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

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

Product Name	Strength(s)	Notes
Bosentan (Generic for Tracleer®) tablet	All	Updated to preferred with criteria effective 7/28/26
Ebglyss® pen, syringe	All	
Eucrisa® ointment	2%	
propranolol Extended Release (Generic for Inderal LA®) capsule	All	Took effect 5/29/26
Opzelura® cream	1.5%	
Rhapsido® tablet	All	
Tezspire® pen, syringe	All	
Ubrelvy® tablet	All	
Vtama® cream	All	

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

Product Name	Strength(s)	Notes
cimetidine (Generic for Tagamet®) tablet	All	Took effect 7/1/26
gabapentin (Generic for Relgaabi®) capsule	200mg	Updated to non-preferred with age limit effective 6/1/26
labetalol tablet	400mg	Updated to non-preferred effective 6/16/26
Migergot® suppository	All	
Tracleer® tablet	All	Updated to non-preferred effective 9/1/26
Vigadrone® powder in packet	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. 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 OCTOBER 1, 2026

Product Name	Strength(s)	Notes
Atoncy® oral solution	4mg/mL	Age and quantity limit updated effective 5/29/26
Awiqli® Flextouch insulin pen	700 units/mL	Age limit updated effective 8/7/26
Baxfendy® tablet	All	Quantity limit updated effective 5/25/26 and age limit updated effective 6/1/26
Bysanti® tablet	All	Quantity limit updated effective 5/12/26
Carbzah® oral solution	4mg/5mL	Age limit updated effective 5/28/26 and 6/1/26
Cardamyst® nasal spray	All	Quantity limit updated effective 4/15/26
Cavhanzah® ODT	All	Age limit updated effective 7/14/26
Filkri® syringe	300mcg/ 0.5mL	Quantity limit updated effective 5/13/26
folic acid oral solution	0.2 mg/mL	Age and quantity limit updated effective 5/11/26
glipizide (Generic for Glucotrol®) tablet	15 mg	Quantity limit updated effective 5/7/26
haloperidol decanoate (Generic for Haldol®) vial	All	Criteria updated effective 5/15/26
Hepcludex® vial	8.5mg	Quantity limit updated effective 5/22/26 and age limit updated effective 6/1/26
isotretinoin (Generic for Absorica®) capsule	All	Criteria updated effective 5/29/26
lenalidomide (Generic for Revlimid®) capsule	5mg, 10mg	Quantity limit updated effective 5/28/26
Linzess® capsule	72mcg	Age limit updated effective 6/1/26
Myrbetriq® Extended Release suspension	8 mg/mL	Age limit updated effective 6/15/26
Nereus® capsule	85mg	Age and quantity limit updated effective 5/11/26
Norliqva® solution	All	Age limit updated effective 5/14/26 and quantity limit updated effective 4/13/26
Seroquel® XR tablet	150mg	Age limit updated effective 6/1/26
Skyrizi® pen, syringe, on-body wearable injector	All	Age limit updated effective 6/22/26
tapentadol (Generic for Nucynta®) oral solution	20mg/mL	Age limit updated effective 7/20/26
tofacitinib (Generic for Xeljanz®) solution	1mg/mL	Quantity limit updated effective 6/3/26
topiramate Extended Release (Generic for Trokendi® XR) sprinkle capsule	150mg	Quantity limit updated effective 5/12/26
Tryngloza® autoinjector	50mg/0.8mL	Age limit updated effective 6/26/26
Ranexa® Extended Release tablet	All	Criteria updated effective 5/12/26

Product Name	Strength(s)	Notes
Saphnelo® syringe	120mg/ 0.8mL	Quantity limit updated effective 5/14/26
Zepbound® pen injector	All	Quantity limit updated effective 3/2/26
Zolymbus® eye drops	0.01 %	Age limit updated effective 5/6/26
Zoryve® cream	0.3%	Age limit updated effective 7/1/26

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

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