



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

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, 2026: THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026

Product Name	Strength(s)	Notes
Berinert [®] vial	All	Prior authorization required
Haegarda [®] vial	All	Prior authorization required
Icatibant (Generic for Sajazir [™] and Firazyr [®]) syringe	All	Prior authorization required
Oxcarbazepine (Generic for Trileptal [®]) oral suspension	300 mg/5 mL	Updated to preferred, effective 1/21/26
Pirfenidone (Generic for Esbriet [®]) tablet	All	Prior authorization required

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026

Product Name	Strength(s)	Notes
Ofev [®] capsule	All	
Trileptal [®] oral suspension	300 mg/5 mL	Updated to non-preferred, effective 3/1/2026

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. In your request, include the medication names 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, 2026

Product Name	Strength(s)	Notes
Advair Diskus [®] blister with inhalation device	All	Updated Criteria
Aqvesme [®] tablet	100 mg	Updated quantity limit, effective 12/23/25
Bimzelx [®] syringe, autoinjector	All	Updated quantity limit, effective 1/27/26
Briviact [®] oral solution	10 mg/mL	Updated age limit, effective 11/24/25
Butalbital-Acetaminophen (Generic for Bupap [®]) capsule	50-300 mg	Updated quantity limit, effective 1/1/26
Colestid [®] & generic colestipol hydrochloride granules & packets	5 gm	Updated quantity limit, effective 1/7/26

Product Name	Strength(s)	Notes
Daybue® Stix powder in packet	All	Updated quantity and age limit, effective 1/5/26
Deflazacort (Generic for Emflaza®) oral suspension	22.75 mg/mL	Updated age limit, effective 12/31/25
DermacinRx Lidocan (Generic for Lidoderm®) patch	5%	Updated criteria
Empaveli® vial	1,080 mg/20 mL	Updated quantity limit, effective 11/18/25
Enoby® syringe	All	Updated quantity and age limit, effective 1/7/26
HyperSal® inhalation solution	3.5%	Updated quantity limit, effective 11/24/25
Hyrnuo® tablet	10 mg	Updated quantity and age limit, effective 11/19/25
Ilaris® vial	All	Updated quantity limit, effective 1/27/26
Javadin® oral solution	0.02 mg/mL	Updated quantity and age limit, effective 11/24/25
Kineret® syringe	All	Updated quantity limit, effective 1/27/26
Nebusal® and generic sodium chloride inhalation solution	3 %	Updated quantity limit, effective 11/24/25
Neurontin® oral solution	250 mg/5 mL	Removed criteria, effective 1/14/26
Nypozi® syringe	60 mg/mL	Updated quantity limit, effective 1/12/26
Ontralfy® oral solution	All	Updated age limit
Orladeyo® capsule	All	Updated age limit, effective 12/23/25
Pivya® tablet	200 mcg	Updated quantity and age limit, effective 1/19/26
PNV tablet	20-1 mg	Updated quantity and age limit, effective 12/1/25
Pradaxa® & generic dabigatran etexilate capsule	All	Updated quantity limit, effective 11/18/25
PreGenna® tablet	All	Updated quantity and age limit, effective 12/1/25
Ranitidine tablet	All	Updated quantity limit, effective 1/12/26
SdamLo® powder for solution	All	Updated quantity limit, effective 1/19/26
Spravato® nasal spray	120 mg/1.7 mL	Updated quantity limit, effective 1/8/25
Symbicort®, Breyna™ & generic budesonide-formoterol inhaler	All	Updated quantity limit, effective 2/10/26
Temazepam (Generic for Restoril®) capsule	All	Updated criteria, effective 1/23/26
Tyvaso DPI® maintenance kit	All	Updated quantity limit, effective 11/1/25
Uptravi® tablet	200 mcg	Updated quantity limit, effective 12/11/25
Vraylar® capsule	0.5 mg, 0.75 mg	Updated quantity limit, effective 1/5/26
Wegovy® tablet	7.5 mg	Updated quantity and age limit, effective 12/23/25
Xdemvy® ophthalmic solution	0.25 %	Updated quantity limit, effective 12/2/25
Xgeva® vial	120 mg/1.7 mL	Updated quantity limit, effective 11/19/25
Xtrenbo® vial	All	Updated quantity limit, effective 1/7/26
Zybic™ suspension	7.5mg/5mL	Updated age limit, effective 1/19/26
Zycubo® vial	All	Updated age limit

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. Call Provider Services at **1-833-230-2100**, Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT).

Thank you for being a CareSource PASSE health partner.

Sincerely,

CareSource PASSE

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