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<Date>

<Parent of Guardian of> <FIRST_NAME> <LAST_NAME>
 <ADDRESS1>
 <ADDRESS2>
 <CITY>, <STATE> <ZIP>

Re: Summary of Formulary/Prior Authorization Changes Effective April 1, 2022

Dear <Parent or 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, 2022, 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, 2022:

THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes – If Applicable
Carbamazepine chew tablet (generic for Tegretol®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Carbamazepine tablet (generic for Tegretol®)	All	
Clobazam suspension (generic for Onfi®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Clobazam tablet (generic for Onfi®)	All	
Diastat Acudial® (diazepam)	All	Brand only. Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
Diastat® Rectal Gel (diazepam)	All	Brand only. Medication may pay without a prior authorization if certain

Product Name	Strength(s)	Notes – If Applicable
		criteria is met; otherwise, prior authorization required
Divalproex DR tablet (generic for Depakote DR®)	All	
Divalproex ER tablet (generic for Depakote ER®)	All	
Ethosuximide capsule (generic for Zarontin®)	All	
Gabapentin capsule/tablet (generic for Neurontin®)	All	
Lamictal® tablet (lamotrigine)	All	Brand only
Levetiracetam solution (generic for Keppra®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Levetiracetam tablet (generic for Keppra®)	All	
Oxcarbazepine tablet (generic for Trileptal®)	All	
Phenytoin capsule (generic for Dilantin®)	All	
Pregabalin capsule (generic for Lyrica®)	All	
Primidone tablet (generic for Mysoline®)	All	
Qudexy XR® capsule (topiramate)	All	
Sabril® Powder Packet (vigabatrin)	All	Brand only
Sabril® tablet (vigabatrin)	All	Brand only
Tegretol® suspension (carbamazepine)	All	Brand only. Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Topiramate tablet (generic for Topamax®)	All	
Trileptal® suspension (oxcarbazepine)	All	Brand only. Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Valproic Acid capsule (generic for Depakene®)	All	
Valproic acid solution (generic for Depakene®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order

Product Name	Strength(s)	Notes – If Applicable
Valtoco® nasal spray (diazepam)	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
Zonisamide capsule (generic for Zonegran®)	All	
Gammagard® Liquid vial	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
Gamunex-C® vial	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
Hizentra® vial	All	(Not Syringe) Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required

THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes – If Applicable
Aptiom® (eslicarbazepine acetate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Banzel® suspension (rufinamide)	All	
Banzel® tablet (rufinamide)	All	
Briviact® solution (brivaracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Briviact® tablet (brivaracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine ER capsule	All	Members with a claim for

Product Name	Strength(s)	Notes – If Applicable
(generic for Carbatrol®)		medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine ER tablet (generic for Tegretol XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine suspension (generic for Tegretol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbatrol ER® capsule (carbamazepine)	All	
Celontin® capsule (methsuximide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Depakote DR® tablet (divalproex)	All	
Depakote ER® tablet (divalproex)	All	
Depakote® sprinkle capsule (divalproex)	All	
Diacomit® capsule (stiripentol)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diacomit® powder packet (stiripentol)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diazepam rectal device (generic for Diastat Acudial®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diazepam rectal gel (generic	All	Members with a claim for

Product Name	Strength(s)	Notes – If Applicable
for Diastat®)		medication in the previous 60 days will be able to continue on medication without prior authorization
Dilantin® capsule (phenytoin)	All	Members with a claim for 30mg strength of the medication in the previous 60 days will be able to continue on medication without prior authorization
Dilantin® Infatab tablet (phenytoin)	All	
Dilantin® suspension (phenytoin)	All	
Divalproex sprinkle capsule (generic for Depakote®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Elepsia XR® tablet (levetiracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Epidiolex® solution (cannabidiol)	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Eprontia® solution (topiramate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Equetro® capsule (carbamazepine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Ethosuximide solution (generic for Zarontin®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior

Product Name	Strength(s)	Notes – If Applicable
		authorization
Felbamate suspension (generic for Felbatol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Felbamate tablet (generic for Felbatol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Felbatol® suspension (felbamate)	All	
Felbatol® tablet (felbamate)	All	
Fintepla® solution (fenfluramine)	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Fycompa® suspension (perampanel)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Fycompa® tablet (perampanel)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Gabitril® tablet (tiagabine)	All	
Keppra® solution (levetiracetam)	All	
Keppra® tablet (levetiracetam)	All	
Keppra XR® tablet (levetiracetam)	All	
Lamictal® dispersible tablet (lamotrigine)	All	
Lamictal® dose pack (lamotrigine)	All	
Lamictal® ODT dose pack (lamotrigine)	All	

Product Name	Strength(s)	Notes – If Applicable
Lamictal® ODT tablet (lamotrigine)	All	
Lamictal® XR tablet (lamotrigine ER)	All	
Lamictal® XR dose pack (lamotrigine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine dispersible tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine dose pack (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ER tablet (generic for Lamictal XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ODT dose pack (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ODT tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Levetiracetam ER tablet (generic for Keppra XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior

Product Name	Strength(s)	Notes – If Applicable
		authorization
Mysoline® tablet (primidone)	All	
Nayzilam® nasal spray (midazolam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Onfi® suspension (clobazam)	All	
Onfi® tablet (clobazam)	All	
Oxcarbazepine suspension (generic for Trileptal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Oxtellar XR® tablet (oxcarbazepine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenobarbital elixir	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenobarbital tablet	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytek® capsule (phenytoin ER)	All	
Phenytoin chew tablet (generic for Dilantin Infatab®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytoin ER capsule (generic for Phenytek®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytoin suspension (generic for Dilantin®)	All	Members with a claim for medication in the previous 60 days

Product Name	Strength(s)	Notes – If Applicable
		will be able to continue on medication without prior authorization
Rufinamide suspension (generic for Banzel®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Rufinamide tablet (generic for Banzel®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Spritam® tablet (levetiracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Sympazan® film (clobazam)	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Tegretol® tablet (carbamazepine)	All	
Tegretol XR® tablet (carbamazepine ER)	All	
Tiagabine tablet (generic for Gabitril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Topamax® sprinkle (topiramate)	All	
Topamax® tablet (topiramate)	All	
Topiramate ER capsule (generic for Qudexy®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Topiramate sprinkle (generic for Topamax® sprinkle)	All	Members with a claim for medication in the previous 60 days

Product Name	Strength(s)	Notes – If Applicable
		will be able to continue on medication without prior authorization
Trileptal® tablet (oxcarbazepine)	All	
Trokendi XR® capsule (topiramate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vigabatrin powder pack (generic for Sabril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vigabatrin tablet (generic for Sabril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® solution (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® tablet (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® tablet dose pack (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Xcopri® tablet (cenobamate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Xcopri® titration pack (cenobamate)	All	Members with a claim for medication in the previous 60 days will be able to continue on

Product Name	Strength(s)	Notes – If Applicable
		medication without prior authorization
Zarontin® capsule (ethosuximide)	All	
Zarontin® solution (ethosuximide)	All	
Asceniv™ vial	All	
Bivigam® vial	All	
Cutaquig® vial	All	
Cuvitru® vial	All	
Cytogam® vial	All	
Flebogamma Dif® vial	All	
Gamastan® S-D vial	All	
Gamastan® vial	All	
Gammagard® S-D vial	All	
Gammaked™ vial	All	
Gammaplex® vial	All	
Hizentra® syringe	All	
HyperRHO® S-D syringe	All	
Hyqvia® vial	All	
Hyqvia IG Component® vial	All	
MICRhoGAM® Ultra-filtered plus syringe	All	
Octagam® vial	All	
Panzyga® vial	All	
Privigen® vial	All	
RhoGAM® Ultra-filtered plus syringe	All	
Rhophylac® syringe	All	
WinRho® SDF vial	All	
Xembify® vial	All	

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 18, 2022.

Product Name	Strength(s)	Notes – If Applicable
Quetiapine tablet	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2022

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes – If Applicable
Aduhelm vial	All	New policy
Aldurazyme vial	All	New policy
Beovu vial	All	New policy
Botox vial	All	New policy
Brexafemme tablet	All	New criteria
Bylvay capsule, pellet	All	New policy
Cabenuva ER suspension for injection	All	New policy
Cerdelga capsule	All	New policy
Cerezyme vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Dysport vial	All	New policy
Elaprase vial	All	New policy
Elelyso vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Elyxyb solution	All	New criteria
Empaveli vial	All	New policy
Eylea syringe, vial	All	New policy
Fabrazyme vial	All	New policy
Galafold capsule	All	New policy
Iluvien implant	All	New policy
Imbruvica capsule, tablet	All	New policy
Imcivree vial	All	New policy
Increlex vial	All	New policy
Jakafi tablet	All	New policy
Kerendia tablet	All	New criteria
Korsuva vial	All	New policy

Product Name	Strength(s)	Notes – If Applicable
Livmarli solution	All	New policy
Lucentis syringe, vial	All	New policy
Lumizyme vial	All	New policy
MACI implant	All	New policy
Macugen syringe	All	New policy
Mepsevii vial	All	New policy
Myfembree tablet	All	New policy
Myobloc vial	All	New policy
Naglazyme vial	All	New policy
Nexviazyme vial	All	New policy
Nulibry vial	All	New policy
Ocrevus vial	All	New policy
Opzelura cream	All	New criteria
Ozurdex implant	All	New policy
Ponvory tablet	All	New policy
Qulipta tablet	All	New criteria
Retisert implant	All	New policy
Rezurock tablet	All	New policy
Ryplazim vial	All	New policy
Saphnelo vial	All	New policy
Skytrofa cartridge	All	New policy
Soanz tablet	All	New criteria
Sogroya pen	All	New policy
Soliris vial	All	New policy
Solosec granule packet	All	New criteria
Susvimo vial	All	New policy
Tindamax tablet	All	New criteria
Trikafta tablet	All	New policy
Triesence vial	All	New criteria
Trudhesa nasal spray	All	New criteria
Ultomiris vial	All	New policy
Verkazia eye drops	All	New criteria
Vimizim vial	All	New policy
Visudyne vial	All	New policy
Vpriv vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Xeomin vial	All	New policy
Xipere vial	All	New policy
Xyrem solution	All	New policy
Xywav solution	All	New policy
Yutiq implant	All	New policy

Product Name	Strength(s)	Notes – If Applicable
Zavesca capsule	All	New policy
Zokinvy capsule	All	New policy

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

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

CareSource PASSE complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource PASSE, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource PASSE 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码