



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

Re: Summary of Formulary/Prior Authorization Changes Effective OCTOBER 1, 2024.

Your health care is our priority. That is why we are writing to tell you that on OCTOBER 1, 2024, 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 OCTOBER 1, 2024.**

**THE FOLLOWING MEDICATION(S) WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2024\*.**

Product Name	Dose(s)	Notes If Applicable
AMPHETAMINE/DEXTROAMPHETAMINE ER CAPSULE (GENERIC for ADDERALL XR®)	ALL	Preferred; Prior authorization is required; *Took effect 7/1/2024
AMPYRA® & GENERIC DALFAMPRIDINE EXTENDED RELEASE	ALL	Preferred without prior authorization
ASMANEX® HFA	ALL	Preferred without prior authorization; *Took effect 7/1/2024
ESTRADIOL (GENERIC for ESTRACE®) CREAM	ALL	Preferred without prior authorization
FINGOLIMOD (GENERIC for GILENYA®) CAPSULE	ALL	Preferred without prior authorization
KESIMPTA® PEN		Preferred; Prior authorization is required
METHYLPHENIDATE ER TABLET (GENERIC for CONCERTA®)	ALL	Preferred; Prior authorization is required; *Took effect 7/1/2024
SEVELAMER CARBONATE TABLET (GENERIC for RENVELA®)	ALL	Preferred without prior authorization; *Took effect 7/1/2024
TERIFLUNOMIDE (GENERIC for AUBAGIO®) TABLET	ALL	Preferred without prior authorization

**THE FOLLOWING MEDICATION(S) WILL BE NON-PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2024\*.**

Product Name	Dose(s)	Notes If Applicable
\$''(5\$// <sup>5</sup> ;5 &\$368/(	\$//	1RQ 3UHIHUUHG (IIHFWLYH

&217,18286 */8&26( 021,725 &*0 352'8& '(&20 <sup>s</sup> * *8\$5', \$† *8\$5', \$‡ )5((67</&/, %5(	&255(6321',1 7*66(1625 75\$160,77(5 5(&(,9(5 5(\$'(5 ,1752 .,7	8SGDWHG TXDQWLW\ OLPLWV D 'H[FRP * * 6HQVRUV SHU GD\V )UHHVW\OH /LEUH )U /LEUH 6HQVRUV SHU GD\ 2PQLSRG SHU GD\V 9 *R GHYLFH SHU GD\V *XDU *OXFRVH 6HQVRU *XDUGLDQ SHU GD\V 'H[FRP * 7UDQVPLWWHGD\V SHU 'H[FRP * * 5HFHLYHUV )UHHVW\OH /LEUH /LEUH 5 2PQLSRG .LW *HQ * 2PQLSRG * ,QWUR .LW *HQ 2PQLSRG ' ,QWUR .LW *HQ SHU GD\ 7RRN HIIHFW	
')(5\$6,52; *(1(5,& )25 -\$'(18 7\$%/(7	\$//	8SGDWHG FULWHULD 7RRN HIIHFW	
(175(672635,1./(3 3//(7	\$//	8SGDWHG FULWHULD TXDQWL WR SHOOHWV SHU GD\V HIIHFW	
(2+,/, \$6863(16,21 ,1 3\$&.(7	\$//	8SGDWHG TXDQWLW\ OLPLW W SHU GD\V 7RRN HIIHFW	
,0,75(&\$575,'*( 3(1 ,1-(&725 7\$%/(7	\$//	&XUUHQWO\ QRQ SUHHUHG DGGLWLRQ WR 3UHIHUHG 'UX 3'/ 7RRN HIIHFW	
/,9'(/=&\$368/(	6(/\$'(/3\$5	8SGDWHG FULWHULD TXDQWL WR FDSVXOHV SHU GD\V 7RRN HIIHFW	
/,90\$5†25\$/ 62/87,21	0* 0/	8SGDWHG VWUHQJWK DJH OL 7RRN HIIHFW	
0\$;\$†7\$%/(7 0/7 7\$%/(7	0*	&XUUHQWO\ QRQ SUHHUHG DGGLWLRQ WR 3UHIHUHG 'UX 3'/ 7RRN HIIHFW	
0(7)250,1 +&/ (5 *(1(5,& IRU */8&23+ \$*( ;5 7\$%/(7	0*	8SGDWHG TXDQWLW\ OLPLW WDEOHV SHU GD\V 7RRN	
1\$/2;21( 6<5,1*(	0* 0/	8SGDWHG TXDQWLW\ OLPLW V GLVSHQRN HIIHFW	
35\$'\$; \$† *(1(5,& '\$%, *\$75\$1 &\$368/(	0*	8SGDWHG TXDQWLW\ OLPLW W SHU GD\V 7RRN HIIHFW	
5(7(9027\$%/(7	\$//	8SGDWHG DJH OLPLW TXDQW WDEOHV SHU GD\V HIIHFW	
6&(0%/;7\$%/(7	0*	8SGDWHG TXDQWLW\ OLPLW W SHU GD\V 7RRN HIIHFW	



8/720,5,5,0,\$/	\$//	3ULRU DXWKRULJDWLRQ IRU PHGLFDO EQHILW FRGH -	LV UHTX
83/,=159,\$/	\$//	3ULRU DXWKRULJDWLRQ IRU PHGLFDO EQHILW FRGH -	LV UHTX
9<(37,9,\$/	\$//	3ULRU DXWKRULJDWLRQ IRU PHGLFDO EQHILW FRGH -	LV UHTX
;(132=<0(9,\$/	\$//	3ULRU DXWKRULJDWLRQ IRU PHGLFDO EQHILW FRGH -	LV UHTX

**What should you do?**

)LUVW WDON WR \RXU SIUHZVZDLEMRX DQGUH DUH SUHVFULEHU FDQ  
PHGLFDWLRQ LQIRUPDWLRQ

x <RX FDQ ORRN RQ CareSource FASSE claim DWQ WKH 0HPEHU SDJH X  
7RROV 5HVRXUFHV FOLFN RQ `)LQG 0\ 3UHVFULSWLRQVµ

x 2U FDOO RXU 0HPEHU 6HU-813-230-2005 SD'UW P HQW DW

:H DUH KHUH WR KHOS \RX 7KH &DUH6RXUFH 3\$66( 0HPEHU 6HUY  
RSHQ 0RQGD\ WKURXJK )UL&D7 D P WR S P

6LQFHUHO\

&DUH6R3\$66H

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'+6 \$SSURYHG