, 9mg	Updated quantity limit. Took effect 2/14/25
Rydapt® capsule	25mg	Updated quantity limit. Took effect 4/16/25
Selarsdi® syringe	45 mg/0.5 ml, 90 mg/ml	Updated age limit. Took effect 2/28/25
Serostim® vial	All	Updated quantity limit. Took effect 4/11/25
Sevenfact® vial	2 mg	Updated age limit. Took effect 3/13/25
Simlandi® (CF) auto-injector	80mg/0.8ml	Updated age & quantity limit. Took effect 3/18/25
Sublocade® syringe	300 mg/1.5 ml	Updated quantity limit. Took effect 2/28/25
Sunlenca® tablet	300mg	Updated quantity limit. Took effect 4/11/25
Tasigna® capsule	150mg, 200mg	Updated quantity limit. Took effect 4/7/25
Tezruly® oral solution	1mg/ml	Updated age limit. Took effect 4/3/25
Tramadol Hydrochloride (Generic for Qdolo®) oral solution	5mg/ml	Updated age & quantity limit. Took effect 3/27/25
Tremfya® pen	200mg/2ml	Updated quantity limit. Took effect 3/21/25
Ustekinumab (Biosimilar to Stelara®) vial	45mg/0.5ml	Updated age limit. Took effect 5/2/25
Ustekinumab-ttwe (Biosimilar to Stelara®) syringe	45mg/0.5ml, 90mg/ml	Updated age limit. Took effect 4/14/25
Valtoco® nasal spray	10mg	Updated age limit. Took effect 4/16/25
Vanrafia® tablet	0.75 mg	Updated age limit. Took effect 4/3/25 & quantity limit, took effect 4/11/25
Vraylar® capsule	1.5mg, 3mg, 4.5mg, 6mg	Updated quantity limit. Took effect 3/24/25
Vyvgart Hytrulo® syringe, vial	1,000mg-10,000U/5ml	Updated age & quantity limit. Took effect 4/10/25

Product Name	Dose(s)	Notes
Xelria® Fe chewable tablet	0.4-0.035mg	Updated age limit. Took effect 4/15/25
Xromi® oral solution	100mg/ml	Updated age limit. Took effect 2/20/25
Zunveyl® delayed-release tablet	10mg	Updated age & quantity limit. Took effect 3/7/25

**SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL
EFFECTIVE JULY 1, 2025:**

**THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR
AUTHORIZATION/CRITERIA EFFECTIVE JULY 1, 2025.**

Product Name	Dose(s)	Notes
Abecma®	All	Medical benefit with medical necessity review for medical benefit code: Q2055
Breyanzi®	All	Medical benefit with medical necessity review for medical benefit code: Q2054
Carvykti®	All	Medical benefit with medical necessity review for medical benefit code: Q2056
Photrexa®	All	Medical benefit with medical necessity review for medical benefit code: J2787
Tecartus®	All	Medical benefit with medical necessity review for medical benefit code: Q2053

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 Member Services at **1-833-230-2005** (TDD/TTY: 711).

We are here to help. Member Services is open Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT).

Sincerely,

CareSource PASSE

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