



STATE OF TENNESSEE
DIVISION OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

This notice is being sent to notify you of changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact Magellan's Pharmacy Support Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 1-1-19

TennCare is continuing the process of reviewing all covered drug classes. Changes to the PDL may occur as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are now taking may be considered non-preferred agents in the future. Please inform your patients who are on these medications that switching to preferred products will decrease delays in receiving their medications. We encourage you to share this information with other TennCare providers. The individual changes to the PDL are listed below. A copy of the new PDL will be posted January 1, 2019 for more details on clinical criteria, please visit:

<https://tenncare.magellanhealth.com>

Below is a summary of the PDL changes that will be effective January 1, 2019. All other agents in these classes will retain their current PDL listing.

ANTI-INFECTIVES

Antibiotics, Oral Glycopeptides

- The following agent will be added as non-preferred: FIRVANQ^{PA, QL}.

Antivirals: HIV NRTI Combos

- The following agents will be moved to non-preferred: CIMDUO^{QL}, SYMFI^{QL}, and SYMFI LO^{QL}.

CARDIOVASCULAR

Oral Thrombopoietin Agents

- The following agent will be added as non-preferred: DOPTLET^{PA, QL}, MULPLETA^{PA, QL}, and TAVALISSE^{PA, QL}.

Vasopressor Receptor Antagonists

- The following agent will be added as non-preferred: JYNARQUE^{PA, QL}.

CENTRAL NERVOUS SYSTEM

Antimigraine Preparations: Anti-CGRP Monoclonal Antibodies

- The following agent will be added as non-preferred: AIMOVIG^{PA, QL}.

AntiParkinson's Agents: Miscellaneous

- The following agent will be added as non-preferred: OSMOLEX ER^{PA, QL}.

ENDOCRINE & METABOLIC

Anti-diuretic/Vasopressor Agents

- The following agent will be added as non-preferred: NOCTIVA^{PA, QL}.

Anti-Rheumatic Kinase Inhibitors

- The following agent will be added as non-preferred: OLUMIANT^{PA, QL}

Bisphosphonates

- The following agent will be moved to preferred: ibandronate^{QL}.

Hematopoietic Agents

- The following agent will be added as preferred: RETACRIT^{PA}. Additionally, EPOGEN^{PA} and PROCRT^{PA} will remain as preferred.
- The following agent will be moved to non-preferred: ARANESP^{PA}.

Insulins

- The following agent will be added as non-preferred: TOUJEO MAX SOLOSTAR^{PA}.

GASTROINTESTINAL

Anti-Emetics: Miscellaneous

- The following agent will be added as non-preferred: BONJESTA^{PA, QL}.

OPHTHALMICS

Glaucoma, Miscellaneous

- The following agent will be added as non-preferred: RHOPRESSA^{PA, QL}.

ONCOLOGY AGENTS

- The following agent will be added as non-preferred: YONSA^{PA}.
- The following agent will be moved to non-preferred: IMBRUVICA tablets. IMBRUVICA capsules will remain as preferred.

Changes to prior authorization criteria and quantity limits (PA, QL) for the preferred drug list (PDL) effective January 1, 2019

- | | |
|-------------------------------------|-------------------------------------|
| • AIMOVIG ^{PA, QL} | • OLUMIANT ^{PA, QL} |
| • ARANESP ^{PA} | • OLYSIO ^{PA} |
| • BONJESTA ^{PA, QL} | • OSMOLEX ER ^{PA, QL} |
| • DAKLINZA ^{PA} | • PROCRT ^{PA} |
| • DOPTLET ^{PA, QL} | • PROMACTA ^{PA} |
| • EMFLAZA ^{PA} | • RETACRIT ^{PA} |
| • EPCLUSA ^{PA} | • RHOPRESSA ^{PA, QL} |
| • EPOGEN ^{PA} | • SOVALDI ^{PA} |
| • etidronate ^{QL} | • TAVALISSE ^{PA, QL} |
| • FIRVANQ ^{PA, QL} | • TECHNIVIE ^{PA} |
| • FORTEO ^{PA, QL} | • TOUJEO MAX SOLOSTAR ^{PA} |
| • HARVONI ^{PA} | • vancomycin capsules ^{PA} |
| • JYNARQUE ^{PA, QL} | • VIEKIRA ^{PA} |
| • MAVYRET ^{PA} | • VIEKIRA XR ^{PA} |
| • MIACALCIN injection ^{PA} | • VOSEVI ^{PA} |
| • MULPLETA ^{PA, QL} | • YONSA ^{PA} |
| • NATPARA ^{QL} | • ZEPATIER ^{PA} |
| • NOCTIVA ^{PA, QL} | |

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria that control their usage. Any agent noted above with a superscripted "PA" requires Prior Authorization and any agent noted above with a superscripted "QL" is subject to Quantity Limits. Please refer to the document "Drug Criteria Listing" located at: <https://tenncare.magellanhealth.com> for additional information.

Tennessee Medicaid ID Notification

In accordance with federal regulations released by the Centers for Medicare and Medicaid Services (CMS), all **prescribing providers** and **dispensing pharmacies** serving TennCare members must have a valid Tennessee Medicaid ID. This requirement also applies to all prescriptions for TennCare or CoverKids members processed through MagellanRX and Express Scripts pharmacy networks. TennCare has been working to communicate and implement these new regulations with TennCare providers. TennCare is providing this additional update to all providers who may provide care and pharmacies who may dispense medications to TennCare members.

Effective October 15, 2018, TennCare stopped covering prescriptions written by a prescriber without a valid Tennessee Medicaid ID. This requirement also applies to all prescriptions for TennCare or CoverKids members processed through MagellanRX and Express Scripts pharmacy networks.

Providers that need a Medicaid ID can register through the TennCare electronic registration portal, found at: <https://www.tn.gov/tenncare/providers/provider-registration.html>.

Effective January 15, 2019 all pharmacies participating in the TennCare pharmacy network must have a valid TennCare issued Medicaid ID. This requirement also applies to all prescriptions for TennCare or CoverKids members processed through MagellanRX and Express Scripts pharmacy networks. **Failure to obtain a valid Medicaid ID will result in rejected claims.**

Pharmacies that need a Medicaid ID are can register through the TennCare electronic registration portal, found at: <https://www.tn.gov/tenncare/providers/provider-registration.html>.

If you have any questions about provider or pharmacy registration, please contact TennCare Provider Registration via email at Provider.Registration@tn.gov or by phone at 1-800-852-2683 option 5.

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

<u>OVERRIDE TYPE</u>	<u>OVERRIDE NCPDP FIELD</u>	<u>CODE</u>
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (D.0 461-EU)	8
Hospice Patient (Exempt from Co-pay)	Patient Residence (D.0 384-4X)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator (D.0 335-2C)	2
Titration Dose Override for the following select drugs/drug classes: oral oncology agents, anticonvulsants, warfarin, low molecular weight heparins, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), atypical antipsychotics (except clozapine/Clozaril®), Hizentra®, Vivaglobin® - process second Rx for the same drug within 21 days of initial Rx with an override code to avoid the second Rx counting as another prescription against the limit.	Submission Clarification Code (D.0 42Ø-DK)	2
Titration Dose Override for the following select drugs/drug classes: clozapine/Clozaril®, Suboxone®, Zubsolv® and buprenorphine- will allow up to five prescription fills to process for the same drug within the same calendar month of the initial prescription without the subsequent fills counting against the enrollee's monthly RX limit.	Submission Clarification Code (D.0 42Ø-DK)	6

Important Phone Numbers:

Tennessee Health Connection	855-259-0701
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program Fax	888-298-4130
Magellan Pharmacy Support Center	866-434-5520
Magellan Clinical Call Center	866-434-5524
Magellan Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

Magellan: <https://tenncare.magellanhealth.com>
TennCare website: www.tn.gov/tenncare/

Please visit the Magellan TennCare website regularly to stay up-to-date on changes to the pharmacy program.

For additional information or updated payer specifications, please visit the Magellan website at: <https://tenncare.magellanhealth.com> then click on pharmacy and choose program information from the drop down menu. Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.