CareSource PASSE

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

We are writing to tell you that on **OCTOBER 1, 2025**, changes to Arkansas Medicaid's Preferred Drug List (PDL) and CareSource PASSE's management of products not on Arkansas Medicaid's PDL will happen. A PDL is a list of preferred drugs.

SUMMARY OF CHANGES TO THE ARKANSAS MEDICAID PDL EFFECTIVE OCTOBER 1, 2025:

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

Product Name	Dose(s)	Notes
Captopril (Generic for Capoten®) tablet	All	Updated to preferred and age edit removed, effective 8/1/25
Cartia® XT capsule	All	
Fasenra® pen, syringe	All	Updated to preferred, effective 8/1/25
Metronidazole (Generic for Metrogel®) gel	1% gel with pump	
Vigpoder (Generic for Sabril®) powder packet	500mg	Updated to preferred, effective 7/2/25

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

Product Name	Dose(s)	Notes
Brimonidine tartrate (Generic for Alphagan P®) drops	0.15%	Updated to non-preferred, effective 7/14/25
Metronidazole (Generic for MetroLotion®) lotion	0.75%	
Rimantadine (Generic for Flumadine®) tablet	100mg	
Rosadan® cream, gel	0.75%	
OneTouch® products	N/A	All OneTouch® products will not be covered. Includes glucometers, testing strips, lancets, lancet devices, and control solutions, effective 9/15/25

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

Product Name	Dose(s)	Notes
Acitretin (Generic for Soriatane®) capsule	All	Updated age limit, effective 7/10/25
Accrufer® capsule	All	Updated quantity limit, effective 7/10/25
Acyclovir (Generic for Zovirax®) suspension		Updated criteria
Aimovig® autoinjector	All	Updated age limit, effective 8/8/25
Ajovy® autoinjector, syringe	All	Updated age limit, effective 8/8/25
Albuterol sulfate syrup, tablet (Immediate release and Extended release)	All	Updated age limit, effective 7/10/25
Altrixa® OB prenatal tablet	15mg-1750	Updated age and quantity limit, effective 8/1/25
Andembry® autoinjector	All	Updated age and quantity limit, effective 6/17/25
Anzupgo® cream	2%	Updated age and quantity limit, effective 7/23/25
Aralast NP® vial	1,000mg	Updated age limit, effective 7/10/25
Atovaquone (Generic for Mepron®) oral suspension	All	Updated age limit, effective 7/10/25
Attruby® tablet	All	Updated quantity limit, effective 4/16/25
Auranofin® capsule	All	Updated age limit, effective 7/10/25
Averi® tablet	All	Updated age and quantity limit, effective 6/5/25
Avmapki-Fakzynja® co-pack	All	Updated age and quantity limit, effective 5/8/25
Azelastine-fluticasone (Generic for Dymista®) aerosol, spray with pump	137-50mcg	Updated quantity limit, effective 7/18/25
Benlysta® autoinjector, syringe	200 mg/ml	Updated age limit, effective 7/10/25
Bisoprolol fumarate (Generic for Zebeta®) tablet	5mg	Updated quantity limit, effective 7/25/25
Bomyntra® syringe	120 mg/1.7 ml	Updated quantity limit, effective 6/30/25
Brinsupri® tablet	All	Updated age and quantity limit, effective 8/22/25
Brynovin® solution	25mg/ml	Updated age and quantity limit, effective 8/8/25
Bucapsol® capsule	All	Updated quantity limit, effective 5/15/25
Carisoprodol and brand Soma®, Vanadom® tablet	250mg, 350mg	
Cibinqo® tablet		Updated age limit, effective 5/21/25

Product Name	Dose(s)	Notes
Clonidine HCl extended release (Generic for Kapvay®) tablet	0.1mg	Updated age limit, effective 5/13/25
Conexxence® syringe	All	Updated age limit, effective 7/10/25
Crenessity® capsule	25mg, 100mg	Updated quantity limit, applicable to 100mg strength, effective 4/16/25; Updated quantity limit, applicable to 25mg strength, effective 6/20/25
Dartisla® disintegrating tablet	1.7mg	Updated quantity limit, effective 7/10/25
Deflazacort and brand Emflaza® oral suspension, tablet	All	Updated age limit, effective 7/10/25
Dichlorphenamide and brand Keveyis® tablet	50mg	Updated age limit, effective 7/10/25
Doptelet® tablet	All	Updated age and quantity limit, effective 8/1/25
Edurant® pediatric tablet for suspension	2.5mg	Updated age and quantity limit, effective 5/12/25
Egrifta® WR kit	11.6mg	Updated quantity limit, effective 7/21/25
Ekterly® tablet	All	Updated quantity limit, effective 8/5/25
Emblaveo® vial	All	Updated quantity limit, effective 5/22/25
Emgality® pen, syringe	All	Updated age limit, effective 8/8/25
Eprontia® and generic topiramate oral solution	25mg/ml	Updated age and quantity limit, effective 7/14/25
Fanapt® dose pack	All	Updated age limit, effective 7/7/25
Firdapse® tablet	10mg	Updated quantity limit, effective 7/10/25
Fluticasone furoate (Generic for Arnuity® Ellipta®) Inhaler	50mcg	Updated quantity limit, effective 7/21/25
Fosamax® plus D tablet	70mg-2800-unit, 70mg-5600 unit	Updated quantity limit, effective 7/24/25
Glassia® vial	All	Updated age limit, effective 7/10/25
Glycate® tablet	1.5mg	Updated quantity limit, effective 7/10/25
Gomekli® capsule, tablet for suspension	All	Updated quantity limit, effective 4/16/25
Grastek® sublingual tablet	All	Updated age limit, effective 7/10/25
Guanfacine HCl extended release (Generic for Intuniv®) tablet	All	Removed age limit, effective 5/30/25
Harliku® tablet	All	Updated quantity limit, effective 7/2/25
Hernexeos® tablet	60mg	Updated age and quantity limit, effective 8/8/25

Product Name	Dose(s)	Notes
Hydrocodone-Acetaminophen (Generic for Lortab®) oral solution	10-300/15	Removed quantity limit, effective 6/2/25
Ibuprofen (Generic for Motrin®) tablet	300mg	Updated quantity limit, effective 7/3/25
Introvale® tablet	0.15-0.03mg	Updated age limit, effective 7/7/25
Inzirqo® suspension	10 mg/ml	Updated quantity limit, effective 4/16/25
Jaythari® (Generic for Emflaza®) tablet	All	Updated age limit, effective 8/22/25
Jynarque® tablet	All	Updated age and quantity limit, effective 5/19/25
Kerendia® tablet	40mg	Updated quantity limit, effective 7/11/25
Khindivi® oral solution	All	Updated age limit, effective 5/29/25
Kineret® syringe	100mg/0.67ml	Updated age limit, effective 7/10/25
Koselugo® capsule	10mg	Updated quantity limit, effective 8/8/25
Leqselvi® tablet	8mg	Updated age and quantity limit, effective 5/29/25
Lodoco® tablet	0.5mg	Updated age limit, effective 7/10/25
Lopressor® oral solution	10mg/ml	Updated quantity limit, effective 7/7/25
Memantine HCl (Generic for Namenda®) extended-release capsule	7mg, 14mg, 28mg	Updated age limit, effective 8/8/25
Mepron® suspension	750mg/5ml	Updated age limit, effective 7/10/25
Mifepristone and brand Korlym® tablet	300mg	Updated quantity limit, effective 5/13/25
Mytesi® delayed release tablet	125mg	Updated age limit, effective 7/10/25
Nemluvio® pen	30mg	Updated age limit, effective 7/10/25
Neomaterna® prenatal tablet		Updated age and quantity limit, effective 8/1/25
Nilotinib tartrate® capsule	All	Updated quantity limit, effective 6/23/25
Nourianz® tablet	All	Updated age limit, effective 7/10/25
Nuedexta® capsule	All	Updated age limit, effective 7/10/25
Nurtec® orally disintegrating tablet	75mg	Updated age limit, effective 8/8/25
Nuvigil® and generic armodafinil tablet	50mg	Updated quantity limit, effective 5/15/25
Odactra® sublingual tablet	12SQ-HDM	Updated age limit, effective 7/10/25
Olanzapine (Generic for Zyprexa®) vial	10mg	Updated age limit, effective 8/8/25
Oralair® sublingual tablet	All	Updated age limit, effective 7/10/25
Ormalvi® tablet	All	Updated age limit, effective 7/10/25

Product Name	Dose(s)	Notes
Osenvelt® vial	120mg/1.7ml	Updated age and quantity limit, effective 6/4/25
Oxervate® eye drops	0.002%	Updated quantity limit, effective 7/9/25
Paxlovid® dose pack	All	Updated quantity limit, effective 7/9/25
Pilocarpine (Generic for Vuity®) eye drops	1.25%	Updated age limit applicable to 2.5ml and 5ml package sizes, effective 8/8/25 and updated quantity limit, applicable to 2.5ml package size, effective 5/8/25
Prolastin® C vial	1,000mg/20ml	Updated age limit, effective 7/10/25
Pyzchiva® vial	45mg/0.5 ml	Updated age limit, effective 6/26/25
Qulipta® tablet	All	Updated age limit, effective 8/8/25
Ragwitek® sublingual tablet	All	Updated age limit, effective 7/10/25
Recorlev® tablet	150mg	Updated age limit, effective 7/10/25
Ridaura® capsule	3mg	Updated age limit, effective 7/10/25
Ryzneuta® syringe	20mg/ml	Updated age limit, effective 5/8/25
Sacubitril-Valsartan (Generic for Entresto®) tablet	24-26mg	Updated criteria, effective 7/24 - 8/1/25
Samsca® and generic tolvaptan tablet	All	Updated quantity limit, effective 5/21/25
Silodosin (Generic for Rapaflo®) capsule	4mg	Updated quantity limit, effective 7/24/25
Simplera®, Simplera® Sync	N/A	Updated quantity limit, effective 6/1/25
Sirturo® tablet	All	Updated age limit, effective 7/10/25
Sodium fluoride (Generic for Prevident®) gel	1.1%	Updated quantity limit, effective 7/1/25
Sofdra® gel	12.45%	Updated age and quantity limit, effective 4/16/25
Spevigo® syringe	300 mg/2ml	Updated age and quantity limit, effective 7/25/25
Tryngolza® autoinjector	80mg/0.8ml	Updated quantity limit, effective 5/15/2025
Tryptyr® ophthalmic solution	0.003%	Updated age and quantity limit, effective 6/26/25
Tukysa® tablet	150mg	Updated age limit, effective 5/15/25
Ubrelvy® tablet	All	Updated age limit, effective 8/8/25
Valsartan oral solution	20mg/5ml	Updated age and quantity limit, effective 6/16/25 and 7/1/25
Vowst® capsule	N/A	Updated quantity limit, effective 7/10/25
Voydeya® tablet	All	Updated age limit, effective 7/10/25
Vtama® cream	1%	Updated age and quantity limit, effective 5/21/25
Vykat® extended-release tablet	All	Updated quantity limit, effective 7/16/25

Product Name	Dose(s)	Notes
Wyost® vial	120mg/1.7 ml	Updated age and quantity limit, effective 5/13/25
Xgeva® vial	120mg/1.7ml	Updated age and quantity limit, effective 5/13/25
Xifaxan® tablet	All	Updated age and quantity limit, effective 6/11/25
Yeztugo® tablet, vial	All	Updated age limit, effective 6/18/25
Zelsuvmi® gel	10.3% gel	Updated age and quantity limit, effective 5/30/25
Zemaira® vial	1,000mg	Updated age quantity limit, effective 7/10/25
Zepbound® pen, vial	All	Updated quantity limit, effective 5/15/25
Zokinvy® capsule	All	Updated quantity limit, effective 7/21/25
Ztalmy® suspension	50mg/ml	Updated quantity limit, effective 7/10/25

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 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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