



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

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

THE FOLLOWING MEDICATIONS WILL HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE OCTOBER 1, 2022.

Product Name	Strength(s)	Notes If Applicable
Aimovig Autoinjector	70 mg/mL, 140 mg/mL	Updated criteria for migraine prevention
Ajovy Autoinjector, Syringe	225 mg/1.5 mL	Updated criteria for migraine prevention
Asmanex Twisthaler	110 mcg, 220 mcg	Will not require prior authorization
Belsomra Tablet	5 mg, 10 mg, 15 mg, 20 mg	Age limit of ≥18 years old added
Budesonide Ampules	0.25 mg/2 mL, 0.5 mg/2 mL, 1 mg/2 mL	Added criteria for eosinophilic esophagitis
Byetta Pen	5 mcg, 10 mcg	Updated criteria
Dayvigo Tablet	5 mg, 10 mg	Age limit of ≥18 years old added
Doxepin Tablet	3 mg, 6 mg	Age limit of ≥18 years old added
Dupixent Pen, Syringe	100 mg/0.67 mL, 200 mg/1.14 mL, 300 mg/2 mL	Added criteria for eosinophilic esophagitis
Edluar Sublingual Tablet	5 mg, 10 mg	Age limit of ≥18 years old added
Emgality Pen, Syringe	100 mg/mL, 120 mg/mL	Updated criteria for migraine prevention
Estazolam Tablet	1 mg, 2 mg	Age limit of ≥18 years old added
Eszopiclone Tablet	1 mg, 2 mg, 3 mg	Age limit of ≥18 years old added
Farxiga Tablet	5 mg, 10 mg	Updated criteria
Flovent HFA	44 mcg, 110 mcg, 220 mcg	Will not require prior authorization (Brand)
Flurazepam Capsule	15 mg, 30 mg	Age limit of ≥18 years old added
Jardiance Tablet	10 mg, 25 mg	Updated criteria
Quviviq Tablet	25 mg, 50 mg	Age limit of ≥18 years old added

Product Name	Strength(s)	Notes If Applicable
Ramelteon Tablet	8 mg	Age limit of ≥18 years old added
Temazepam Capsule	7.5 mg, 15 mg, 22.5 mg, 30 mg	Age limit of ≥18 years old added
Victoza Pen	18 mg/3 mL	Updated criteria
Zaleplon Capsule	5 mg, 10 mg	Age limit of ≥18 years old added
Zolpidem Extended Release Tablet	6.25 mg, 12.5 mg	Age limit of ≥18 years old added
Zolpidem Sublingual Tablet	1.75 mg, 3.5 mg	Age limit of ≥18 years old added
Zolpidem Tablet	5 mg, 10 mg	Age limit of ≥18 years old added

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

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

Product Name	Strength(s)	Notes If Applicable
Camzyos Capsule	2.5 mg, 5 mg, 10 mg, 15 mg	New criteria
Dihydroergotamine Nasal Spray	0.5 mg/spray	Updated criteria for acute migraine treatment
Elyxyb Solution	120 mg/4.8 mL	Updated criteria for acute migraine treatment
Feiba NF Vial	500 unit, 1,000 unit, 2,500 unit	Updated criteria
Hemlibra Vial	30 mg/mL, 60 mg/0.4 mL, 105 mg/0.7 mL, 150 mg/mL	Updated criteria
Novoseven RT Vial	1 mg, 2 mg, 5 mg, 8 mg	Updated criteria
Nurtec ODT Tablet	75 mg	Updated criteria for acute migraine treatment and migraine prevention
Qulipta Tablet	10 mg, 30 mg, 60 mg	Updated criteria for migraine prevention
Reyvow Tablet	50 mg, 100 mg	Updated criteria for acute migraine treatment
Sevenfact Vial	1 mg, 5 mg	Updated criteria
Trudhesa Nasal Spray	0.725 mg/spray	Updated criteria for acute migraine treatment
Ubrelvy Tablet	50 mg, 100 mg	Updated criteria for acute migraine treatment
Vijoice Daily Dose Pack, Tablet	50 mg, 125 mg, 250 mg	New criteria for PIK3CA-Related Overgrowth Spectrum (PROS)



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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

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