



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

Re: Summary of Formulary/Prior Authorization Changes Effective April 1, 2022

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, 2022:

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes If Applicable
Carbamazepine chew tablet (generic for Tegretol®)	All	Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Carbamazepine tablet (generic for Tegretol®)	All	
Clobazam suspension (generic for Onfi®)	All	Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Clobazam tablet (generic for Onfi®)	All	
Diastat Acudial® (diazepam)	All	Brand only. Point-of-sale criteria associated
Diastat® Rectal Gel (diazepam)	All	Brand only. Point-of-sale criteria associated
Divalproex DR tablet (generic for Depakote DR®)	All	
Divalproex ER tablet (generic for Depakote ER®)	All	
Ethosuximide capsule (generic for Zarontin®)	All	

Product Name	Strength(s)	Notes If Applicable
Gabapentin capsule/tablet (generic for Neurontin®)	All	
Lamictal® tablet (lamotrigine)	All	Brand only
Levetiracetam solution (generic for Keppra®)	All	Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Levetiracetam tablet (generic for Keppra®)	All	
Oxcarbazepine tablet (generic for Trileptal®)	All	
Phenytoin capsule (generic for Dilantin®)	All	
Pregabalin capsule (generic for Lyrica®)	All	
Primidone tablet (generic for Mysoline®)	All	
Qudexy XR® capsule (topiramate)	All	
Sabril® Powder Packet (vigabatrin)	All	Brand only
Sabril® tablet (vigabatrin)	All	Brand only
Tegretol® suspension (carbamazepine)	All	Brand only. Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Topiramate tablet (generic for Topamax®)	All	
Trileptal® suspension (oxcarbazepine)	All	Brand only. Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Valproic Acid capsule (generic for Depakene®)	All	

Product Name	Strength(s)	Notes If Applicable
Valproic acid solution (generic for Depakene®)	All	Prior authorization required unless member is <7 years of age or has a NPO diagnosis
Valtoco® nasal spray (diazepam)	All	Point-of-sale criteria associated
Zonisamide capsule (generic for Zonegran®)	All	
Gammagard® Liquid vial	All	Point-of-sale criteria associated
Gamunex-C® vial	All	Point-of-sale criteria associated
Hizentra® vial	All	(Not Syringe) Point-of-sale criteria associated

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes If Applicable
Aptiom® (eslicarbazepine acetate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Banzel® suspension (rufinamide)	All	
Banzel® tablet (rufinamide)	All	
Briviact® solution (brivaracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Briviact® tablet (brivaracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine ER capsule (generic for Carbatrol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine ER tablet (generic for Tegretol XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Carbamazepine suspension (generic for Tegretol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization

Product Name	Strength(s)	Notes If Applicable
Carbatrol ER® capsule (carbamazepine)	All	
Celontin® capsule (methsuximide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Depakote DR® tablet (divalproex)	All	
Depakote ER® tablet (divalproex)	All	
Depakote® sprinkle capsule (divalproex)	All	
Diacomit® capsule (stiripentol)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diacomit® powder packet (stiripentol)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diazepam rectal device (generic for Diastat Acudial®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Diazepam rectal gel (generic for Diastat®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Dilantin® capsule (phenytoin)	All	Members with a claim for 30mg strength of the medication in the previous 60 days will be able to continue on medication without prior authorization
Dilantin® Infatab tablet (phenytoin)	All	
Dilantin® suspension (phenytoin)	All	
Divalproex sprinkle capsule (generic for Depakote®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Elepsia XR® tablet (levetiracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Epidiolex® solution (cannabidiol)	All	Product has manual review criteria. Members with a claim for medication in the

Product Name	Strength(s)	Notes If Applicable
		previous 60 days will be able to continue on medication without prior authorization
Eprontia® solution (topiramate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Equetro® capsule (carbamazepine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Ethosuximide solution (generic for Zarontin®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Felbamate suspension (generic for Felbatol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Felbamate tablet (generic for Felbatol®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Felbatol® suspension (felbamate)	All	
Felbatol® tablet (felbamate)	All	
Fintepla® solution (fenfluramine)	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Fycompa® suspension (perampanel)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Fycompa® tablet (perampanel)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Gabitril® tablet (tiagabine)	All	
Keppra® solution (levetiracetam)	All	
Keppra® tablet (levetiracetam)	All	
Keppra XR® tablet (levetiracetam)	All	
Lamictal® dispersible tablet (lamotrigine)	All	

Product Name	Strength(s)	Notes If Applicable
Lamictal® dose pack (lamotrigine)	All	
Lamictal® ODT dose pack (lamotrigine)	All	
Lamictal® ODT tablet (lamotrigine)	All	
Lamictal® XR tablet (lamotrigine ER)	All	
Lamictal® XR dose pack (lamotrigine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine dispersible tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine dose pack (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ER tablet (generic for Lamictal XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ODT dose pack (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine ODT tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Lamotrigine tablet (generic for Lamictal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Levetiracetam ER tablet (generic for Keppra XR®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Mysoline® tablet (primidone)	All	
Nayzilam® nasal spray (midazolam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Onfi® suspension (clobazam)	All	
Onfi® tablet (clobazam)	All	

Product Name	Strength(s)	Notes If Applicable
Oxcarbazepine suspension (generic for Trileptal®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Oxtellar XR® tablet (oxcarbazepine)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenobarbital elixir	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenobarbital tablet	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytek® capsule (phenytoin ER)	All	
Phenytoin chew tablet (generic for Dilantin Infatab®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytoin ER capsule (generic for Phenytek®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Phenytoin suspension (generic for Dilantin®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Rufinamide suspension (generic for Banzel®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Rufinamide tablet (generic for Banzel®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Spritam® tablet (levetiracetam)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Sympazan® film (clobazam)	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Tegretol® tablet (carbamazepine)	All	
Tegretol XR® tablet	All	

Product Name	Strength(s)	Notes If Applicable
(carbamazepine ER)		
Tiagabine tablet (generic for Gabitril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Topamax® sprinkle (topiramate)	All	
Topamax® tablet (topiramate)	All	
Topiramate ER capsule (generic for Qudexy®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Topiramate sprinkle (generic for Topamax® sprinkle)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Trileptal® tablet (oxcarbazepine)	All	
Trokendi XR® capsule (topiramate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vigabatrin powder pack (generic for Sabril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vigabatrin tablet (generic for Sabril®)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® solution (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® tablet (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Vimpat® tablet dose pack (lacosamide)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Xcopri® tablet (cenobamate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
Xcopri® titration pack (cenobamate)	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization

Product Name	Strength(s)	Notes If Applicable
Zarontin® capsule (ethosuximide)	All	
Zarontin® solution (ethosuximide)	All	
Asceniv™ vial	All	
Bivigam® vial	All	
Cutaquig® vial	All	
Cuvitru® vial	All	
Cytogam® vial	All	
Flebogamma Dif® vial	All	
Gamastan® S-D vial	All	
Gamastan® vial	All	
Gammagard® S-D vial	All	
Gammaked™ vial	All	
Gammaplex® vial	All	
Hizentra® syringe	All	
HyperRHO® S-D syringe	All	
Hyqvia® vial	All	
Hyqvia IG Component® vial	All	
MICRhoGAM® Ultra-filtered plus syringe	All	
Octagam® vial	All	
Panzyga® vial	All	
Privigen® vial	All	
RhoGAM® Ultra-filtered plus syringe	All	
Rhophylac® syringe	All	
WinRho® SDF vial	All	
Xembify® vial	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 18, 2022:

Product Name	Strength(s)	Notes If Applicable
Quetiapine tablet	All	Additional Point-of-sale criteria associated

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2022

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2022.

Product Name	Strength(s)	Notes If Applicable
Aduhelm vial	All	New policy
Aldurazyme vial	All	New policy
Beovu vial	All	New policy
Botox vial	All	New policy
Brexafemme tablet	All	New criteria
Bylvay capsule, pellet	All	New policy
Cabenuva ER suspension for injection	All	New policy
Cerdelga capsule	All	New policy
Cerezyme vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Dysport vial	All	New policy
Elaprase vial	All	New policy
Elelyso vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Elyxyb solution	All	New criteria
Empaveli vial	All	New policy
Eylea syringe, vial	All	New policy
Fabrazyme vial	All	New policy
Galafold capsule	All	New policy
Iluvien implant	All	New policy
Imbruvica capsule, tablet	All	New policy
Imcivree vial	All	New policy
Increlex vial	All	New policy
Jakafi tablet	All	New policy

Product Name	Strength(s)	Notes If Applicable
Kerendia tablet	All	New criteria
Korsuva vial	All	New policy
Livmarli solution	All	New policy
Lucentis syringe, vial	All	New policy
Lumizyme vial	All	New policy
MACI implant	All	New policy
Macugen syringe	All	New policy
Mepsevii vial	All	New policy
Myfembree tablet	All	New policy
Myobloc vial	All	New policy
Naglazyme vial	All	New policy
Nexviazyme vial	All	New policy
Nulibry vial	All	New policy
Ocrevus vial	All	New policy
Opzelura cream	All	New criteria
Ozurdex implant	All	New policy
Ponvory tablet	All	New policy
Qulipta tablet	All	New criteria
Retisert implant	All	New policy
Rezurock tablet	All	New policy
Ryplazim vial	All	New policy
Saphnelo vial	All	New policy
Skytrofa cartridge	All	New policy
Soanz tablet	All	New criteria
Sogroya pen	All	New policy
Soliris vial	All	New policy
Solosec granule packet	All	New criteria
Susvimo vial	All	New policy
Tindamax tablet	All	New criteria
Trikafta tablet	All	New policy
Triesence vial	All	New criteria
Trudhesa nasal spray	All	New criteria
Ultomiris vial	All	New policy
Verkazia eye drops	All	New criteria
Vimizim vial	All	New policy
Visudyne vial	All	New policy
Vpriv vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Xeomin vial	All	New policy

Product Name	Strength(s)	Notes If Applicable
Xipere vial	All	New policy
Xyrem solution	All	New policy
Xywav solution	All	New policy
Yutiq implant	All	New policy
Zavesca capsule	All	New policy
Zokinvy capsule	All	New policy

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

AR-PAS-P-1135301-V.1