First Health Services Corporation®
A Coventry Health Care Company

Date: December 8, 2005

Dear Mental Health Professional:

SUBJ: Pharmacy Resources for KY Medicaid Members

The Kentucky Department for Medicaid Services and First Health Services Corp. want to ensure that mental health providers have access to current pharmacy information.

- **Visit the pharmacy website**
  http://kentucky.fhsc.com/pharmacy/default.asp
  - Mark this site as a "favorite"
  - Use it as a primary resource for answering questions related to pharmacy benefits for Kentucky Medicaid members.
  - For the Preferred Drug List - click on the "Provider" tab, select "Drug Information".

- **Note the Prior Authorization numbers**
  - Managed Access Program/Prior Authorization:
    1-800-477-3071 (24 hours per day/7 days per week)
  - Mental Health Provider Prior authorization FAX line:
    1-800-453-2273

- **Review the Preferred Drug List Quick Reference on the following pages**
  - The content of this chart may change upon periodic P & T committee review of these therapeutic classes. *Always consult the web site for the most up-to-date information*.
  - **SSRIs and New Generation Antidepressants** (including SnRIs) were reviewed at the November 2005 P & T meeting. P & T recommendations are outlined on the website. Anticipate the recommended changes to become effective sometime during the first quarter of 2006. Click on the "Committees" tab on the website for details.

Sincerely,

Carrie Lovell, Pharm. D.
Pharmacy Account Manager

First Health Services Corporation®
A Coventry Health Care Company

Class	Drug	Preferred	PA	Qty Limit
Atypical Antipsychotics	With the exception of Zyprexa, atypicals may be obtained electronically within appropriate dosage, duplicate therapy and ICD9 requirements. Please refer to Provider Notice #012 - click on the "Provider" tab, select "Notices"			
	ZYPREXA	Y- under 19 N – over 19	Y – over 19	See Provider Notice #012
Anticonvulsants	All are covered without restriction			
Stimulants/ ADHD	ADDERALL XR	Y – under 19 N- over 19	Y – over 19	>AGE 19 -30 TABS PER 30 DAYS;<AGE 19 60 TABS PER 30 DAYS (Alone or in combination with Concerta)
	AMPHETAMINE SALT COMBO	Y	Y – over 19	>AGE 19 -60 TABS PER 30 DAYS;<AGE 19-90 TABS PER 30 DAYS
	DEXTROAMPHETAMINE SULFATE CAPSULE SA	Y	Y – over 19	
	DEXTROAMPHETAMINE SULFATE TABLET	Y	Y – over 19	
	DEXTROSTAT	Y	Y – over 19	
	FOCALIN		Y	
	FOCALIN XR		Y	
	METADATE CD	Y	Y – over 19	
	METADATE ER	Y	Y – over 19	
	METHAMPHETAMINE HCL	Y	Y – over 19	
	METHYLIN	Y	Y – over 19	
	METHYLIN ER	Y	Y – over 19	
	METHYLPHENIDATE	Y	Y – over 19	
	METHYLPHENIDATE ER	Y	Y – over 19	
	METHYLPHENIDATE HCL	Y	Y – over 19	
	RITALIN LA	Y	Y – over 19	
	ADDERALL		Y	>AGE 19 -60 TABS PER 30 DAYS;<AGE 19-90 TABS PER 30 DAYS
	CONCERTA	Y- under 19 N – over 19	Y – over 19	>AGE 19 -30 TABS PER 30 DAYS;<AGE 19 60 TABS PER 30 DAYS (Alone or in combination with Adderall XR)
	CYLERT		Y – over 19	
	DESOXYN		Y – over 19	
	DEXEDRINE CAPSULE SA		Y – over 19	
	DEXEDRINE TABLET		Y – over 19	
	PEMOLINE		Y – over 19	
	PROVIGIL		Y – over 19	
	RITALIN		Y – over 19	
	RITALIN-SR		Y – over 19	
	STRATTERA	Y		>AGE 19 -30 TABS PER 30 DAYS;<AGE 19 60 TABS PER 30 DAYS

Class	Drug	Preferred	PA	Qty Limit
New Generation Antidepressants	BUDEPRION SR	Y		
	BUPROPION HCL	Y		
	BUPROPION HCL TABLET SA	Y		
	MAPROTILINE HCL	Y		
	MIRTAZAPINE	Y		
	MIRTAZAPINE TAB RAPDIS	Y		
	NEFAZODONE HCL	Y		
	TRAZODONE	Y		
	TRAZODONE HCL	Y		
	CYMBALTA		Y	
	DESYREL		Y	
	EFFEXOR		Y	
	EFFEXOR XR		Y	
	REMERON TAB RAPDIS		Y	
	REMERON TABLET		Y	
	WELLBUTRIN		Y	
	WELLBUTRIN SR		Y	
SSRIs	CITALOPRAM HBR	Y		
	FLUOXETINE	Y		
	PAROXETINE	Y		
	PEXEVA		Y	
	CELEXA		Y	TABLET SPLITTING
	LEXAPRO		Y	TABLET SPLITTING
	PAXIL		Y	
	PAXIL CR		Y	
	PROZAC		Y	
	PROZAC WEEKLY		Y	4 TABS PER 30 DAYS
	SERAFEM		Y	
	ZOLOFT		Y	TABLET SPLITTING