CareSource PASSE

NETWORK *Notification*

Notice Date: **July 16, 2025**
To: **CareSource PASSE Providers**
From: **CareSource PASSE**
Subject: **Antipsychotic Prescriptions Requirements and Clinical Practice Parameters**

Summary

For PASSE members under the age of 18, regardless of foster care status, medications classified as antipsychotics are among the most frequently rejected at the pharmacy due to Arkansas Medicaid's Prior Authorization (PA) requirements. Providers should refer to the relevant guidance from the Arkansas Department of Human Services, which is available for 2016 and 2021 on the Arkansas Medicaid Portal - Prescription Drug Information. This is a requirement of DHS and CareSource PASSE is required to be in alignment with this requirement.

Lithium and divalproex (Depakote) do NOT require a prior authorization. These are options that are FDA approved and/or research-supported effective treatments for bipolar disorder and aggression.

There may be additional requirements specific to the medication requested, but in general when a new antipsychotic agent is prescribed, the following information is required to be submitted to the PASSE provider:

1. **Completed PA form**:

    - Prior authorization requests for medications covered under the pharmacy benefit may be submitted electronically through the CoverMyMeds® prior authorization portals or by fax to 866-930-0019.

      Pharmacy Benefit Prior Authorization Request Form

2. **Copy of lab tests within the past nine months for both glucose and lipid screenings:**

    - From Arkansas Medicaid Prescription Drug Program Prior Authorization Criteria [Under Resources dropdown → Provider documents → Evidence-Based Prescription Drug Program (PDL) → Prior Authorization Criteria (last revised 07/01/2025)
        - Antipsychotics, Oral - Criteria for Children For CareSource (pages 73-77)
        - Table 2.3 - CPT codes for glucose and lipid monitoring (page 77)

3. **Completed medication informed consent**:
    - A signed Medication Informed Consent Form is required for members under 18 years of age who are being prescribed antipsychotic medications for behavioral or psychiatric conditions. This form is available at CareSource.com.

4. **Assessing and treating aggression in children and adolescents**:
   - The following information is recommended practice parameters around the use of antipsychotics and mood stabilizers for children who continue to experience aggression.

     1. Practice Parameter for Preventions and Management of Aggressive Behavior in Child and Adolescent Psychiatric Institutions: https://www.jaacap.org/article/S0890-8567(09)60552-9/fulltext
     2. Assessing and treating aggression in children and adolescents: https://pm.amegroups.org/article/view/6186/html#:~:text=The%20manuscript%20provides%20a%20review%20of%20the%20psychotherapeutic,alpha%20agonists%2C%20antidepressants%2C%20atypical%20antipsychotics%20and%20mood%20stabilizers.
     3. FDA Resources for antipsychotics and mood stabilizers below:
        - AbbVie Inc. (05/2025). Depakote (divalproex): Highlights of prescribing: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/018723s070lbl.pdf
        - AstraZeneca Pharmaceuticals LP. (01/2025). Seroquel (quetiapine): Highlights of prescribing information: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020639s074lbl.pdf
        - Eli Lilly and Company. (01/2025). Zyprexa (olanzapine): Highlights of prescribing information: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020592s077,021086s050,021253s047s066lbl.pdf
        - Hikma Pharmaceuticals USA Inc. (11/2022). Lithium carbonate and Lithium: Highlights of prescribing information: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=7dc9c6d2-6d9a-49e4-a8ab-437b0ed5f84e&type=display
        - HLS Therapeutics (USA), Inc. (06/2025). Clozaril (clozapine): Highlights of prescribing information: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/019758s107lbl.pdf
        - Janssen Pharmaceuticals, Inc. (01/2025). Risperdal (risperidone): Highlights of prescribing information: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020272s088,020588s074,021444s060lbl.pdf
        - Otsuka America Pharmaceutical, Inc. (01/2025). Abilify (aripiprazole): Highlights of prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/021436s046s050lbl.pdf
        - Sumitomo Pharma America, Inc. (01/2025). Latuda (lurasidone): Highlights of prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/200603s041lbl.pdf
        - Viatris Inc. (01/2025). Geodon (ziprasidone): Highlights of prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020825s065,020919s053lbl.pdf

Questions?

For pharmacy consultation, education and support please contact your Health Partner at Arkansas_Network@caresourcepasse.com.

For PRTF authorization issues please contact ServiceDeterminations@CareSourcePASSE.com.

Additional Resources

- Arkansas Medicaid Preferred Drug List (CareSource required to follow): Under Resources dropdown → Provider documents → Evidence-Based Prescription Drug Program (PDL) → Preferred Drug List (last revised 07/01/2025)
- CareSource PASSE Pharmacy Policies:
    - Medical Necessity - Off Label
    - Medical Necessity for MultiSource Brands
    - Medical Necessity for Non-Formulary Medications

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