

## 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	COPAY TIER	PA REQUIRED (CLINICAL OR PDL)	MAXIMUM QUANTITY AVAILABLE WITHOUT PRIOR AUTHORIZATION		COMMENTS
			ALONE	COMBINED	
SHORT-ACTING CNS STIMULANTS					
Adderall	N/A	NO	90	Any combination of short-acting CNS Stimulants not to exceed 90 dosage units	Patient may receive a <b>total</b> of up to <b>90</b> dosage units/30 days <b>alone, or in combination</b> with other short-acting stimulants (Adderall, Amphetamine Salt Combo, Dexmethylphenidate, and Focalin), <b>independent of long-acting stimulants (Adderall XR, Concerta, Focalin XR, and Vyvanse) and Strattera quantities</b>
Amphetamine salt combo					
Dexmethylphenidate					
Focalin					
LONG-ACTING CNS STIMULANTS					
Adderall XR	N/A	NO	60	Any combination of extended release CNS Stimulants, not to exceed 60 dosage units	Patient may receive a <b>total</b> of up to <b>60</b> dosage units/30 days <b>alone, or in combination</b> with other long-acting stimulants (Adderall XR, Concerta, Focalin XR, and Vyvanse), <b>independent of short-acting stimulants (Adderall, Amphetamine Salt Combo, Dexmethylphenidate, and Focalin) and Strattera quantities</b>
Concerta					
Focalin XR					
Vyvanse					
STRATTERA					
Strattera	N/A	NO	60	N/A	Patient may receive a <b>total</b> of up to <b>60</b> dosage units/30 days, <b>independent of short-acting (Adderall, Amphetamine Salt Combo, and Focalin) and long-acting CNS Stimulant (Adderall XR, Concerta, Focalin XR, and Vyvanse) quantities</b>
Daytrana	N/A	YES	30		
Provigil	N/A	YES	N/A		
Dexedrine cap/tab	N/A	NO	N/A		
Dextroamphetamine	N/A				
Dextrostat	N/A				
Metadate CD/ ER	N/A				
Methamphetamine	N/A				
Methylin/ ER	N/A				
Methylin Chewable/ Solution	N/A				
Methylphenidate/ER	N/A				
Pemoline	N/A				
Ritalin/SR	N/A				
Ritalin LA	N/A				

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

DRUG	COPAY TIER	PA REQUIRED (CLINICAL OR PDL)	MAXIMUM QUANTITY AVAILABLE WITHOUT PRIOR AUTHORIZATION		COMMENTS				
			ALONE	COMBINED					
<b>SHORT-ACTING CNS STIMULANTS</b>									
Adderall	2	YES	60	Any combination of short-acting CNS Stimulants not to exceed 60 dosage units	Patient may receive a <b>total</b> of up to <b>60</b> dosage units/30 days <b>alone, or in combination</b> with other short-acting stimulants (Adderall, Amphetamine Salt Combo, Dexmethylphenidate, and Focalin), <b>independent of long-acting stimulants (Adderall XR, Concerta, Focalin XR, and Vyvanse) and Strattera quantities</b>				
Amphetamine salt combo	1								
Dexmethylphenidate	1								
Focalin	2								
<b>LONG-ACTING CNS STIMULANTS</b>									
Concerta	2	YES	30	Any combination of extended release CNS Stimulants, not to exceed 30 dosage units	Patient may receive a <b>total</b> of up to <b>30</b> dosage units/30 days <b>alone, or in combination</b> with other long-acting stimulants (Adderall XR, Concerta, Focalin XR, and Vyvanse), <b>independent of short-acting stimulants (Adderall, Amphetamine Salt Combo, Dexmethylphenidate, and Focalin) and Strattera quantities</b>				
Adderall XR	2								
Focalin XR	2								
Vyvanse	2								
<b>STRATTERA</b>									
Strattera	2	YES	30	N/A	Patient may receive a <b>total</b> of up to <b>30</b> dosage units/30 days, <b>independent of short-acting (Adderall, Amphetamine Salt Combo, Dexmethylphenidate, and Focalin) and long-acting CNS Stimulant (Adderall XR, Concerta, Focalin XR, and Vyvanse) quantities</b>				
Daytrana	2	YES	30						
Provigil	2	YES	N/A						
Dexedrine cap/tab	3	YES	N/A						
Dextroamphetamine	1								
Dextrostat	2								
Metadate CD/ ER	2								
Methamphetamine	1								
Methylin/ ER	1								
Methylin Chewable/ Solution	3								
Methylphenidate/ER	1								
Pemoline	1								
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
	Budeprion XL	3	Y	N	N				
	Bupropion	1	N	N	N				
	Bupropion SA	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				
	Nefazodone	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				
<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				
	Fluvoxamine	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				