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

Dear CareSource PASSE Member,

Your health care is our priority. We are writing to tell you that on October 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 OCTOBER 1, 2026:

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

Product Name	Strength(s)	Notes
Bosentan (Generic for Tracleer®) tablet	All	Updated to preferred with criteria effective 7/28/26
Ebglyss® pen, syringe	All	
Eucrisa® ointment	2%	
propranolol Extended Release (Generic for Inderal LA®) capsule	All	Took effect 5/29/26
Opzelura® cream	1.5%	
Rhapsido® tablet	All	
Tezspire® pen, syringe	All	
Ubrelvy® tablet	All	
Vtama® cream	All	

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

Product Name	Strength(s)	Notes
cimetidine (Generic for Tagamet®) tablet	All	Took effect 7/1/26
gabapentin (Generic for Relgaabi®) capsule	200mg	Updated to non-preferred with age limit effective 6/1/26
labetalol tablet	400mg	Updated to non-preferred effective 6/16/26
Migergot® suppository	All	
Tracleer® tablet	All	Updated to non-preferred effective 9/1/26
Vigadrone® powder in packet	All	

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

Product Name	Strength(s)	Notes
Atoncy® oral solution	4mg/mL	Age and quantity limit updated effective 5/29/26
Awiqli® Flextouch insulin pen	700 units/mL	Age limit updated effective 8/7/26
Baxfendy® tablet	All	Quantity limit updated effective 5/25/26 and age limit updated effective 6/1/26
Bysanti® tablet	All	Quantity limit updated effective 5/12/26
Carbzah® oral solution	4mg/5mL	Age limit updated effective 5/28/26 and 6/1/26
Cardamyst® nasal spray	All	Quantity limit updated effective 4/15/26
Cavhanzah® ODT	All	Age limit updated effective 7/14/26
Filkri® syringe	300mcg/ 0.5mL	Quantity limit updated effective 5/13/26
folic acid oral solution	0.2 mg/mL	Age and quantity limit updated effective 5/11/26
glipizide (Generic for Glucotrol®) tablet	15 mg	Quantity limit updated effective 5/7/26
haloperidol decanoate (Generic for Haldol®) vial	All	Criteria updated effective 5/15/26
Hepcludex® vial	8.5mg	Quantity limit updated effective 5/22/26 and age limit updated effective 6/1/26
isotretinoin (Generic for Absorica®) capsule	All	Criteria updated effective 5/29/26
lenalidomide (Generic for Revlimid®) capsule	5mg, 10mg	Quantity limit updated effective 5/28/26
Linzess® capsule	72mcg	Age limit updated effective 6/1/26
Myrbetriq® Extended Release suspension	8 mg/mL	Age limit updated effective 6/15/26
Nereus® capsule	85mg	Age and quantity limit updated effective 5/11/26
Norliqva® solution	All	Age limit updated effective 5/14/26 and quantity limit updated effective 4/13/26
Seroquel® XR tablet	150mg	Age limit updated effective 6/1/26
Skyrizi® pen, syringe, on-body wearable injector	All	Age limit updated effective 6/22/26
tapentadol (Generic for Nucynta®) oral solution	20mg/mL	Age limit updated effective 7/20/26
tofacitinib (Generic for Xeljanz®) solution	1mg/mL	Quantity limit updated effective 6/3/26
topiramate Extended Release (Generic for Trokendi® XR) sprinkle capsule	150mg	Quantity limit updated effective 5/12/26

Product Name	Strength(s)	Notes
Tryngloza® autoinjector	50mg/0.8mL	Age limit updated effective 6/26/26
Ranexa® Extended Release tablet	All	Criteria updated effective 5/12/26
Saphnelo® syringe	120mg/ 0.8mL	Quantity limit updated effective 5/14/26
Zepbound® pen injector	All	Quantity limit updated effective 3/2/26
Zolymbus® eye drops	0.01 %	Age limit updated effective 5/6/26
Zoryve® cream	0.3%	Age limit updated effective 7/1/26

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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