



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU 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 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>. 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>

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, MEPRON^{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}, paricalcitol 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}

- FIORNAL WITH CODEINE
- FUZEON^{PA}
- IMPAVIDO^{PA}
- INTELENCE^{PA}
- lansoprazole/amoxicillin/clarithromycin^{PA}
- OMECLAMOX^{PA}
- PREVPAC^{PA}
- PYLERA^{PA}
- RAYALDEE^{PA}
- SOLIQUA^{PA, QL}
- SYNALGOS DC^{PA}
- TYLENOL WITH CODEINE^{PA}
- XULTOPHY^{PA, QL}

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.**

- EPZICOM

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^{QL}
- PRISTIQ^{PA, QL}

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^{QL}
- desvenlafaxine ER^{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. Please refer to the document “Drug Criteria Listing” located at: <https://tenncare.magellanhealth.com> for additional information.

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
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:

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/

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.