



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

This notice is being sent to notify you of changes affecting 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.

Effective January 1, 2019 **[Updated July 1, 2019]**, Tennessee Public Chapter 1039 requires pharmacies to have the ability to partially fill and transmit controlled substance prescriptions based on a request by the prescriber or the patient.

Pharmacies shall submit partially filled controlled substance prescriptions to Magellan via the National Council on Prescription Drug Programs' (NCPDP) Submission Clarification Code field, using the following Submission Clarification Codes:

Submission Clarification Code (NCPDP Field #420-DK)
47 = Initial Fill
48 = Incremental Fill
10 = Completion Fill

47 = Initial Fill- This code is to be used the first time the prescription is submitted, and when no medication has been previously dispensed for the order.

48 = Incremental Fill-This code is to be used on the 2nd (second) and any time the prescription is partially filled, and the entire original quantity on the prescription has not been dispensed. **Incremental Partial Fills must be transmitted with the same prescription number as the Initial Partial Fill.**

10 = Completion Fill- This code is to be used for the final fill when the total original quantity has been submitted, with no medication remaining on the original order. **Incremental Partial Fills must be transmitted with the same prescription number as the Initial and Incremental Partial Fills.**

Pharmacies will be reimbursed a full Professional Dispensing Fee for each fill. A full copayment fee will be subtracted on the Initial fill.

Only the Initial fill counts toward the member's monthly prescription limit.

Dispensing pharmacies should ensure the following:

- All partial fills for the same original prescription cannot exceed the original prescribed quantity, and
- All partial fills must be dispensed and transmitted by the same pharmacy.
- All partial fills must be filled within six (6) months from issuance of the original prescription, unless federal law requires it to be filled within a shorter timeframe.

All other edits associated with controlled substances, such as quantity limits, dosing limits, prior authorization, etc., will remain in place.

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
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/

Thank you for your valued participation in the TennCare program.