

Mental Health Provider Quick Reference

- For current information, please visit <http://kentucky.fhsc.com/pharmacy/default.asp>.
- To access the complete Preferred Drug List- click on the "Provider" tab, select "Drug Information"
- Managed Access Program/ Prior Authorization: 1-800-477-3071
- Mental Health Provider Prior Authorization FAX line: 1-800-453-2273

Class	Drug	Tier	PA (age limitation)	Age Edit	Qty Limit
Atypical Antipsychotics	May be obtained electronically within appropriate dosage, duplicate therapy and ICD9 requirements (except Zyprexa)- please refer to Provider Notice # 012				
	Zyprexa/ Zydys	1	Y		
First Generation Antipsychotics	All are covered first tier without restriction				
Anticonvulsants	All generic products are covered first tier without restriction. Brand products are second tier.				
ADHD/ Stimulants	Adderall		Y (over 19)	over 19	age<19- # 90, age>19- # 60
	Adderall XR	2	Y (over 19)	over 19	age<19- # 60, age>19- # 30
	Amphetamine Salt Combo	1	Y (over 19)	over 19	age<19- # 90, age>19- # 60
	Concerta	2	Y (over 19)	over 19	age<19- # 60, age>19- # 30
	Cylert		Y (over 19)	over 19	
	Dexedrine cap/ tab		Y (over 19)	over 19	
	Dextroamphetamine Sulfate cap/ tab	1	Y (over 19)	over 19	
	Dextrostat	2	Y (over 19)	over 19	
	Focalin	2			age<19- # 90, age>19- # 60
	Focalin XR	2			age<19- # 60, age>19- # 30
	Metadate CD/ ER	2	Y (over 19)	over 19	
	Methamphetamine		Y (over 19)	over 19	
	Methylin/ ER	2	Y (over 19)	over 19	
	Methylphenidate	1	Y (over 19)	over 19	
	Pemoline	1	Y (over 19)	over 19	
	Provigil		Y		
	Ritalin		Y (over 19)	over 19	
	Ritalin LA	2	Y (over 19)	over 19	
	Strattera	2			age<19- # 60, age>19- # 30
	Newer Antidepressants	Budeprion SR	1		
Bupropion HCl		1			
Cymbalta			Y		
Desyrel			Y		
Effexor/ XR			Y		
Maprotiline HCl		1			
Mirtazapine		1			
Remeron			Y		
Wellbutrin/ SR/ XL			Y		

Class	Drug	Tier	PA (age limitation)	Age Edit	Qty Limit
SSRIs	Celexa		Y		tablet splitting
	Citalopram	1			
	Fluoxetine	1			
	Lexapro		Y		tablet splitting
	Paroxetine	1			
	Paxil/ CR		Y		
	Pexeva		Y		
	Prozac		Y		
	Prozac Weekly		Y		4 tabs per 30 days
	Sarafem		Y		
	Zoloft		Y		tablet splitting
Tricyclic Antidepressants		All generic products are covered first tier without restriction			
Benzodiazepines		All generic products are covered first tier without restriction			
Misc.	Buspirone	1			

Updated 06/06

* Age edit- will require PA for all members

* Quantity Limits- 30 day supply unless otherwise noted