

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					
Atypical Antipsychotics		All are covered first tier with PA which may be obtained electronically (or by fax) within appropriate dosage, duplicate therapy and ICD9 requirements			
Class					
First Generation Antipsychotics		All are covered first tier without restriction			
Class					
Anticonvulsants		All generic products are covered first tier without restriction. Brand products are second tier.			
CNS Stimulants for Patients <= 18 years old					
DRUG	TIER	CLINICAL PA REQUIRED	MAXIMUM QUANTITY AVAILABLE WITHOUT PRIOR AUTHORIZATION		COMMENTS
			ALONE	COMBINED	
Adderall	3	NO	90	Any combination of short-acting and long acting CNS Stimulants not to exceed 90 dosage units	Patient may receive a total of 90 dosage units/30 days alone, or in combination with extended release forms
Amphetamine salt combo	1				
Focalin	2				
Concerta	2	NO	60	30 extended release form plus 30 Strattera	Patient may receive a total of 60 dosage units/30 days alone, or in combination with Strattera
Adderall XR	2				
Focalin XR	2				
Strattera	2				
Daytrana	3	YES			
Provigil	2	YES			
Dexedrine cap/tab	3	NO	N/A		
Dextroamphetamine	1				
Dextrostat	2				
Metadate CD/ ER	2				
Methamphetamine	1				
Methylin/ ER	1				
Methylin Solution	3				
Methylphenidate	1				
Pemoline	1				
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	Any combination of short-acting and long acting CNS Stimulants not to exceed 60 dosage units	Patient may receive a total of 60 dosage units/30 days alone, or in combination with extended release forms
Amphetamine salt combo	1				
Focalin	2	NO			
Concerta	2	YES	30		Patient may receive a total of 30 dosage units/30 days
Adderall XR	2				
Focalin XR	2	NO			
Strattera	2	NO	30		Dosing is based on weight (see Strattera Dosing Guidelines). Patient may receive a total of 30 dosage units/30 days
Daytrana	3	YES			
Provigil	2	YES			
Dexedrine cap/tab	3		N/A		
Dextroamphetamine	1				
Dextrostat	2				
Metadate CD/ ER	2				
Methamphetamine	1				
Methylin/ ER	1				
Methylin Solution	3				
Methylphenidate	1				
Pemoline	1				
Ritalin	3				
Ritalin LA	2				
Class	Drug	Tier	PA	Age Edit	Qty Limit
Newer Antidepressants	Budeprion SR	1	N	N	N
	Budeprion XL	3	Y	N	N
	Bupropion	1	N	N	N
	Bupropion SA	2	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
	Trazodone	1	N	N	N
	Venlafaxine	1	N	N	N
	Wellbutrin/ SR/ XL	3	Y	N	N
Class	Drug	Tier	PA	Age Edit	Qty Limit
SSRIs	Celexa	3	Y	N	tablet splitting
	Citalopram	1	N	N	N
	Fluvoxamine	2	N	N	N
	Fluoxetine	1	N	N	N
	Lexapro	3	Y	N	tablet splitting
	Luvox	3	Y	N	N
	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	
Class	Tricyclic Antidepressants				
All generic products are covered first tier without restriction					
Class	Benzodiazepines				
All generic products are covered first tier without restriction					
Class	Drug	Tier	PA	Age Edit	Qty Limit
Miscellaneous	Buspirone	1	N	N	N