



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

Re: Summary of Formulary/Prior Authorization Changes Effective JANUARY 1, 2025.

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 JANUARY 1, 2025:

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025

Product Name	Strength(s)	Notes
MYRBETRIQ® ER TABLET	ALL	
OLANZAPINE/FLUOXETINE (GENERIC FOR SYMBYAX®) CAPSULE	ALL	Criteria applies
OMNIPOD 5®	G6/LIBRE 2 PLUS, INTRO G6/LIBRE 2 PLUS	Updated to preferred – Took effect 10/4/24; Updated quantity limit for OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS) - Took effect 8/16/24
PERFECT POINT® SAFETY	28G, 30G	Took effect 8/16/24
QULIPTA® TABLET	ALL	Criteria applies
UZEDY ER® SYRINGE	ALL	Criteria applies
VRAYLAR® CAPSULE	ALL	Criteria applies

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025

Product Name	Strength(s)	Notes
ALLOPURINOL (GENERIC FOR ZYLOPRIM®) TABLET	200MG	Took effect 9/4/24
CELEBREX® CAPSULE	50MG, 200 MG, 400MG	Took effect 9/27/24

Product Name	Strength(s)	Notes
COSOPT® OPHTHALMIC DROPS	22.3MG- 6.8MG/ML	Took effect 9/27/24
COZAAR® TABLET	25MG, 50MG	Updated to non-preferred - 25MG tablet - Took effect 9/13/24; 50MG took effect 10/16/24
HYDROCORTISONE CREAM	1% (453.6GM)	Took effect 11/13/24
HYZAAR® TABLET	50-12.5MG	Took effect 10/16/24
LIPITOR® TABLET	ALL	Took effect 9/13/24
MAXITROL® OPHTHALMIC DROPS	0.1 %	Took effect 9/27/24
NORVASC® TABLET	10MG	Took effect 9/13/24
OXCARBAZEPINE (GENERIC FOR TRILEPTAL®) SUSPENSION	300 MG/5 ML	Took effect 12/1/24
SEROQUEL® TABLET	ALL	Took effect 9/27/24
TENORETIC ® TABLET	ALL	Took effect 9/16/24

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 JANUARY 1, 2025

Product Name	Strength(s)	Notes
ADALIMUMAB-AACF (CF) CROHN PEN INJECTOR KIT	40MG/0.8ML	Updated quantity limit; Took effect 9/10/24
AUGTYRO® CAPSULE	160 MG	Updated age and quantity limit; Took effect 11/1/24
COBENFY® CAPSULE	100MG-20MG	Updated quantity limit; Took effect 9/27/24
CREXONT® ER CAPSULE	ALL	Updated quantity limit; Took effect 8/14/24
EBGLYSS® PEN INJECTOR	250MG/2ML	Updated age limit; Took effect 8/14/24
ERZOFRI® SYRINGE	ALL	Updated age limit; Took effect 10/24/24
ESTRADIOL GEL (GENERIC for ESTROGEL®) PUMP	0.06%	Updated age limit; Took effect 10/23/24



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Product Name	Strength(s)	Notes
FEMLYV® ODT TABLET	1MG-0.02MG	Updated age and quantity limit; Took effect 9/11/24
FRAICHE® 5000 DENTAL GEL	1.1%	Removed quantity limit; Took effect 8/12/24
GRASTEK® SL TABLET	2,800 BAU	Updated quantity limit; Took effect 9/20/24
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION	10-325MG/15ML	Updated quantity limit; Took effect 8/22/24
LAZCLUZE® TABLET	ALL	Updated quantity limit; Took effect 8/24/24
NALOXONE VIAL	0.4 MG/ML	Updated age limit; Took effect 9/23/24
NYSTATIN (GENERIC for NYSTOP®) POWDER	100,000 UNIT/GM	Updated quantity limit; Took effect 10/2/24
OFLOXACIN (GENERIC for OCUFLOX®) OPHTHALMIC DROPS	0.3%	Updated quantity limit; Took effect 11/6/24
ONYDA® XR SUSPENSION	0.1MG/ML	Updated quantity limit; Took effect 8/23/24
ORALAIR® SUBLINGUAL TABLET	300IR	Updated quantity limit; Took effect 7/17/24
OTEZLA® DOSE PACK, TABLET	10-20-30MG, 30MG	Updated age limit; Took effect 9/6/24
OXYCODONE HCL IR (GENERIC for ROXICODONE®) TABLET	5MG, 15MG, 20MG, 30MG	Updated criteria; Took effect 9/20/24
PENCICLOVIR (GENERIC for DENAVIR®) CREAM	1%	Updated to require prior authorization. Took effect 11/5/24
PENICILLIN G (GENERIC for BICILLIN L-A®) SYRINGE	1.2 MILLION UNIT/2 ML	Updated quantity limit; Took effect 9/13/24
RAGWITEK® SUBLINGUAL TABLET	12 UNITS	Updated quantity limit; Took effect 9/20/24
TWIIST® REFILL KIT	N/A	Updated quantity limit; Took effect 7/3/24
VOYDEYA® TABLET	ALL	Updated quantity limit; Took effect 7/17/24
WINREVAIR® KIT	ALL	Updated quantity limit; Took effect 10/16/24
YORVIPATH®	ALL	Updated quantity limit - Took effect 9/9/24;

Product Name	Strength(s)	Notes
PEN		Updated criteria - Took effect 9/20/24
ZITUVIMET® XR TABLET	100-1,000MG, 50-1000MG	Updated quantity limit; Took effect 10/14/24
ZOLPIDEM TARTRATE (GENERIC for AMBIEN®) TABLET	5MG, 10MG	Updated quantity limit; Took effect 8/30/24

SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE JANUARY 1, 2025:

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE JANUARY 1, 2025

Product Name	Strength(s)	Notes If Applicable
KISUNLA® VIAL	350MG/20ML	Prior authorization is required for medical benefit code: J0175
PIASKY® VIAL	340 MG/2ML	Prior authorization is required for medical benefit

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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