



## Mental Health Provider Quick Reference

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

Class	Drug	Tier	PA (age limitation)	Age Edit	Qty Limit
<b>Atypical Antipsychotics</b>	All are covered first tier with PA which may be obtained electronically (or by fax) within appropriate dosage, duplicate therapy and ICD9 requirements				
<b>First Generation Antipsychotics</b>	All are covered first tier without restriction				
<b>Anticonvulsants</b>	All generic products are covered first tier without restriction. Brand products are second tier.				
<b>ADHD/ Stimulants</b>	Adderall	3	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	3	Y (over 19)	over 19	
	Dexedrine cap/ tab	3	Y (over 19)	over 19	
	Dextroamphetamine	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	1	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	3	Y		
	Ritalin	3	Y (over 19)	over 19	
	Ritalin LA	2	Y (over 19)	over 19	
	Strattera	2			age<19- # 60, age>19- # 30
<b>Newer Antidepressants</b>	Budeprion SR	1			
	Bupropion	1			
	Cymbalta	3	Y		
	Desyrel	3	Y		

Class	Drug	Tier	PA (age limitation)	Age Edit	Qty Limit
	Effexor/ XR	3	Y		
	Maprotiline	1			
	Mirtazapine	1			
	Remeron	3	Y		
	Wellbutrin/ SR/ XL	3	Y		
<b>SSRIs</b>	Celexa	3	Y		tablet splitting
	Citalopram	1			
	Fluoxetine	1			
	Lexapro	3	Y		tablet splitting
	Paroxetine	1			
	Paxil/ CR	3	Y		
	Pexeva	3	Y		
	Prozac	3	Y		
	Prozac Weekly	3	Y		4 tabs per 30 days
	Sarafem	3	Y		
	Zoloft	3	Y		tablet splitting
<b>Tricyclic Antidepressants</b>	All generic products are covered first tier without restriction				
<b>Benzodiazepines</b>	All generic products are covered first tier without restriction				
<b>Miscellaneous</b>	Buspirone	1			

Updated 07/18/06

\* Age edit - will require PA for all members

\* Quantity Limits - 30 day supply unless otherwise noted