

Arkansas PASSE

Pharmacy Policy Updates

February 2026

The following policy changes are effective as of January 1, 2026



AT CARESOURCE, WE LISTEN TO OUR PROVIDERS, AND WE STREAMLINE OUR BUSINESS PRACTICES TO MAKE IT EASIER FOR YOU TO WORK WITH US.

We have worked to create a predictable cycle for releasing administrative, pharmacy and reimbursement policies, so you know what to expect.

Check back each month for a consolidated network notification of policy updates from CareSource.

HOW TO USE THIS NETWORK NOTIFICATION

- Reference the list of policy updates.
- Note the effective date and impacted plans for each policy.
- Click the hyperlinked policy title to open the webpage containing the policy location.

FIND OUR POLICIES ONLINE

To access all CareSource policies, visit [CareSource.com](https://www.caresource.com) > Providers > Tools & Resources > [Provider Policies](#). Select your plan and state, then Pharmacy, Reimbursement or Administrative. Each policy page has an archive where you can find previous versions of policies.

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ADAKVEO (CRIZANLIZUMAB-TMCA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
AMONDYS 45 (CASIMERSEN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BENLYSTA (BELIMUMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BLEEDING DISORDER AGENTS	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BOTOX (ONABOTULINUMTOXINA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BREYANZI (LISOCABTAGENE MARALEUCCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BRINEURA (CERLIPONASE ALFA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
BRIUMVI (UBLITUXIMAB-XIYY)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
CABENUVA (CABOTEGRAVIR/RILPIVIRINE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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CARVYKTI (CILTACABTAGENE AUTOLEUCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
CONTINUOUS GLUCOSE MONITORS	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
CRYSVITA (BUROSUMAB- TWZA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
DARZALEX FASPRO (DARATUMUMAB AND HYALURONIDASE-FIHJ)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ECULIZUMAB (SOLIRIS, EPYSQLI, BKEMV)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ELAPRASE (IDURSULFASE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ELEVIDYS (DELANDISTROGENE MOXEPARVOVECROKL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ENTYVIO (VEDOLIZUMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ENZYME REPLACEMENT THERAPY (ERT) FOR FABRY DISEASE	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
EUFLEXXA (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
EXONDYS 51 (ETEPLIRSEN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
GAMIFANT (EMAPALUMAB-LZSG)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
GEL-ONE (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
GELSYN-3 (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
GENVISC 850 (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
GIVLAARI (GIVOSIRAN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
HYALGAN (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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HYALURONIC ACID VISCOSUPPLEMENTS	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
HYMOVIS (SODIUM HYALURONATE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ILUVIEN (FLUOCINOLONE ACETONIDE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
INJECTABLE SOMATOSTATIN ANALOGS (FIRST GENERATION)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
IV IRON PRODUCTS	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
IZERVAY (AVACINCAPTAD PEGOL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
KRYSTEXXA (PEGLOTICASE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
KYMRIAH (TISAGENLECLEUCCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
LEMTRADA (ALEMTUZUMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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LENMELDY (ATIDARSAGENE AUTOTEMCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
LEQEMBI (LECANEMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
LEQVIO (INCLISIRAN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
LUCENTIS (RANIBIZUMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
LUMIZYME (ALGLUCOSIDASE ALFA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
NAGLAZYME (GALSULFASE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
NEXVIAZYME (AVALGLUCOSIDASE ALFA-NGP)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
NIKTIMVO (AXATILIMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
NPLATE (ROMIPLOSTIM)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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OCREVUS (OCRELIZUMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
OXLUMO (LUMASIRAN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
OZURDEX (DEXAMETHASONE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
RADICAVA (EDARAVONE INJECTION); RADICAVA ORS (EDARAVONE ORAL SUSPENSION)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
RANIBIZUMAB (LUCENTIS, BYOOVIZ, CIMERLI)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
REBLOZYL (LUSPATERCEPT-AAMT)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
RETISERT (FLUOCINOLONE ACETONIDE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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RITUXIMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT))	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
RYSTIGGO (ROZANOLIXIZUMAB-NOLI)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
SAPHNELO (ANIFROLUMAB-FNIA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
SIGNIFOR, SIGNIFOR LAR (PASIREOTIDE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
SPEVIGO (SPESOLIMAB-SBZO)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
SPINRAZA (NUSINERSEN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
STRENSIQ (ASFOTASE ALFA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
SYFOVRE (PEGCECETACOPLAN)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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SYLVANT (SILTUXIMAB)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
TEPEZZA (TEPROTUMUMAB-TRBW)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
TRASTUZUMAB (HERCEPTIN, HERZUMA, KANJINTI, OGIVRI, ONTRUZANT, TRAZIMERA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
TZIELD (TEPLIZUMAB- MZWV)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ULTOMIRIS (RAVULIZUMAB-CWVZ)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
UPLIZNA (INEBILIZUMAB- CDON)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
VABYSMO (FARICIMAB- SVOA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
VIMIZIM (ELOSULFASE ALFA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA

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VYEPTI (EPTINEZUMAB-JJMR)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
XEOMIN (INCOBOTULINUMTOXINA)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
YESCARTA (AXICABTAGENE CILOLEUCEL)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
YUTIQ (FLUOCINOLONE ACETONIDE)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA
ZOLGENSMA (ONASEMNOGENE ABEPARVOVEC-XIO)	01/01/2026	ARKANSAS PASSE	FOLLOWS ARKANSAS MEDICAID PHYSICIAN ADMINISTERED DRUG PROGRAM PRIOR AUTHORIZATION CRITERIA