



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 APRIL 1, 2023

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 April 1, 2023 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, 2023:

THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2023.

Product Name	Dose(s)	Notes – If Applicable
Cefixime Capsule	400 mg	Preferred without criteria (Authorized Generic NDCs Only)
Insulin Glargine SoloStar Pen	100 units/mL	Preferred without criteria - Took effect January 27, 2023
Insulin Glargine Vial	100 units/mL	Preferred without criteria - Took effect January 27, 2023

THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2023.

Product Name	Dose(s)	Notes – If Applicable
Cefadroxil Tablet (Generic Duricef®)	1 gm	
Cefpodoxime Tablet, Suspension (Generic Vantin®)	100 mg, 200 mg, 50 mg/5ml, 100 mg/5ml	
Cephalexin Tablet (Generic Keflex®)	250 mg	

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 1, 2023.

Product Name	Dose(s)	Notes – If Applicable
Aimovig® Auto-Injector	All	Updated criteria
Ajovy® Auto-Injector, Syringe	All	Updated criteria
Aubagio® Tablet	All	Updated criteria
Bafiertam® Capsule	All	Updated criteria
Betaseron® Kit	All	Updated criteria
Copaxone® Syringe	40 mg	Updated criteria
Elyxyb® Oral Solution	All	Updated criteria
Emgality® Pen-Injector, Syringe	All	Updated criteria
Enspryng® Syringe	All	Updated criteria
Extavia® Kit, Vial	All	Updated criteria
Gilenya® Capsule	All	Updated criteria
Glatopa® Syringe	All	Updated criteria
Kesimpta® Pen Injector	All	Updated criteria
Mavenclad® Tablet	All	Updated criteria
Mayzent® Dose Pack, Tablet	All	Updated criteria
Migranal® Nasal Spray/Trudhesa® Nasal Spray	All	Updated criteria
Montelukast Tablet, Chewable Tablet, Granule (Generic Singulair®)	All	Updated criteria
Nurtec® Orally Disintegrating Tablet	All	Updated criteria
Plegridy® Pen, Syringe	All	Updated criteria
Ponvory® Dose Pack, Tablet	All	Updated criteria
Qulipta® Tablet	All	Updated criteria
Rebif®/Rebif Rebidose® Pen, Syringe	All	Updated criteria
Tascenso® Orally Disintegrating Tablet	All	Updated criteria
Reyvow® Tablet	All	Updated criteria
Tecfidera® Capsule, Starter Pack	All	Updated criteria
Ubrovelvy® Tablet	All	Updated criteria
Vumerity® Capsule	All	Updated criteria
Zeposia® Capsule, Dose Pack	All	Updated criteria

**SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL
EFFECTIVE APRIL 1, 2023:**

**THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR
AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2023.**

Product Name	Dose(s)	Notes – If Applicable
Hyftor® Gel	All	New criteria
Lytgobi® Tablet	All	New criteria
Qutenza® Kit	All	New criteria
Rezlidhia® Capsule	All	New criteria
Vivjoa® Capsule	All	New criteria

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

AR-PAS-M-1135300-V.5

DHS Approved: 2/23/2022