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 7-1-17

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. A copy of the new PDL will be posted July 1, 2017 to [https://tenncare.magellanhealth.com](https://tenncare.magellanhealth.com). We encourage you to share this information with other TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit: [https://tenncare.magellanhealth.com](https://tenncare.magellanhealth.com)

#### Below is a summary of the PDL changes that will be effective July 1, 2017.

**ANTI-INFECTIVES**

**Miscellaneous Antiprotozoal Agents**
- The following agent will remain as preferred: metronidazole tabs.
- The following agent will be added as non-preferred: IMPAVIDO PA. Additionally, the following agents will remain as non-preferred: ALINIA PA, atovaquone PA, FLAGYL, FLAGYL ER, MUPRON PA, and metronidazole caps.

**ENDOCRINE & METABOLIC AGENTS**

**Diabetes: Incretin Mimetics and combinations**
- The following agents will remain as preferred: Bydureon pens & vials PA, QL, BYETTA PA, QL, and VICTOZA PA, QL.
- The following agents will be added as non-preferred: ADLYXIN PA, QL, SOLIQUA PA, QL, and XULTOPHY PA, QL.
- Additionally, the following agents will remain as non-preferred: TANZEUM PA, QL, and TRULICITY PA, QL.

**Diabetes: Insulins**
- The following agent will be added as non-preferred: BASAGLAR KWIKPEN PA.
- All other agents in this class will retain their current PDL position.

**GASTROINTESTINAL AGENTS**

**Combination Agents for H. pylori**
- The following agent will move to preferred: lansoprazole/amoxicillin/clarithromycin PA, QL. Additionally, the following agent will remain as preferred: PYLERA PA, QL.
- The following agents will remain as non-preferred: PREVPAC PA, QL, OMECLAMOX PA, QL.

**VITAMINS AND ELECTROLYTES**

**Vitamin D/Vitamin D Analogs**
- The following agents will remain as preferred: calcitriol and vitamin D.
- The following agents will be added as non-preferred: RAYALDEE PA. Additionally, the following agents will remain as non-preferred: doxercalciferol capsules PA, DRISDOL, HECTORAL capsules PA, paricacitol capsules PA, ROCALTROL, ZEMPLAR capsules PA.

### Changes to Prior Authorization Criteria (PA, QL) for the PDL effective July 1, 2017

- ADLYXIN PA, QL
- BASAGLAR KWIKPEN PA
- butalbital/APAP/caffeine/codeine PA
- carisoprodol/aspirin/codeine PA
- codeine PA
- codeine/APAP PA 19 yrs
- codeine-containing cough preparations PA
- dihydrocodeine/ASA/caffeine PA
Removal of agents from list of branded agents classified as generics

Effective July 1, 2017, the following agent will be moved to non-preferred status on the TennCare PDL and will be removed from the list of branded agents classified as generics meaning that it will now count as a brand toward members’ monthly prescription limits and copays. Effective July 1, 2017 this product will deny at POS for prior authorization required. In order to facilitate transition to the generic products, please transition your patients to the generic product as soon as possible to allow minimal disruption for the patient and avoid unnecessary delays at the pharmacy.

- PYLERA™
- FIORAL WITH CODEINE
- FUZEON™
- IMPAVELO™
- INTELENCE™
- lansoprazole/amoxicillin/clarithromycin™
- OMECLAMOX™
- PREVACO™

Effective July 1, 2017, the following agents will be removed from the list of branded agents classified as generics meaning that they will now count as a brand toward members’ monthly prescription limits and copays. Any requests for these brand name agents will require a new prior authorization effective July 1, 2017.

- BENICAR HCT™
- EPZICOM™
- PRISTIQ™
- RAYALDEE™
- SOLQUA™
- SYNAGOS DC™
- TYLENOL WITH CODEINE™
- XULTOPHY™

In order to facilitate transition to the generic products, the following products will pay at point of sale for patients with existing prior authorizations for the brand name equivalent. Please transition your patients to the generic products as soon as possible to allow minimal disruption for the patient and avoid unnecessary delays at the pharmacy.

- olmesartan HCTZ™
- desvenlafaxine ER™

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. Please refer to the document “Drug Criteria Listing” located at: https://tenncare.magellanhealth.com for additional information.

<table>
<thead>
<tr>
<th>OVERRIDE TYPE</th>
<th>OVERRIDE NCPDP FIELD</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency 3-Day Supply of Non-PDL Product</td>
<td>Prior Authorization Type Code (D.0 461-EU)</td>
<td>8</td>
</tr>
<tr>
<td>Hospice Patient (Exempt from Co-pay)</td>
<td>Patient Residence (D.0 384-4X)</td>
<td>11</td>
</tr>
<tr>
<td>Pregnant Patient (Exempt from Co-pay)</td>
<td>Pregnancy Indicator (D.0 335-2C)</td>
<td>2</td>
</tr>
<tr>
<td>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.</td>
<td>Submission Clarification Code (D.0 420-DK)</td>
<td>2</td>
</tr>
<tr>
<td>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.</td>
<td>Submission Clarification Code (D.0 420-DK)</td>
<td>6</td>
</tr>
</tbody>
</table>

Important Phone Numbers:

<table>
<thead>
<tr>
<th>Service/Center</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>TennCare Family Assistance Service Center</td>
<td>866-311-4287</td>
</tr>
<tr>
<td>TennCare Fraud and Abuse Hotline</td>
<td>800-433-3982</td>
</tr>
<tr>
<td>TennCare Pharmacy Program Fax</td>
<td>888-298-4130</td>
</tr>
<tr>
<td>Magellan Pharmacy Support Center</td>
<td>866-434-5520</td>
</tr>
<tr>
<td>Magellan Clinical Call Center</td>
<td>866-434-5524</td>
</tr>
<tr>
<td>Magellan Call Center Fax</td>
<td>866-434-5523</td>
</tr>
</tbody>
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Helpful TennCare Internet Links:

- Page 2 of 3-
- 06/01/2017
Magellan: [https://tenncare.magellanhealth.com](https://tenncare.magellanhealth.com)
TennCare website: [www.tn.gov/tenncare/](http://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](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.