CareSource PASSE

Re: Summary of Formulary/Prior Authorization Changes Effective JANUARY 1, 2026

Your health care is our priority. That is why we are writing to tell you that on **JANUARY 1, 2026**, there will be changes made to Arkansas Medicaid's Preferred Drug List (PDL) and CareSource PASSE's management of products not on Arkansas Medicaid's PDL. A PDL is a list of preferred drugs.

SUMMARY OF CHANGES TO THE ARKANSAS MEDICAID PDL EFFECTIVE JANUARY 1, 2026:

THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2026

Product Name	Dose(s)	Notes
Acetylcysteine (Generic for Acetadote®) vial	6 g/30 mL	Updated to preferred, effective 10/29/25
Cardizem® tablet	30 mg	Updated to preferred, effective 10/1/25
Diltiazem 24h ER CD (Generic for Cardizem CD®) capsule	120 mg	
Doxycycline hyclate (Generic for Acticlate®) tablet	75 mg, 150 mg	
Doxycycline monohydrate (Generic for Adoxa®) tablet	All	
Epoprostenol (Generic for Veletri®) vial	All	
Mesalamine ER (Generic for Apriso®) capsule	All	Updated to preferred, effective 10/1/25
Pyzchiva (Biosimilar to Stelara®) syringe, vial	45 mg, 90 mg	Applicable to 45mg syringe, vial & 90mg syringe. Preferred with criteria. Brand Stelara is already non-preferred
Steqeyma® (Biosimilar to Stelara®) syringe	All	Preferred with criteria. Brand Stelara is already non-preferred
Ticagrelor (Generic for Brilinta®) tablet	All	
Ziac® tablet	10-6.25 mg	

THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2026

Product Name	Dose(s)	Notes
Brilinta® tablet	All	
Centany® ointment	2%	

Product Name	Dose(s)	Notes
Doxycycline monohydrate (Generic for Vibramycin®) suspension	25 mg/5 mL	
GoLYTELY® solution	N/A	
Morgidox® capsule	50mg	
Testosterone enanthate (Generic for Delatestryl®) vial	200 mg/ml	
Tetracycline (Generic for Sumycin®) capsule	All	
Veletri® vial	All	

THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/ CRITERIA ON THE PDL EFFECTIVE JANUARY 1, 2026

Product Name	Dose(s)	Notes
Adalimumab-ryvk (CF) (Generic for Simlandi® – Biosimlar to Humira®) autoinjector	80 mg	Updated age and quantity limits effective 9/5/25
Alosetron (Generic for Lotronex®) tablet	All	Updated age limit effective 10/1/25
Amitiza® capsule	All	Updated age limit effective 10/1/25
Arbli® suspension	10 mg/mL	Updated age limit effective 10/1/25
Azelaic acid (Generic for Finacea®) gel	15%	Updated age limit effective 10/1/25
Bildyos® syringe	60 mg/ml	Updated quantity limit effective 9/11/25 and age limit effective 9/29/25
Bilprevda® vial	120 mg/ 1.7 mL	Updated age and quantity limits effective 9/11/25
Blujepa® tablet	750 mg	Updated age and quantity limits effective 9/8/25
Bosentan (Generic for Tracleer®) tablet	All	Updated age limit effective 8/20/25
Brekiya® autoinjector	1 mg/mL	Updated quantity limit effective 9/2/25
Brimonidine (Generic for Mirvaso®) gel pump	0.33%	Updated age limit effective 10/1/25
Cresemba® capsule	All	Updated age limit effective 9/30/25
Dalbavancin and Brand Dalvance® vial	All	Updated quantity limit effective 11/3/25
Dawnzera® injection	All	Updated age and quantity limits effective 8/21/25
Deflazacort (Generic for Emflaza®) tablet	All	Updated age limit effective 10/31/25
Dexcom® 15-day sensor	N/A	Updated quantity limit effective 9/1/25
Doptelet® sprinkle capsule	10 mg	Updated age limit effective 9/22/25 and quantity limit effective 9/29/25

Product Name	Dose(s)	Notes
Eliquis® sprinkle capsule, tablet for suspension	Multiple	Updated quantity limit for sprinkle capsule effective 9/10/25 and quantity limit for tablet for suspension effective 9/11/25
Epsolay® cream pump	5%	Updated age limit effective 10/1/25
Escitalopram capsule	15 mg	Updated criteria, age and quantity limits effective 9/29/25
Exxua® tablet, ER titration pack	All	Updated criteria effective 9/29/25
Finacea® foam, gel	15%	Updated age limit effective 10/1/25
Gabapentin ER (Generic for Gralise®) tablet	All	Updated quantity limit effective 10/10/25
Ibsrela® tablet	50 mg	Updated age limit effective 10/1/25
Isturisa® tablet	1 mg	Updated age limit effective 11/10/25
Ivermectin and brand Soolantra® cream	1%	Updated age limit effective 10/1/25
Jantoven® tablet	All	Updated criteria effective 10/1/25
Jascayd® tablet	All	Updated age and quantity limits effective 10/7/25
Koselugo® capsule	All	Updated age and quantity limits effective 10/17/25
Kymbee (Generic for Emflaza®) tablet	All	Updated age limit effective 11/7/25
Leqembi® Iqlik injection	360 mg/ 1.8 mL	Updated age and quantity limits effective 9/8/25
Linezolid in 0.9% Sodium Chloride IV solution bag	600 mg/ 300 mL	Updated quantity limit effective11/5/25
Linzess® capsule	145 mcg	Updated age limit effective 11/10/25
Lisdexamfetamine (Generic for Vyvanse®) capsule	10 mg, 20 mg	Updated criteria effective 9/16/25
Lurasidone (Generic for Latuda®) tablet	All	Updated age limit effective 8/20/25
Lynkuet® capsule	All	Updated age and quantity limits effective 10/24/25
Lyrica® oral solution	20 mg/mL	Updated age limit effective 8/29/25
Mavyret® pellet packet, tablet	All	Updated quantity limit effective 10/29/25
Metrocream® cream	0.75%	Updated age limit effective 10/1/25
Metrogel® topical gel	1%	Updated age limit effective 10/1/25
Metronidazole and brand MetroLotion® topical lotion	0.75%	Updated age limit effective 10/1/25
Minimed® Instinct Sensor	N/A	Updated quantity limit effective 10/6/25
Mirvaso® gel pump	0.33%	Updated age limit effective 10/1/25

Product Name	Dose(s)	Notes
Modeyso® capsule	All	Updated age and quantity limits effective 8/11/25
Neurontin® capsule	400 mg	Updated to remove criteria effective 10/1/25
Noritate® cream	1%	Updated age limit effective 10/1/25
Nypozi® syringe	300 mcg/ 0.5 mL	Updated quantity limit effective 10/20/25
Onapgo® cartridge	98 mg/ 20 mL	Updated criteria effective 10/7/25
OneNatal®Rx prenatal tablet	All	Updated age limit effective 11/5/25 and quantity limit effective 8/18/25
Orlynvah® tablet	500-500 mg	Updated age limit effective 9/12/25 and quantity limit effective 10/1/25
Oseltamivir (Generic for Tamiflu®) suspension	6 mg/mL	Updated age limit effective 10/1/25
Otezla® XR tablet	75 mg	Updated quantity limit effective 9/29/25
Otulfi® vial	45 mg/ 0.5 mL	Updated age limit effective 9/18/25
Pazopanib (Generic for Votrient®) tablet	400 mg	Updated quantity limit effective 11/5/25
Primacare® softgel capsule	All	Updated quantity limit effective 11/3/25 and age limit effective 11/5/25
Pyquvi® oral suspension	22.75 mg/mL	Updated age limit effective 9/8/25
Relistor® syringe, tablet, vial	All	Updated age limit effective 10/1/25
Rhapsido® tablet	All	Updated quantity limit effective 10/6/25 and age limit effective 10/7/25
Rhofade® cream	1%	Updated age limit effective 10/1/25
Rosadan® cream, gel	0.75%	Updated age limit effective 10/1/25
Selarsdi® vial	45 mg/ 0.5 mL	Updated age limit effective 10/16/25
Simponi® syringe	All	Updated age limit effective 10/10/25
Skytrofa® cartridge	Multiple	Updated quantity limit, all strengths and updated age limit for 7.6 mg, 9.1 mg, 11 mg and 13.3 mg strengths
Sodium Oxybate solution	0.5 g/mL	Updated age limit effective 9/18/25

Product Name	Dose(s)	Notes
Sofosbuvir-Velpatasvir and brand Epclusa® pellet packet, tablet	All	Updated quantity limit effective 10/1/25
Starjemza® syringe, vial	All	Updated age limit effective 11/10/25
Stoboclo® syringe	60 mg/mL	Updated age limit effective 10/1/25
Subvenite® suspension	10mg/mL	Updated age limit effective 11/10/25
Sunosi® tablet	All	Updated age limit effective 10/1/25
Tonmya® sublingual tablet	All	Updated age limit 10/24/25
Tremfya® syringe, pen, pen induction pack	All	Updated age limit effective 10/10/25
Tyvaso DPI® inhalation powder	80mcg	Updated quantity limit effective 11/1/25
Tyzavan® IV solution bag	All	Updated quantity limit effective 10/27/25
Ustekinumab-AAUZ (Biosimilar to Otulfi®) syringe	All	Updated age limit effective 11/10/25
Viberzi® tablet	All	Updated age limit effective 10/1/25
Vyscoxa® suspension	All	Updated quantity limit effective 10/31/25
Wakix® tablet	All	Updated age limit effective 9/18/25
Wayrilz® tablet	400 mg	Updated age and quantity limits effective 9/3/25
Xeljanz® tablet	All	Updated age limit effective 10/31/25
Xerava® vial	All	Updated quantity limit effective 10/15/25
Xyrem® oral solution	500 mg/mL	Updated age limit effective 9/18/25
Zoryve® cream	0.05%	Updated quantity limit effective 10/6/25 & age limit effective 10/17/25
Zurnai® autoinjector	1.5 mg/ 0.5 mL	Updated age and quantity limit effective 9/8/25

What should you do?
First, talk to your prescriber. There are a few ways you and your prescriber can find medication information:

- You can look on our website at **CareSourcePASSE.com**. On the Members page, under Tools & Resources click on “Find My Prescriptions.”

- Or, call Member Services at **1-833-230-2005 (TDD/TTY: 711)**.

We are here to help. Member Services is open Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT).

Sincerely,

CareSource PASSE

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