



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 11-1-15**

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. A copy of the new PDL will be posted November 1, 2015 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>

**Effective November 1, 2015**, agents in the following PDL classes will be subject to prior authorization for patients with an intellectual or developmental disability (I/DD). For a list of agents in each PDL class, please refer to the PDL posted at: <https://tenncare.magellanhealth.com>

- **Anti-Anxiety Agents**
- **Antidepressants: SSRIs**
- **Antidepressants: SSRI/SRM**
- **Antidepressants: SNRIs**
- **Antidepressants: New Generation**
- **Antidepressants: MAOIs**
- **Antidepressants: Tricyclics**
- **Antipsychotics: Typicals**
- **Antipsychotics: Atypicals**
- **Atypical Antipsychotic/SSRI Combination**
- **Sedative Hypnotics**

In general, prior authorization for agents in these classes for patients with I/DD may be obtained by one of the following pathways:

- Prescriber has completed the State's training program on the appropriate use of psychotropic medications for individuals with I/DD. The title of the training is: APPROPRIATE USE OF PSYCHOTROPIC MEDICATIONS FOR PEOPLE WITH IDD: HELPING INDIVIDUALS GET THE BEST BEHAVIORAL HEALTH CARE. The training can be accessed and completed online at: <https://cme.mc.vanderbilt.edu/content/appropriate-use-psychotropic-medications-people-idd-helping-individuals-get-best-behavioral>

*Note: 1 hour of free continuing medical education units are available upon completion of the 90-minute training. Completion of training is required only once, regardless of the number of patients with I/DD. Training can be completed in 10-15 minute intervals in any order and dispersed per preferences of the reviewer.*

- Completed mental health assessment applicable to behavioral symptoms for which the medication is being prescribed, AND
  - Underlying physical condition such as pain, discomfort, and environmental issues have been evaluated, treated, and behavioral symptoms persist, AND
  - Non-pharmacological interventions have been tried and behavioral symptoms persist and training and support have been provided to family or other caregivers.
- Short-term therapy when behavioral symptoms are significant enough to place the person at potential risk or needing higher level of care or loss of community placement or for continuation of existing therapy to address serious and ongoing behavioral symptoms while other prior authorization criteria are met.

Note: Patients with disorders related to Intellectual and Developmental Disabilities AND a concomitant diagnosis specified with drug specific criteria will be subject to the diagnosis specific criteria. Additionally, drug specific step therapy, Non-Preferred criteria and Brand Medically Necessary Criteria will still apply to this patient population.

**Changes to Prior Authorization Criteria (PA, OL) for the PDL**

- naltrexone<sup>PA</sup>
- REVIA<sup>PA</sup>

**NOTE:**

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which 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**

| <b>OVERRIDE TYPE</b>   | <b>OVERRIDE NCPDP FIELD</b>                | <b>CODE</b> |
|--|--|-------------|
| 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 <sup>®</sup> ), Hizentra <sup>®</sup> , Vivaglobin <sup>®</sup> - 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.0 420-DK) | 2           |
| Titration Dose Override for the following select drugs/drug classes: clozapine/Clozaril <sup>®</sup> , Suboxone <sup>®</sup> , Zubsolv <sup>®</sup> and buprenorphine- will allow up to four prescription fills to process for the same drug within a month of the initial prescription without the subsequent fills counting against the enrollee’s monthly RX limit.   | Submission Clarification Code (D.0 420-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/](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> 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.**