



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

**THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE July 1, 2026**

Product Name	Strength(s)	Notes
Armour® Thyroid tablet	All	
Bonsity® pen injector	All	Prior authorization is required
Enoby® (Biosimilar for Prolia®) syringe	All	Prior authorization is required
Eplerenone (Generic for Inspra®) tablet	All	
Escitalopram oxalate (Generic for Lexapro®) oral solution	10MG/ 10ML	Update aligns with 5MG/5ML strength; Prior authorization is required
Forteo® injection	All	Prior authorization is required
Lasix® ONYU kit	All	Prior authorization is required
Lisdexamfetamine (Generic for Vyvanse®) capsule, chews	All	Updated to preferred, effective 4/29/26; Brand Vyvanse is also preferred
Octreotide acetate (Generic for Sandostatin®) syringe	All	Prior authorization is required
Sandostatin® LAR Depot vial	All	Prior authorization is required
Xtrenbo® (Biosimilar for Xgeva®) injection	All	Prior authorization is required

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

Product Name	Strength(s)	Notes
Nizatidine (Generic for Axid®) capsule	All	
Unithroid® tablet	All	

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](mailto: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 July 1, 2026**

Product Name	Strength(s)	Notes
Amjevita® syringe, autoinjector	All	Quantity limit updated effective 2/18/26



Product Name	Strength(s)	Notes
Apretude® extended release vial	All	Age limit updated effective 3/10/26
Atmeski® oral suspension	All	Quantity limit and age limit updated effective 1/19/26
Aukelso® vial	All	Quantity limit updated effective 2/23/26 and age limit effective 3/10/26
Bosaya® syringe	All	Quantity limit updated effective 2/23/26 and age limit effective 3/16/26
Cafergot® tablet	All	Quantity limit and age limit updated effective 3/25/26
Clonidine immediate release (Generic for Catapres®) tablet	0.1, 0.2, 0.3 MG	Age limit updated
Contepo® vial	All	Quantity limit updated effective 3/9/26 and age limit effective 3/20/26
Famotidine (Generic for Pepcid®) oral suspension	All	Criteria updated
Granisol® oral solution	All	Quantity limit updated effective 4/24/26 and age limit effective 5/4/26
Guanfacine immediate release (Generic for Tenex®) tablet	All	Age limit updated
Hydromorphone syringe	All	Criteria updated effective 4/8/26
Idvynso® tablet	All	Age limit updated effective 5/5/26
Jakafi® XR tablet	All	Age limit updated effective 5/1/26
Loargys® vial	All	Age limit updated effective 3/6/26
Matronex® Prenatal tablet	All	Quantity limit and age limit updated effective 12/15/25
MicRhogam® Ultra-filtered plus syringe	All	Criteria updated effective 4/29/26
Multiple drugs with quantity limit updates	All	Quantity limits updated from rolling quantity limit (per days' supply) to maximum quantity per day; Effective dates range between 1/29/26 to 5/11/26
Multiple Immune Globulins (IVIG)	All	Criteria updated effective 4/29/26
Orladeyo® pellet packet	All	Quantity limit updated effective 1/9/26 and age limit effective 1/16/26
Palynziq® syringe	All	Age limit updated effective 3/9/26
Qivigy® vial	All	Age limit updated effective 2/23/26
Relgaabi® capsule	All	Quantity limit updated effective 4/14/26 and age limit effective 3/10/26
Saphnelo® pen	All	Quantity limit updated effective 4/29/26 and age limit effective 5/4/26
Savella® tablet, titration pack	All	Quantity limit, age limit and criteria updated effective 3/16/26
Stelara®, ustekinumab syringe/vial	All	Age limit updated effective 4/20/26



Product Name	Strength(s)	Notes
Taltz® syringe, autoinjector	All	Quantity limit updated effective 1/29/26
Xepi® cream	All	Quantity limit updated effective 5/6/26
Zepbound® pen injector	All	Quantity limit updated effective 3/2/26

**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

AR-PAS-P-1135301-V.19