



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

Re: Summary of Formulary/Prior Authorization Changes Effective APRIL 1, 2023

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, 2023

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2023

Product Name	Strength(s)	Notes If Applicable
Cefixime Capsule	400 mg	Preferred without criteria (Authorized Generic NDCs Only)
Insulin Glargine SoloStar Pen	100 units/mL	Preferred without criteria - Took effect January 27, 2023
Insulin Glargine Vial	100 units/mL	Preferred without criteria - Took effect January 27, 2023

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2023

Product Name	Strength(s)	Notes If Applicable
Cefadroxil Tablet (Generic Duricef®)	1 gm	
Cefpodoxime Tablet, Suspension (Generic Vantin®)	100 mg, 200 mg, 50 mg/5ml, 100 mg/5ml	
Cephalexin Tablet (Generic Keflex®)	250 mg	

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 1, 2023.

Product Name	Strength(s)	Notes If Applicable
Aimovig® Auto-Injector	All	Updated criteria
Ajovy® Auto-Injector, Syringe	All	Updated criteria
Aubagio® Tablet	All	Updated criteria
Bafiertam® Capsule	All	Updated criteria
Betaseron® Kit	All	Updated criteria
Copaxone® Syringe	40 mg	Updated criteria
Elyxyb® Oral Solution	All	Updated criteria
Emgality® Pen-Injector, Syringe	All	Updated criteria
Enspryng® Syringe	All	Updated criteria
Extavia® Kit, Vial	All	Updated criteria
Gilenya® Capsule	All	Updated criteria
Glatopa® Syringe	All	Updated criteria
Kesimpta® Pen Injector	All	Updated criteria
Mavenclad® Tablet	All	Updated criteria
Mayzent® Dose Pack, Tablet	All	Updated criteria
Migranal® Nasal Spray/Trudhesa® Nasal Spray	All	Updated criteria
Montelukast Tablet, Chewable Tablet, Granule (Generic Singulair®)	All	Updated criteria
Nurtec® Orally Disintegrating Tablet	All	Updated criteria
Plegridy® Pen, Syringe	All	Updated criteria
Ponvory® Dose Pack, Tablet	All	Updated criteria
Qulipta® Tablet	All	Updated criteria
Rebif®/Rebif Rebidose® Pen, Syringe	All	Updated criteria
Tascenso® Orally Disintegrating Tablet	All	Updated criteria
Reyvow® Tablet	All	Updated criteria
Tecfidera® Capsule, Starter Pack	All	Updated criteria
Ubrovelvy® Tablet	All	Updated criteria
Vumerity® Capsule	All	Updated criteria



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Product Name	Strength(s)	Notes If Applicable
Zeposia® Capsule, Dose Pack	All	Updated criteria

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2023:

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2023.

Product Name	Strength(s)	Notes If Applicable
Hyftor® Gel	All	New criteria
Lytgobi® Tablet	All	New criteria
Qutenza® Kit	All	New criteria
Rezlidhia® Capsule	All	New criteria
Vivjoa® Capsule	All	New criteria

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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