



400 W. Capitol Ave. Little Rock, AR 72201 | 833-230-2100 | CareSourcePASSE.com

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

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSourcePASSE 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 CareSourcePASSE 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, 2023:

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

Product Name	Strength(s)	Notes - If Applicable
Advair® HFA Aerosol	45-21 MCG, 115-21 MCG, 230-21 MCG	Preferred with prior authorization required <ul style="list-style-type: none">Quantity limit of 1 inhaler per month
Aimovig® Autoinjector	70 MG/ML, 140 MG/ML	Preferred with prior authorization required
Ambrisentan Tablet	5 MG, 10 MG	Preferred with criteria
Anoro Ellipta® Inhaler	62.5-25 MCG	Preferred with criteria
Dimethyl Fumarate Capsule	120 MG, 240 MG	Preferred without criteria
Flovent Diskus® Inhaler	50 MCG, 100 MCG, 250 MCG	Preferred without criteria
Ipratropium/Albuterol sulfate Ampule (Generic Duoneb® inhalation)	0.5-3(2.5) MG/3 ML	Preferred with criteria
Norditropin® Pen Injector	5 MG/1.5 ML, 10 MG/1.5 ML, 15 MG/1.5 ML, 30 MG/3 ML	Preferred with prior authorization required

Nurtec® ODT Tablet	75 MG	Preferred with prior authorization required
Pulmicort Flexhaler® Aerosol Powder	90 MCG, 180 MCG	Preferred without criteria
Stiolto Respimat® Mist Inhaler	2.5-2.5 MCG	Preferred with criteria
Tobramycin Ampule	300 MG/5 ML	Preferred with criteria
Velettri® Vial	0.5 MG, 1.5 MG	Preferred without criteria

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

Product Name	Strength(s)	Notes If Applicable
Letairis® Tablet	5 MG, 10 MG	Non-Preferred <ul style="list-style-type: none"> • Generic ambrisentan is preferred
Tecfidera® Capsule	120 MG, 240 MG, Starter Pack	Non-Preferred <ul style="list-style-type: none"> • Generic dimethyl fumarate is preferred

We will provide a list of your CareSourcePASSE 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 HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE JANUARY 1, 2023.

Product Name	Strength(s)	Notes - If Applicable
Advair Diskus® Inhaler	All	Quantity limit of 1 inhaler per month
Attention Deficit Hyperactivity Disorder (ADHD) CII Stimulants, Select Non-Stimulants	All	Updated criteria for adults
Cosentyx® Pen, Syringe	All	Updated criteria
Dupixent® Pen, Syringe	All	Updated criteria
Enbrel® Cartridge, Kit, Sureclick, Syringe, Vial	All	Updated criteria
Fasenra® Pen, Syringe	All	Updated criteria
Humira® Pen, Syringe	All	Updated criteria



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Ilumya® Syringe	All	Updated criteria
Nucala® Injector, Syringe, Vial	All	Updated criteria
Otezla® Tablet	All	Updated criteria
Siliq® Syringe	All	Updated criteria
Skyrizi® Kit, On-Body, Pen, Syringe, Vial	All	Updated criteria
Stelara® Syringe, Vial	All	Updated criteria
Taltz® Injector, Syringe	All	Updated criteria
Tezspire® Syringe	All	Updated criteria
Tremfya® Injector, Syringe	All	Updated criteria
Xolair® Vial	All	Updated criteria

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

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

Product Name	Strength(s)	Notes If Applicable
Amvuttra® Syringe	25 MG/0.5 ML	New criteria
Vtama® Cream	1%	New criteria
Xaciato® Gel	2%	New criteria
Zoryve® Cream	0.3%	New criteria
Ztalmu® Oral Suspension	50 MG/ML	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 the **CareSourcePASSE Provider Services Department** at **1-833-230-2100**.

The Department is open Monday through Friday, 8 a.m. to 5 p.m CST. Thank you for being a CareSourcePASSE health partner.

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