



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

Re: Summary of Formulary/Prior Authorization Changes Effective APRIL 1, 2024

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource PASSE complies with Arkansas Medicaid's Evidence-Based Preferred Drug List (PDL) and also routinely reviews medications not found on Arkansas Medicaid's PDL. We encourage you to actively work with your CareSource PASSE patients in advance of the effective date above to ensure a smooth transition if necessary.

SUMMARY OF CHANGES TO THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2024:

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2024.

Product Name	Strength(s)	Notes If Applicable
Aranesp [®] syringe	ALL	Moving from non-preferred to preferred with criteria
Carbaglu [®] tablets	200MG	Moving from non-preferred to preferred with criteria
Ciloxan [®] ophthalmic ointment	0.3%	Moving from non-preferred to preferred without criteria
Moxifloxacin drops (Generic for Vigamox [®])	0.5%	Moving from non-preferred to preferred without criteria
Pheburane [®] pellets	483 MG/G	Moving from non-preferred to preferred with criteria
Retacrit [®] vial	ALL	Moving from non-preferred to preferred without criteria

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2024.

Product Name	Strength(s)	Notes If Applicable
Vigamox [®] drops	0.5%	Moving from preferred
Polycin [®] ointment	500 U/1 GM-10000	Moving from preferred
Procrit [®] vial	ALL	Moving from preferred

We will provide a list of your CareSource PASSE patients who are taking any medication above upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. In your request, include the medication name(s), provider name, NPI, and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

THE FOLLOWING MEDICATIONS WILL HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 1, 2024.

Product Name	Strength(s)	Notes If Applicable
Alplenzin [®] ER tablet	348mg	Quantity limit: Updated from 1.5 to 1 tablet per day
Alplenzin [®] ER tablet	174mg	Quantity limit: Updated from 3 to 1 tablet per day
Brisdelle [®] & generic & paroxetine mesylate capsule	7.5mg	Quantity limit: Updated from 8 to 1 capsule per day
Bupropion IR tablet (Generic for Wellbutrin [®])	100mg	Quantity limit: Updated from 450mg to 400mg per day
Wellbutrin [®] SR & generic bupropion SR tablet	100mg, 200mg	Quantity limit: Updated from 450mg to 400 mg per day
Wellbutrin [®] XL & generic bupropion SR tablet	300mg	Quantity limit: Updated from 450mg to 300mg per day
Celexa [®] & generic citalopram tablet	10mg, 20mg, 30mg	Quantity limit: Updated from 40mg to 30mg per day
Citalopram solution (Generic for Celexa [®])	20mg/10mL	Quantity limit: Updated from 0 to 620mL per month
Clonidine ER tablet (Generic for Nexiclon [®] XR)	0.17mg	Quantity limit: Updated from 0 to 1 tablet per day
Cymbalta [®] & generic duloxetine capsule	20mg, 40mg	Quantity limit: Updated from 120mg to 80mg per day
Cymbalta [®] & generic duloxetine capsule	30mg	Quantity limit: Updated from 120mg to 90mg per day
Desvenlafaxine ER tablet (Generic for Khedezla [®])	50mg, 100mg	Quantity limit: Updated from 0 to 400mg per day

Product Name	Strength(s)	Notes If Applicable
Drizalma® sprinkle DR capsule	20mg, 40mg	Quantity limit: Updated from 120mg to 80mg per day
Drizalma® sprinkle DR capsule	30mg	Quantity limit: Updated from 120mg to 90mg per day
Drizalma® sprinkle DR capsule	60mg	Quantity limit: Updated from 0 to 120mg per day
Fetzima® ER capsule	20mg	Quantity limit: Updated from 120mg to 20mg per day
Fetzima® ER capsule	40mg	Quantity limit: Updated from 120mg to 40mg per day
Fetzima® ER capsule	80mg	Quantity limit: Updated from 120mg to 80mg per day
Pristiq® & generic desvenlafaxine ER tablet	25mg	Quantity limit: Updated from 400mg to 375mg per day
Pristiq® & generic desvenlafaxine ER tablet	50mg	Quantity limit: Updated from 400mg to 350mg per day
Effexor® XR & generic venlafaxine ER capsule, tablet	37.5mg	Quantity limit: Updated from 375mg to 337.5mg per day
Effexor® XR & generic venlafaxine ER capsule, tablet	150mg	Quantity limit: Updated from 375mg to 300mg per day
Fluoxetine capsule, tablet (Generic for Prozac®)	10mg	Quantity limit: Updated from 60mg to 50mg per day
Fluoxetine capsule, tablet, solution (Generic for Prozac®)	20mg, 20mg/5mL	Quantity limit: Updated from 80mg to 60mg per day
Fluoxetine capsule (Generic for Prozac®)	40mg	Quantity limit: Updated from 60mg to 40mg per day
Fluoxetine tablet	60mg	Quantity limit: Updated from 0 to 60mg per day
Fluvoxamine tablet	50mg	Quantity limit: Updated from 300mg to 250mg per day
Fluvoxamine ER capsule	100mg	Quantity limit: Updated from 300mg to 200mg per day

Product Name	Strength(s)	Notes If Applicable
Fycompa® tablet	2mg,4mg,6mg, 8mg, 10mg, 12mg	Quantity limit: Updated from 0 to 1 tablet per day
Klayesta® powder	100,000 Units/gm	Quantity limit: Updated from 0 to 1 package (15gm, 30gm or 60gm) daily
Lexapro® & generic escitalopram tablet	5mg, 10mg	Quantity limit: Updated from 20mg to 15mg per day
Lexapro® & generic escitalopram tablet	20mg	Quantity limit: Updated from 30mg to 20mg per day
Mirtazapine tablet (Generic for Remeron®)	7.5mg	Quantity limit: Updated from 45mg to 37.5mg per day
Nefazodone tablet (Generic for Serzone®)	100mg	Quantity limit: Updated from 600mg to 200mg per day
Nefazodone tablet (Generic for Serzone®)	200mg	Quantity limit: Updated from 1200mg to 400mg per day
Nefazodone tablet (Generic for Serzone®)	250mg	Quantity limit: Updated from 600mg to 500mg per day
Nora-Be® tablet	0.35mg	PA criteria applies
Paxil® & generic paroxetine tablet	10mg	Quantity limit: Updated from 60mg to 50mg per day
Paxil® & generic paroxetine tablet	40mg	Quantity limit: Updated from 60mg to 40mg per day
Paroxetine ER tablet (Generic for Paxil CR®)	25mg	Quantity limit: Updated from 62.5mg to 50mg per day
Paroxetine ER tablet (Generic for Paxil CR®)	37.5mg	Quantity limit: Updated from 62.25mg to 37.5mg per day
Pexeva® tablet	10mg	Quantity limit: Updated from 60mg to 50mg per day
Prozac® pulvule	10mg	Quantity limit: Updated from 60mg to 50mg per day
Prozac® pulvule	20mg	Quantity limit: Updated from 80mg to 60mg per day
Prozac® pulvule	40mg	Quantity limit: Updated from 60mg to 40mg per day
Reblozyl® vial	ALL	Now accepted on pharmacy benefit

Product Name	Strength(s)	Notes If Applicable
Remeron® & mirtazapine tablet	15mg	Quantity limit: Updated from 45mg to 22.5mg per day
Remeron® & mirtazapine tablet, ODT	30mg	Quantity limit: Updated from 45mg to 30mg per day
Sarafem® tablet	10mg	Quantity limit: Updated from 60mg to 50mg per day
Sarafem® tablet	20mg	Quantity limit: Updated from 80mg to 60mg per day
Savella® tablet	12.5mg	Quantity limit: Updated from 200mg to 75mg per day
Savella® tablet	25mg	Quantity limit: Updated from 200mg to 150mg per day
Savella® tablet	50mg	Quantity limit: Updated from 200mg to 100mg per day
Savella® tablet	100mg	Quantity limit: Updated from 0 to 200mg per day
Savella® titration pack	12.5-25-50mg	Quantity limit: Updated from 0 to 55 tablets per 2 years
Trintellix® tablet	5mg	Quantity limit: Updated from 20mg to 15mg per day
Trintellix® tablet	10mg	Quantity limit: Updated from 20mg to 10mg per day
Trintellix® tablet	20mg	Quantity limit: Updated from 0 to 20mg per day
Venlafaxine besylate ER tablet	112.5mg	Quantity limit: Updated from 375mg to 337.5mg per day
Venlafaxine tablet (Generic for Effexor®)	25mg	Quantity limit: Updated from 375mg to 325mg per day
Venlafaxine tablet (Generic for Effexor®)	37.5mg	Quantity limit: Updated from 375mg to 337.5mg per day
Venlafaxine tablet (Generic for Effexor®)	50mg	Quantity limit: Updated from 375mg to 350mg per day
Venlafaxine tablet (Generic for Effexor®)	100mg	Quantity limit: Updated from 375mg to 300mg per day
Venlafaxine tablet (Generic for Effexor®)	225mg	Quantity limit: Updated from 375mg to 225mg per day

Product Name	Strength(s)	Notes If Applicable
Viibryd® & generic vilazodone tablet	10mg	Quantity limit: Updated from 40mg to 30mg per day
Viibryd® & generic vilazodone tablet	20mg	Quantity limit: Updated from 40mg to 20mg per day
Zoloft® & generic sertraline tablet	25mg	Quantity limit: Updated from 200mg to 175mg per day
Zoloft® & generic sertraline capsule, tablet	50mg, 150mg	Quantity limit: Updated from 200mg to 150mg per day
Zurzuvae® capsule	20mg	Quantity limit: Updated from 50mg to 40mg per day
Zurzuvae® capsule	30mg	Quantity limit: Updated from 50mg to 30mg per day

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2024.

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2024.

Product Name	Strength(s)	Notes If Applicable
Alymsys® vial	25mg/mL	Prior authorization is required for medical benefit code: Q5126 - Took effect 1/1/2024
Bosulif® capsule	50mg, 100mg	Quantity limit is updated from 0 to: 1 capsule of 50mg per day 1 capsule of 100mg per day
Daxxify® vial	100 Units	Medical Benefit with Medical Necessity Review; *Prior authorization is required for medical benefit code: C9160 *Took effect 1/1/2024
Eylea® HD vial	8mg/0.7mL	Prior authorization is required for medical benefit code: C9161 - Took effect 1/1/2024
Feraheme® vial	All	Prior authorization is required for medical benefit code: Q0139 - Took effect 1/1/2024
Ferrlecit® vial	All	Removed prior authorization requirement -Takes effect 5/1/2024
Freestyle Libre® 3 Reader	N/A	Updated to preferred, prior authorization is required Took effect 1/10/2024
Infed® vial	All	Removed prior authorization requirement - Takes effect 5/1/2024
Izervay® vial	2mg/0.1mL	Medical Benefit with Medical Necessity Review; *Prior authorization is required for medical benefit code: C9162

Product Name	Strength(s)	Notes If Applicable
		*Took effect 1/1/2024
Rituxan®/Rituxan Hycela® vial	All	Prior authorization is required; Applicable to biosimilars – Riabni, *Truxima, *Ruxience *Preferred products requiring prior authorization for medical benefit code: Q5123
Rivfloza® syringe, vial	All	New prior authorization requirement for members under 9 years of age; Quantity limit updated from 0 to 1 syringe/vial per 23 days
Veopoz® vial	400mg/2mL	Medical Benefit with Medical Necessity Review
Venofer® vial	All	Removed prior authorization requirement - Takes effect 5/1/2024
Xipere® vial	40mg/mL	Prior authorization is required for medical benefit code: J3299

What you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize the Formulary resources available at CareSourcePASSE.com. You can also access the complete PDL at CareSourcePASSE.com by clicking on:

- Providers
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call CareSource PASSE Provider Services at **1-833-230-2100** Monday through Friday, 8 a.m. to 5 p.m. CST. Thank you for being a CareSource PASSE health partner.

Sincerely,

CareSource PASSE

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