



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

<Date>

<Parent of Guardian of> <FIRST\_NAME> <LAST\_NAME>  
<ADDRESS1>  
<ADDRESS2>  
<CITY>, <STATE> <ZIP>

**Re: Summary of Formulary/Prior Authorization Changes Effective April 1, 2022**

Dear <Parent or Guardian of> <FIRST\_NAME> <LAST\_NAME>:

Your health care is our priority. That is why we are writing to tell you that on April 1, 2022, 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 APRIL 1, 2022:**

**THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.**

Product Name	Strength(s)	Notes – If Applicable
Carbamazepine chew tablet (generic for Tegretol®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Carbamazepine tablet (generic for Tegretol®)	All	
Clobazam suspension (generic for Onfi®)	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
Clobazam tablet (generic for Onfi®)	All	
Diastat Acudial® (diazepam)	All	Brand only. Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
Diastat® Rectal Gel (diazepam)	All	Brand only. Medication may pay without a prior authorization if certain

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		criteria is met; otherwise, prior authorization required
<b>Divalproex DR tablet (generic for Depakote DR®)</b>	All	
<b>Divalproex ER tablet (generic for Depakote ER®)</b>	All	
<b>Ethosuximide capsule (generic for Zarontin®)</b>	All	
<b>Gabapentin capsule/tablet (generic for Neurontin®)</b>	All	
<b>Lamictal® tablet (lamotrigine)</b>	All	Brand only
<b>Levetiracetam solution (generic for Keppra®)</b>	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
<b>Levetiracetam tablet (generic for Keppra®)</b>	All	
<b>Oxcarbazepine tablet (generic for Trileptal®)</b>	All	
<b>Phenytoin capsule (generic for Dilantin®)</b>	All	
<b>Pregabalin capsule (generic for Lyrica®)</b>	All	
<b>Primidone tablet (generic for Mysoline®)</b>	All	
<b>Qudexy XR® capsule (topiramate)</b>	All	
<b>Sabril® Powder Packet (vigabatrin)</b>	All	Brand only
<b>Sabril® tablet (vigabatrin)</b>	All	Brand only
<b>Tegretol® suspension (carbamazepine)</b>	All	Brand only. Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
<b>Topiramate tablet (generic for Topamax®)</b>	All	
<b>Trileptal® suspension (oxcarbazepine)</b>	All	Brand only. Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order
<b>Valproic Acid capsule (generic for Depakene®)</b>	All	
<b>Valproic acid solution (generic for Depakene®)</b>	All	Prior authorization required unless member is <7 years of age or has a “nothing by mouth” order

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
<b>Valtoco® nasal spray (diazepam)</b>	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
<b>Zonisamide capsule (generic for Zonegran®)</b>	All	
<b>Gammagard® Liquid vial</b>	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
<b>Gamunex-C® vial</b>	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required
<b>Hizentra® vial</b>	All	(Not Syringe) Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required

**THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2022.**

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
<b>Aptiom® (eslicarbazepine acetate)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Banzel® suspension (rufinamide)</b>	All	
<b>Banzel® tablet (rufinamide)</b>	All	
<b>Briviact® solution (brivaracetam)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Briviact® tablet (brivaracetam)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Carbamazepine ER capsule</b>	All	Members with a claim for

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
<b>(generic for Carbatrol®)</b>		medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Carbamazepine ER tablet (generic for Tegretol XR®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Carbamazepine suspension (generic for Tegretol®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Carbatrol ER® capsule (carbamazepine)</b>	All	
<b>Celontin® capsule (methsuximide)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Depakote DR® tablet (divalproex)</b>	All	
<b>Depakote ER® tablet (divalproex)</b>	All	
<b>Depakote® sprinkle capsule (divalproex)</b>	All	
<b>Diacomit® capsule (stiripentol)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Diacomit® powder packet (stiripentol)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Diazepam rectal device (generic for Diastat Acudial®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Diazepam rectal gel (generic</b>	All	Members with a claim for

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
<b>for Diastat®)</b>		medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Dilantin® capsule (phenytoin)</b>	All	Members with a claim for 30mg strength of the medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Dilantin® Infatab tablet (phenytoin)</b>	All	
<b>Dilantin® suspension (phenytoin)</b>	All	
<b>Divalproex sprinkle capsule (generic for Depakote®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Elepsia XR® tablet (levetiracetam)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Epidiolex® solution (cannabidiol)</b>	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Eprontia® solution (topiramate)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Equetro® capsule (carbamazepine)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Ethosuximide solution (generic for Zarontin®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		authorization
<b>Felbamate suspension (generic for Felbatol®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Felbamate tablet (generic for Felbatol®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Felbatol® suspension (felbamate)</b>	All	
<b>Felbatol® tablet (felbamate)</b>	All	
<b>Fintepla® solution (fenfluramine)</b>	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Fycompa® suspension (perampanel)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Fycompa® tablet (perampanel)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Gabitril® tablet (tiagabine)</b>	All	
<b>Keppra® solution (levetiracetam)</b>	All	
<b>Keppra® tablet (levetiracetam)</b>	All	
<b>Keppra XR® tablet (levetiracetam)</b>	All	
<b>Lamictal® dispersible tablet (lamotrigine)</b>	All	
<b>Lamictal® dose pack (lamotrigine)</b>	All	
<b>Lamictal® ODT dose pack (lamotrigine)</b>	All	

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
<b>Lamictal® ODT tablet (lamotrigine)</b>	All	
<b>Lamictal® XR tablet (lamotrigine ER)</b>	All	
<b>Lamictal® XR dose pack (lamotrigine)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine dispersible tablet (generic for Lamictal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine dose pack (generic for Lamictal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine ER tablet (generic for Lamictal XR®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine ODT dose pack (generic for Lamictal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine ODT tablet (generic for Lamictal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Lamotrigine tablet (generic for Lamictal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Levetiracetam ER tablet (generic for Keppra XR®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		authorization
<b>Mysoline® tablet (primidone)</b>	All	
<b>Nayzilam® nasal spray (midazolam)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Onfi® suspension (clobazam)</b>	All	
<b>Onfi® tablet (clobazam)</b>	All	
<b>Oxcarbazepine suspension (generic for Trileptal®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Oxtellar XR® tablet (oxcarbazepine)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Phenobarbital elixir</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Phenobarbital tablet</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Phenytek® capsule (phenytoin ER)</b>	All	
<b>Phenytoin chew tablet (generic for Dilantin Infatab®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Phenytoin ER capsule (generic for Phenytek®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Phenytoin suspension (generic for Dilantin®)</b>	All	Members with a claim for medication in the previous 60 days



<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		will be able to continue on medication without prior authorization
<b>Rufinamide suspension (generic for Banzel®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Rufinamide tablet (generic for Banzel®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Spritam® tablet (levetiracetam)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Sympazan® film (clobazam)</b>	All	Product has manual review criteria. Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Tegretol® tablet (carbamazepine)</b>	All	
<b>Tegretol XR® tablet (carbamazepine ER)</b>	All	
<b>Tiagabine tablet (generic for Gabitril®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Topamax® sprinkle (topiramate)</b>	All	
<b>Topamax® tablet (topiramate)</b>	All	
<b>Topiramate ER capsule (generic for Qudexy®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Topiramate sprinkle (generic for Topamax® sprinkle)</b>	All	Members with a claim for medication in the previous 60 days

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		will be able to continue on medication without prior authorization
<b>Trileptal® tablet (oxcarbazepine)</b>	All	
<b>Trokendi XR® capsule (topiramate)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Vigabatrin powder pack (generic for Sabril®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Vigabatrin tablet (generic for Sabril®)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Vimpat® solution (lacosamide)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Vimpat® tablet (lacosamide)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Vimpat® tablet dose pack (lacosamide)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Xcopri® tablet (cenobamate)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on medication without prior authorization
<b>Xcopri® titration pack (cenobamate)</b>	All	Members with a claim for medication in the previous 60 days will be able to continue on

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
		medication without prior authorization
<b>Zarontin® capsule (ethosuximide)</b>	All	
<b>Zarontin® solution (ethosuximide)</b>	All	
<b>Asceniv™ vial</b>	All	
<b>Bivigam® vial</b>	All	
<b>Cutaquig® vial</b>	All	
<b>Cuvitru® vial</b>	All	
<b>Cytogam® vial</b>	All	
<b>Flebogamma Dif® vial</b>	All	
<b>Gamastan® S-D vial</b>	All	
<b>Gamastan® vial</b>	All	
<b>Gammagard® S-D vial</b>	All	
<b>Gammaked™ vial</b>	All	
<b>Gammaplex® vial</b>	All	
<b>Hizentra® syringe</b>	All	
<b>HyperRHO® S-D syringe</b>	All	
<b>Hyqvia® vial</b>	All	
<b>Hyqvia IG Component® vial</b>	All	
<b>MICRhoGAM® Ultra-filtered plus syringe</b>	All	
<b>Octagam® vial</b>	All	
<b>Panzyga® vial</b>	All	
<b>Privigen® vial</b>	All	
<b>RhoGAM® Ultra-filtered plus syringe</b>	All	
<b>Rhophylac® syringe</b>	All	
<b>WinRho® SDF vial</b>	All	
<b>Xembify® vial</b>	All	

**THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA ON THE PDL EFFECTIVE APRIL 18, 2022.**

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
Quetiapine tablet	All	Medication may pay without a prior authorization if certain criteria is met; otherwise, prior authorization required

**SUMMARY OF CHANGES TO PRODUCTS NOT ON THE ARKANSAS MEDICAID PDL EFFECTIVE APRIL 1, 2022**

**THE FOLLOWING MEDICATION(S) HAVE A CHANGE IN PRIOR AUTHORIZATION/CRITERIA EFFECTIVE APRIL 1, 2022.**

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
Aduhelm vial	All	New policy
Aldurazyme vial	All	New policy
Beovu vial	All	New policy
Botox vial	All	New policy
Brexafemme tablet	All	New criteria
Bylvay capsule, pellet	All	New policy
Cabenuva ER suspension for injection	All	New policy
Cerdelga capsule	All	New policy
Cerezyme vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Dysport vial	All	New policy
Elaprase vial	All	New policy
Elelyso vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Elyxyb solution	All	New criteria
Empaveli vial	All	New policy
Eylea syringe, vial	All	New policy
Fabrazyme vial	All	New policy
Galafold capsule	All	New policy
Iluvien implant	All	New policy
Imbruvica capsule, tablet	All	New policy
Imcivree vial	All	New policy
Increlex vial	All	New policy
Jakafi tablet	All	New policy
Kerendia tablet	All	New criteria
Korsuva vial	All	New policy

<b>Product Name</b>	<b>Strength(s)</b>	<b>Notes – If Applicable</b>
Livmarli solution	All	New policy
Lucentis syringe, vial	All	New policy
Lumizyme vial	All	New policy
MACI implant	All	New policy
Macugen syringe	All	New policy
Mepsevii vial	All	New policy
Myfembree tablet	All	New policy
Myobloc vial	All	New policy
Naglazyme vial	All	New policy
Nexviazyme vial	All	New policy
Nulibry vial	All	New policy
Ocrevus vial	All	New policy
Opzelura cream	All	New criteria
Ozurdex implant	All	New policy
Ponvory tablet	All	New policy
Qulipta tablet	All	New criteria
Retisert implant	All	New policy
Rezurock tablet	All	New policy
Ryplazim vial	All	New policy
Saphnelo vial	All	New policy
Skytrofa cartridge	All	New policy
Soanz tablet	All	New criteria
Sogroya pen	All	New policy
Soliris vial	All	New policy
Solosec granule packet	All	New criteria
Susvimo vial	All	New policy
Tindamax tablet	All	New criteria
Trikafta tablet	All	New policy
Triesence vial	All	New criteria
Trudhesa nasal spray	All	New criteria
Ultomiris vial	All	New policy
Verkazia eye drops	All	New criteria
Vimizim vial	All	New policy
Visudyne vial	All	New policy
Vpriv vial	All	New policy. Part of Enzyme Replacement Therapy (ERT) for Gaucher Disease Policy
Xeomin vial	All	New policy
Xipere vial	All	New policy
Xyrem solution	All	New policy
Xywav solution	All	New policy
Yutiq implant	All	New policy

Product Name	Strength(s)	Notes – If Applicable
Zavesca capsule	All	New policy
Zokinvy capsule	All	New policy

### 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 our Member Services Department at **1-833-230-2005** (TDD/TTY: 711).

We are here to help you. The CareSource PASSE Member Services Department is open Monday through Friday, 8 a.m. to 5 p.m. CST.

Sincerely,

CareSource PASSE

CareSource PASSE complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource PASSE, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource PASSE 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码