

## 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

<b>Class</b>					
<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>Class</b>					
<b>First Generation Antipsychotics</b>		All are covered first tier without restriction			
<b>Class</b>					
<b>Anticonvulsants</b>		All generic products are covered first tier without restriction. Brand products are second tier.			
<b>CNS Stimulants for Patients &lt;= 18 years old</b>					
DRUG	TIER	CLINICAL PA REQUIRED	MAXIMUM QUANTITY AVAILABLE WITHOUT PRIOR AUTHORIZATION		COMMENTS
			ALONE	COMBINED	
Adderall	3	NO	90	60 immediate release plus 30 extended release	Patient may receive a <b>total of 90</b> dosage units/30 days <b>alone, or in combination,</b> with extended release forms
Amphetamine salt combo	1				
Focalin	2				
<b>CNS Stimulants for Patients &gt; 18 years old</b>					
Concerta	2	NO	60	30 extended release form plus 30 Strattera	Patient may receive a <b>total of 60</b> dosage units/30 days <b>alone, or in combination,</b> with <b>Strattera</b>
Adderall XR	2				
Focalin XR	2				
Strattera	2		60	30 Strattera plus 30 extended release form	Dosing is based on weight (see Strattera Dosing Guidelines). Patient may receive a <b>total of 60</b> dosage units/30 days <b>alone, or in combination,</b> with extended release forms
<b>CNS Stimulants for Patients &gt; 18 years old - Other</b>					
Daytrana	3	NO	30		
<b>CNS Stimulants for Patients &gt; 18 years old - N/A</b>					
Dexedrine cap/tab	3	NO	N/A		
Dextroamphetamine	1				
Dextrostat	2				
Metadate CD/ ER	2				
Methamphetamine	1				
Methylin/ ER	2				
Methylphenidate	1				
Pemoline	1				
Provigil	3				
Ritalin	3				
Ritalin LA	2				

**CNS Stimulants for Patients Age 19 or older**

DRUG	TIER	CLINICAL PA REQUIRED	MAXIMUM QUANTITY AVAILABLE WITHOUT PRIOR AUTHORIZATION		COMMENTS
			ALONE	COMBINED	
Adderall	3	YES	60	30 immediate release plus 30 extended release	Patient may receive a <b>total of 60</b> dosage units/30 days <b>alone, or in combination,</b> with extended release forms
Amphetamine salt combo	1				
Focalin	2	NO			
Concerta	2	YES	30		Patient may receive a <b>total of 30</b> dosage units/30 days
Adderall XR	2				
Focalin XR	2	NO			
Strattera	2	YES	30		Dosing is based on weight (see Strattera Dosing Guidelines). Patient may receive a <b>total of 30</b> dosage units/30 days
Daytrana	3	YES	30		
Dexedrine cap/tab	3		N/A		
Dextroamphetamine	1				
Dextrostat	2				
Metadate CD/ ER	2				
Methamphetamine	1				
Methylin/ ER	2				
Methylphenidate	1				
Pemoline	1				
Provigil	3				
Ritalin	3				
Ritalin LA	2				
<b>Class</b>	<b>Drug</b>	<b>Tier</b>	<b>PA</b>	<b>Age Edit</b>	<b>Qty Limit</b>
<b>Newer Antidepressants</b>	Budeprion SR	1	N	N	N
	Bupropion	1	N	N	N
	Cymbalta	3	Y	N	N
	Desyrel	3	Y	N	N
	Effexor/ XR	3	Y	N	N
	Maprotiline	1	N	N	N
	Mirtazapine	1	N	N	N
	Remeron	3	Y	N	N
	Venlafaxine	1	N	N	N
	Wellbutrin/ SR/ XL	3	Y	N	N
<b>Class</b>	<b>Drug</b>	<b>Tier</b>	<b>PA</b>	<b>Age Edit</b>	<b>Qty Limit</b>
<b>SSRIs</b>	Celexa	3	Y	N	tablet splitting
	Citalopram	1	N	N	N
	Fluoxetine	1	N	N	N
	Lexapro	3	Y	N	tablet splitting
	Paroxetine	1	N	N	N
	Paxil/ CR	3	Y	N	N
	Pexeva	3	Y	N	N
	Prozac	3	Y	N	N
	Prozac Weekly	3	Y	N	4 tabs per 30 days
	Sarafem	3	Y	N	N
	Sertraline	1	N	N	tablet splitting
	Zoloft	3	Y	N	tablet splitting
<b>Class</b>	<b>Tricyclic Antidepressants</b>				
	All generic products are covered first tier without restriction				
<b>Class</b>	<b>Benzodiazepines</b>				
	All generic products are covered first tier without restriction				
<b>Class</b>	<b>Drug</b>	<b>Tier</b>	<b>PA</b>	<b>Age Edit</b>	<b>Qty Limit</b>
<b>Miscellaneous</b>	Buspirone	1	N	N	N