



230 N. Main St. Dayton, OH 45402 | 833-230-2005 | CareSourcePASSE.com

<Date>

<Parent of Guardian of> <FIRST_NAME> <LAST_NAME>

<ADDRESS1>

<ADDRESS2>

<CITY>, <STATE> <ZIP>

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

Dear <Parent of Guardian of> <FIRST_NAME> <LAST_NAME>:

Your health care is our priority. That is why we are writing to tell you that on JULY 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 JULY 1, 2022

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 1, 2022

Product Name	Strength(s)	Notes - If Applicable
Chlorpromazine tablets (generic for Thorazine®)	All	
Cuprimine® capsule (penicillamine)	All	Brand only
Depen® tablet (penicillamine)	All	Brand only
Thiola® EC tablet (tiopronin)	All	Brand only
Thiola® tablet (tiopronin)	All	Brand only

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2022.

Product Name	Strength(s)	Notes - If Applicable
Latuda® (lurasidone)	All	Members with paid claims of ≥ 2 preferred agents in the last 24 months will be able to continue on medication without prior authorization.
Lybalvi® tablets (olanzapine/samidorphan)	All	

Nuplazid® tablets/capsules (pimavanserin)	All	
Pimozide tablets (generic for Orap®)	All	
Protonix® suspension (pantoprazole)	All	Approved if member is < 7 years of age or has an NPO diagnosis
Thiothixene capsules (generic for Navane®)	All	
Trifluoperazine tablets (generic for Stelazine®)	All	

THE FOLLOWING MEDICATIONS WILL HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE JULY 1, 2022.

Product Name	Strength(s)	Notes - If Applicable
Bonjesta®	All	Additional Point-of-sale criteria associated
Diclegis®	All	Additional Point-of-sale criteria associated
Leqvio	All	New criteria effective April 20, 2022

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL:

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 20, 2022.

Product Name	Strength(s)	Notes - If Applicable
Apretude	All	New criteria
Besremii	All	New criteria
Limarli	All	New criteria
Livtency	All	New criteria
Oxervate	All	New criteria
Pyrukynd	All	New criteria
Recorlev	All	New criteria
Tarpeyo	All	New criteria
Vonjo	All	New criteria

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE JULY 1, 2022.

Product Name	Strength(s)	Notes - If Applicable
Brineura	All	New policy
Cytogam	All	New policy
LokeIma	All	New criteria
Prevymis	All	New policy
Ryplazim	All	New policy
Siklos	All	New policy

Susvimo	All	New policy
Tezspire	All	New policy
Veltassa	All	New criteria
Voxzogo	All	New policy
Zimhi	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