



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

Dear CareSource PASSE Member,

Your health care is our priority. We are writing to tell you that on **July 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 JULY 1, 2026:**

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

Product Name	Dose(s)	Notes
Armour® Thyroid tablet	All	
Bonsity® pen injector	All	Prior authorization is required
Enoby® (Biosimilar for Prolia®) syringe	All	Prior authorization is required
Eplerenone (Generic for Inspra®) tablet	All	
Escitalopram oxalate (Generic for Lexapro®) oral solution	10MG/ 10ML	Update aligns with 5MG/5ML strength; Prior authorization is required
Forteo® injection	All	Prior authorization is required
Lasix® ONYU kit	All	Prior authorization is required
Lisdexamfetamine (Generic for Vyvanse®) capsule, chews	All	Updated to preferred, effective 4/29/26; Brand Vyvanse is also preferred
Octreotide acetate (Generic for Sandostatin®) syringe	All	Prior authorization is required
Sandostatin® LAR Depot vial	All	Prior authorization is required
Xtrenbo® (Biosimilar for Xgeva®) injection	All	Prior authorization is required

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

Product Name	Dose(s)	Notes
Nizatidine (Generic for Axid®) capsule	All	
Unithroid® tablet	All	

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

Product Name	Dose(s)	Notes
Amjevita® syringe, autoinjector	All	Quantity limit updated effective 2/18/26
Apretude® extended release vial	All	Age limit updated effective 3/10/26

Product Name	Dose(s)	Notes
Atmeski® oral suspension	All	Quantity limit and age limit updated effective 1/19/26
Aukelso® vial	All	Quantity limit updated effective 2/23/26 and age limit effective 3/10/26
Bosaya® syringe	All	Quantity limit updated effective 2/23/26 and age limit effective 3/16/26
Cafergot® tablet	All	Quantity limit and age limit updated effective 3/25/26
Clonidine immediate release (Generic for Catapres®) tablet	0.1, 0.2, 0.3 MG	Age limit updated
Contepo® vial	All	Quantity limit updated effective 3/9/26 and age limit effective 3/20/26
Famotidine (Generic for Pepcid®) oral suspension	All	Criteria updated
Granisol® oral solution	All	Quantity limit updated effective 4/24/26 and age limit effective 5/4/26
Guanfacine immediate release (Generic for Tenex®) tablet	All	Age limit updated
Hydromorphone syringe	All	Criteria updated effective 4/8/26
Idvynso® tablet	All	Age limit updated effective 5/5/26
Jakafi® XR tablet	All	Age limit updated effective 5/1/26
Loargys® vial	All	Age limit updated effective 3/6/26
Matronex® Prenatal tablet	All	Quantity limit and age limit updated effective 12/15/25
MicRhogam® Ultra-filtered plus syringe	All	Criteria updated effective 4/29/26
Multiple drugs with quantity limit updates	All	Quantity limits updated from rolling quantity limit (per days' supply) to maximum quantity per day; Effective dates range between 1/29/26 to 5/11/26
Multiple Immune Globulins (IVIG)	All	Criteria updated effective 4/29/26
Orladeyo® pellet packet	All	Quantity limit updated effective 1/9/26 and age limit effective 1/16/26
Palynziq® syringe	All	Age limit updated effective 3/9/26
Qivigy® vial	All	Age limit updated effective 2/23/26
Relgaabi® capsule	All	Quantity limit updated effective 4/14/26 and age limit effective 3/10/26
Saphnelo® pen	All	Quantity limit updated effective 4/29/26 and age limit effective 5/4/26
Savella® tablet, titration pack	All	Quantity limit, age limit and criteria updated effective 3/16/26
Stelara®, ustekinumab syringe/vial	All	Age limit updated effective 4/20/26
Taltz® syringe, autoinjector	All	Quantity limit updated effective 1/29/26
Xepi® cream	All	Quantity limit updated effective 5/6/26
Zepbound® pen injector	All	Quantity limit updated effective 3/2/26

**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