



Re: Summary of Formulary/Prior Authorization Changes Effective APRIL 1, 2026

Your health care is our priority. That is why we are writing to tell you that on **APRIL 1, 2026**, 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, 2026:

THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026

Product Name	Dose(s)	Notes
Beriner [®] vial	All	Prior authorization required
Haegarda [®] vial	All	Prior authorization required
Icatibant (Generic for Sajazir [™] & Firazy [®]) syringe	All	Prior authorization required
Oxcarbazepine (Generic for Trileptal [®]) oral suspension	300 mg/ 5 mL	Updated to preferred, effective 1/21/26
Pirfenidone (Generic for Esbriet [®]) tablet	All	Prior authorization required

THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026

Product Name	Dose(s)	Notes
Ofev [®] capsule	All	
Trileptal [®] oral suspension	300 mg/5 mL	Updated to non-preferred, effective 3/1/2026

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 1, 2026

Product Name	Dose(s)	Notes
Advair Diskus [®] blister with inhalation device	All	Updated criteria
Aqvesme [®] tablet	100 mg	Updated quantity limit, effective 12/23/25
Bimzelx [®] syringe, autoinjector	All	Updated quantity limit, effective 1/27/26
Briviact [®] oral solution	10 mg/mL	Updated age limit, effective 11/24/25
Butalbital-Acetaminophen (Generic for Bupap [®]) capsule	50-300 mg	Updated quantity limit, effective 1/1/26
Colestid [®] & generic colestipol hydrochloride granules & packets	5 gm	Updated quantity limit, effective 1/7/26

Product Name	Dose(s)	Notes
Daybue® Stix powder in packet	All	Updated quantity and age limit, effective 1/5/26
Deflazacort (Generic for Emflaza®) oral suspension	22.75 mg/mL	Updated age limit, effective 12/31/25
DermacinRx Lidocan (Generic for Lidoderm®) patch	5%	Updated criteria
Empaveli® vial	1,080 mg/20 mL	Updated quantity limit, effective 11/18/25
Enoby® syringe	All	Updated quantity and age limit, effective 1/7/26
HyperSal® inhalation solution	3.5%	Updated quantity limit, effective 11/24/25
Hyrnuo® tablet	10 mg	Updated quantity and age limit, effective 11/19/25
Ilaris® vial	All	Updated quantity limit, effective 1/27/26
Javadin® oral solution	0.02 mg/mL	Updated quantity and age limit, effective 11/24/25
Kineret® syringe	All	Updated quantity limit, effective 1/27/26
Nebusal® & generic sodium chloride inhalation solution	3 %	Updated quantity limit, effective 11/24/25
Neurontin® oral solution	250 mg/5 mL	Removed criteria, effective 1/14/26
Nypozi® syringe	60 mg/mL	Updated quantity limit, effective 1/12/26
Ontralfy® oral solution	All	Updated age limit
Orladeyo® capsule	All	Updated age limit, effective 12/23/25
Pivya® tablet	200 mcg	Updated quantity and age limit, effective 1/19/26
PNV tablet	20-1 mg	Updated quantity and age limit, effective 12/1/25
Pradaxa® & generic dabigatran etexilate capsule	All	Updated quantity limit, effective 11/18/25
PreGenna® tablet	All	Updated quantity and age limit, effective 12/1/25
Ranitidine tablet	All	Updated quantity limit, effective 1/12/26
SdamLo® powder for solution	All	Updated quantity limit, effective 1/19/26
Spravato® nasal spray	120 mg/1.7 mL	Updated quantity limit, effective 1/8/25
Symbicort®, Breynta™ & generic budesonide-formoterol inhaler	All	Updated quantity limit, effective 2/10/26
Temazepam (Generic for Restoril®) capsule	All	Updated criteria, effective 1/23/26

Product Name	Dose(s)	Notes
Tyvaso DPI® maintenance kit	All	Updated quantity limit, effective 11/1/25
Uptravi® tablet	200 mcg	Updated quantity limit, effective 12/11/25
Vraylar® capsule	0.5 mg, 0.75 mg	Updated quantity limit, effective 1/5/26
Wegovy® tablet	7.5 mg	Updated quantity and age limit, effective 12/23/25
Xdemvy® ophthalmic solution	0.25 %	Updated quantity limit, effective 12/2/25
Xgeva® vial	120 mg/ 1.7 mL	Updated quantity limit, effective 11/19/25
Xtrenbo® vial	All	Updated quantity limit, effective 1/7/26
Zybic™ suspension	7.5mg/5mL	Updated age limit, effective 1/19/26
Zycubo® vial	All	Updated age limit

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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DHS Approved: 2/23/2022