



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

Re: Summary of Formulary/Prior Authorization Changes Effective APRIL 1, 2025.

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 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, 2025:

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL

Product Name	Strength(s)	Notes
budesonide ER tablet (Generic for Uceris®)	9mg	Criteria applies
cetirizine solution (Generic for Zyrtec®)	1 mg/ml	
Emflaza® oral suspension, tablet	All	Criteria applies
Freestyle Libre® 2 Plus Sensor	N/A	Updated to preferred & criteria applies. Took effect 10/1/24
glimepiride/pioglitazone one tablet (Generic for Duetact®)	All	
mesalamine suppository (Generic for Canasa®)	1000mg	
mometasone furoate nasal spray OTC (Generic for Nasonex®)	50mcg	Criteria applies
Myfembree® tablet	40-1-0.5mg	Criteria applies
Pentasa® ER capsule	All	
pioglitazone/metformin tablet (Generic for ActoPlus Met®)	All	
Zegalogue® (dasiglucagon) autoinjector, syringe	0.6mg/0.6mL	

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2025

Product Name	Strength(s)	Notes
balsalazide capsule (Generic for Colazal®)	750mg	
fexofenadine tablet OTC (Generic for Allegra®)	180mg	
mesalamine enema (Generic for sfRowasa®)	4gm/60mL	
mesalamine DR tablet (Generic for Asacol HD® & Lialda®)	800mg	
Symlin® pen injector	All	

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, 2025

Product Name	Strength(s)	Notes
Alhemo® pen	150 mg/1.5 mL, 60 mg/1.5 mL	Updated age limit. Took effect 1/15/25
Alyftrek® tablet	All	Updated age and quantity limit. Took effect 12/30/24
Aqneura® packet	1gm	Updated quantity limit. Took effect 1/15/25
Bimzelx® auto-injector, syringe	320mg/2mL	Updated age limit. Took effect 12/20/24
butalbital, Esgic, Fioricet Zebutal capsule, tablet	Combinations containing 50mg butalbital	Updated quantity limit. Took effect 1/2/25
colchicine tablet	0.6mg	Criteria removed, remains preferred
Crenessity® capsule, oral solution	All	<ul style="list-style-type: none"> Updated quantity limit on 50mg. Took effect 12/21/24 & 100mg, took effect 12/30/24. Updated age limits on all capsules & solution. Took effect 12/21/24
Enskyce® 28 tablet	0.15mg-0.03mg	Updated age limit. Took effect 12/30/24
Ergomar® sublingual tablet	2mg	Updated quantity limit. Took effect 2/3/25
Fenopron capsule	300mg	Updated quantity limit. Took effect 1/1/25
fluphenazine tablet	All	Updated age limit. Took effect 1/31/25
Gabarone® tablet	All	Updated quantity limit. Took effect 1/17/25



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Product Name	Strength(s)	Notes
Gvoke [®] auto-injector, syringe	All	Updated age limit
Hypnavzi [®] pen	150mg/mL	Updated age limit. Took effect 11/11/24 & quantity limit, took effect 1/15/25
Imkeldi [®] solution	80mg/mL	Updated quantity limit. Took effect 12/16/24
labetalol tablet	400mg	Updated quantity limit. Took effect 12/17/24
Lodoco [®] tablet	0.5mg	Updated quantity limit. Took effect 1/15/25
Lorbrena [®] tablet	25mg	Updated age limit. Took effect 1/3/25
methadone HCL injection	200mg/20mL	Now covered on the pharmacy benefit. Took effect 1/3/25
Namzaric [®] capsule	All	Updated age limit. Took effect 1/20/25
Neo-Vital Rx tabs	All	Updated age and quantity limit. Took effect 1/17/25
Nemluvio [®] pen	30mg	Updated quantity limit. Took effect 1/15/25
Prevymis [®] pellet in packet	All	<ul style="list-style-type: none"> Updated quantity limit on 20mg. Took effect 1/21/25 & age limit, took effect 1/15/25 Updated quantity limit on 120mg. Took effect 1/21/25
prucalopride (Generic for Motegrity [®])	All	Updated age limit, effective 12/26/24
Stelara [®] syringe, vial	All subcutaneous dose forms	Updated age limit. Took effect 1/27/25
Steqeyma [®] syringe	All	Updated age limit. Took effect 2/14/25
Vortex [®] VHC pediatric mask	N/A	Updated age limit. Took effect 2/14/25
Xofluza [®] tablet	All	Updated age limit. Took effect 2/6/25
Yesintek [®] syringe	All	Updated age limit. Took effect 2/14/25

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

CareSourcePASSE.com

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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