



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) CHANGES FOR TENNCARE

TennCare is continuing the process of reviewing all covered drug classes. Many of the changes to follow are a result of new contractual opportunities offered through our pharmacy benefit vendor, Magellan Health Services. 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 October 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>

Below is a summary of the upcoming PDL changes along with the effective dates for the changes. Please note that the following summary only lists drugs for which the PDL status will change – for drugs not listed, the PDL status will remain the same.

<u>Analgesics</u>			
Buprenorphine & buprenorphine/naloxone			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
SUBOXONE FILM ^{PA,QL}	Preferred	Non-Preferred	10/1/15
ZUBSOLV ^{PA,QL}	Preferred	Non-Preferred	10/1/15
Long-Acting Narcotics			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
EMBEDA ^{PA,QL}	Non-Preferred	Preferred	10/1/15
morphine sulfate SA ^{PA,QL}	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
Non-steroidal Antiinflammatory Drugs (NSAIDS)			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
flurbiprofen	Preferred	Non-Preferred	11/1/15
ketoprofen	Preferred	Non-Preferred	11/1/15
piroxicam	Preferred	Non-Preferred	11/1/15
Salicylates & Non-Narcotic Combination Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
diflunisal	Preferred	Non-Preferred	11/1/15

Short-Acting Narcotics			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
hydrocodone/ibuprofen ^{QL}	Non-Preferred	Preferred	10/1/15
IBUDONE ^{QL}	Preferred	Non-Preferred	10/1/15
oxycodone capsule ^{QL}	Preferred	Non-Preferred	10/1/15
Effective 10/1/15, IBUDONE ^{QL} 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.			
Transmucosal Fentanyl Products			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
fentanyl lozenge ^{PA,QL}	Preferred	Non-Preferred	10/1/15
Anti-infectives			
Antibiotics: Macrolides			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
erythromycin base tablets	Preferred	Non-Preferred	11/1/15
Antivirals: Herpes			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ZOVIRAX suspension	Non-Preferred	Preferred	10/1/15
acyclovir suspension	Preferred	Non-Preferred	10/1/15
Effective 10/1/15, ZOVIRAX suspension will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Cardiovascular Agents			
ACEI + Diuretic Combination			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
benazepril/HCTZ ^{PA}	Preferred	Non-Preferred	12/1/15
Anticoagulants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
XARELTO ^{PA,QL}	Non-Preferred	Preferred	10/1/15
Lipotropics: Bile Acid Sequestrants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
colestipol	Non-preferred	Preferred	10/1/15
Lipotropics: Fibric Acid Derivatives			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
fenofibrate ^{PA}	Preferred	Non-Preferred	10/1/15
TRICOR ^{PA}	Non-Preferred	Preferred	10/1/15
TRILIPIX ^{PA}	Non-Preferred	Preferred	10/1/15
Effective 10/1/15, Tricor ^{PA} & TRILIPIX ^{PA} will be added to the list of branded agents classified as generics meaning that they will now count as generics toward members' monthly prescription limits and copays.			
Lipotropics: Niacin Derivatives			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
NIASPAN ^{PA}	Non-Preferred	Preferred	10/1/15
niacin ER ^{PA}	Preferred	Non-Preferred	10/1/15
Effective 10/1/15, NIASPAN ^{PA} will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Platelet Aggregation Inhibitors			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
BRILINTA ^{PA,QL}	Non-Preferred	Preferred	10/1/15

Central Nervous System Agents			
Agents for Neuropathic Pain			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
duloxetine ^{PA,QL}	Non-Preferred	Preferred	10/1/15
Alzheimers: NMDA Receptor Antagonists			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
memantine ^{PA,QL}	Non-Preferred	Preferred	10/1/15
Effective 10/1/15, Namenda^{PA,QL} 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.			
Anticonvulsants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
carbamazepine tabs & suspension	Preferred	Non-Preferred	11/1/15
carbamazepine ER	Preferred	Non-Preferred	11/1/15
DEPAKOTE Sprinkles	Non-preferred	Preferred	10/1/15
divalproex DR sprinkles	Preferred	Non-Preferred	11/1/15
TEGRETOL tabs & suspension	Non-preferred	Preferred	10/1/15
TEGRETOL-XR 200 & 400 MG	Non-preferred	Preferred	10/1/15
Effective 10/1/15, DEPAKOTE Sprinkles, Tegretol & Tegretol XR will be added to the list of branded agents classified as generics meaning that they will now count as generics toward members' monthly prescription limits and copays.			
Antidepressants: SNRIs			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
duloxetine ^{PA,QL}	Non-Preferred	Preferred	10/1/15
venlafaxine ^{PA,QL}	Preferred	Non-Preferred	10/1/15
Antidepressants: SSRIs			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
escitalopram solution ^{QL}	Preferred	Non-Preferred	10/1/15
LEXAPRO solution ^{QL}	Non-Preferred	Preferred	10/1/15
Effective 10/1/15, LEXAPRO solution^{QL} will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Antihyperkinesia: Non-Stimulants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
guanfacine ER ^{QL}	Non-Preferred	Preferred	10/1/15
Effective 10/1/15, guanfacine ER^{QL} will no longer require prior authorization.			
Antihyperkinesia: Stimulants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
dextraamphetamine solution ^{PA≥21, QL}	Preferred	Non-Preferred	10/1/15
methamphetamine ^{PA≥21, QL}	Preferred	Non-Preferred	10/1/15
Atypical Antipsychotics			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
INVEGA TRINZA ^{PA,QL}	N/A	Non-Preferred	10/1/15
Mood Stabilizers			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
carbamazepine tabs & suspension	Preferred	Non-Preferred	11/1/15
TEGRETOL tabs & suspension	Non-preferred	Preferred	10/1/15
Effective 10/1/15, TEGRETOL will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			

Dermatologic Agents			
Retinoids, Topical			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
DIFFERIN ^{PA}	Non-preferred	Preferred	10/1/15
Effective 10/1/15, DIFFERIN^{PA} will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Topical Steroid, Least Potent			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
TEXACORT	Non-preferred	Preferred	10/1/15
Topical Steroids, Upper Mid Strength			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
betamethasone valerate 0.1% ointment	Non-preferred	Preferred	10/1/15
fluocinonide 0.05% emulsified base cream	Preferred	Non-Preferred	10/1/15
Topicals Steroids, Potent			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
fluocinonide 0.05% cream, gel & ointment	Preferred	Non-Preferred	10/1/15
Endocrine & Metabolic Agents			
Bone Resorption			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
MIACALCIN nasal spray ^{PA,QL}	Preferred	Non-Preferred	11/1/15
Diabetes: DPP4 Inhibitors & Combinations			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
JANUMET XR ^{PA,QL}	Non-preferred	Preferred	10/1/15
Diabetes: Insulins			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
LANTUS SOLOSTAR	Non-preferred	Preferred	10/1/15
LEVEMIR FLEXTOUCH	Non-preferred	Preferred	10/1/15
NOVOLIN N	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
NOVOLIN R	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
NOVOLIN 70/30	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
NOVOLOG vials & FlexPens	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
NOVOLOG MIX 70/30 vials & Flex Pens	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15
Diabetes: Meglitinides & Combinations			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
repaglinide ^{QL}	Non-preferred	Preferred	10/1/15
Growth Hormone Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
NORDITROPIN ^{PA}	Preferred	Non-Preferred	10/1/15, current users will be grandfathered until 12/1/15

Gastrointestinal Agents			
5-ASA Derivatives, Oral			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
balsalazide ^{QL}	Preferred	Non-Preferred	11/1/15
LIALDA ^{QL}	Preferred	Non-Preferred	11/1/15
PENTASA ^{QL}	Preferred	Non-Preferred	11/1/15
Combination Agents for H. Pylori			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
Pylera ^{PA,QL}	Non-Preferred	Preferred	10/1/15
Laxatives			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
PEG 3350 powder pack	Preferred	Non-Preferred	11/1/15
Pancreatic Enzymes			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
pancrelipase	Non-Preferred	Preferred	10/1/15
Immunologic Agents			
Immunomodulators			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
CIMZIA ^{PA,QL}	Preferred	Non-Preferred	10/1/15, existing PAs will be honored through current end date
COSENTYX ^{PA,QL}	N/A	Non-Preferred	10/1/15
Immunosuppressants			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
RAPAMUNE tablets	Non-Preferred	Preferred	10/1/15
Effective 10/1/15, RAPAMUNE will be added to the list of branded agents classified as generics. This agent will carry a generic dispensing fee and co-pay; however, it is included in the Auto Exemption list; therefore, it does not count toward prescriptions limits.			
Multiple Sclerosis Agents: Oral Disease Modifying Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
GILENYA ^{PA,QL}	Non-Preferred	Preferred	10/1/15
Miscellaneous Agents			
Hereditary Angioedema Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
Firazyr ^{PA}	N/A	Non-Preferred	10/1/15
Kalbitor ^{PA}	N/A	Preferred	10/1/15
Ophthalmic Agents			
Ophthalmic Antibiotic/Steroid Combination			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
TOBRADEX suspension	Non-preferred	Preferred	10/1/15
tobramycin/dexamethasone suspension	Preferred	Non-Preferred	10/1/15
Effective 10/1/15, TOBRADEX suspension will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Ophthalmic Antihistamines			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
PAZEO ^{QL}	Non-preferred	Preferred	10/1/15

Ophthalmic Steroids			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
DUREZOL	Non-preferred	Preferred	10/1/15
Renal & Genitourinary Agents			
Alpha Blockers for BPH			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
alfuzosin ^{QL}	Non-Preferred	Preferred	10/1/15
Urinary Tract Antispasmodics			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
tolterodine ^{QL}	Preferred	Non-preferred	11/1/15
Respiratory Agents			
Anaphylaxis Therapy Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ADRENAClick ^{QL}	Non-preferred	Preferred	10/1/15
AUVI-Q ^{QL}	Non-preferred	Preferred	10/1/15
epinephrine injectable ^{QL}	Non-preferred	Preferred	10/1/15
EPI-PEN ^{QL}	Preferred	Non-Preferred	10/1/15
EPI-PEN, JR ^{QL}	Preferred	Non-Preferred	10/1/15
Effective 10/1/15, Epi-Pen 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 10/1/15, ADRENAClick^{QL} and AUVI-Q^{QL} will be added to the list of branded agents classified as generics. These agents will carry a generic dispensing fee and co-pay; however, it is included in the Auto Exemption list; therefore, they do not count toward prescriptions limits.			
Antihistamines, Non-sedating			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
CETIRIZINE 5 MG/5 ML SOLUTION	Preferred	Non-Preferred	11/1/15
Cystic Fibrosis Agents			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
KITABIS Pak ^{PA,QL}	N/A	Preferred	10/1/15
Effective 10/1/15, TOBI inhalation solution^{PA,QL} 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. Any requests for brand name TOBI inhalation solution^{PA,QL} will require a new prior authorization effective October 1, 2015. In order to facilitate transition to the generic product, tobramycin inhalation solution ^{PA,QL} will pay at point of sale for patients with existing prior authorizations effective September 3, 2015. 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			
Steroids, Intranasal			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
QNASL ^{QL}	Preferred	Non-Preferred	10/1/15
Steroids, Orally Inhaled			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
PULMICORT Flexhaler ^{QL}	Preferred	Non-Preferred	10/1/15 current users will be grandfathered until 12/1/15

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

- ABSTRAL^{PA,QL}
- ACTIQ^{PA,QL}
- AUBAGIO^{PA,QL}
- benazepril/HCTZ^{PA}
- CIMZIA^{PA,QL}
- COSENTYX^{PA,QL}
- duloxetine^{PA,QL}
- EFFIENT^{PA,QL}
- ELIQUIS^{PA,QL}
- EMBEDA^{PA,QL}
- fenofibrate^{PA}
- FENTORA^{PA,QL}
- FIRAZYR^{PA}
- INVEGA TRINZA^{PA,QL}
- HELIDAC^{PA,QL}
- JANUMET XR^{PA,QL}

- KALBITOR^{PA}
- KITABIS Pak^{PA,QL}
- lansoprazole/amoxicillin/clarithromycin^{PA,QL}
- LAZANDA^{PA,QL}
- MIACALCIN nasal spray^{PA,QL}
- OMECLAMOX^{PA,QL}
- PRADAXA^{PA,QL}
- PREVPAC^{PA,QL}
- SUBOXONE FILM^{PA,QL}
- SUBSYS^{PA,QL}
- TECFIDERA^{PA,QL}
- TRICOR^{PA}
- TRILIPIX^{PA}
- venlafaxine^{PA,QL}
- ZUBSOLV^{PA,QL}

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

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 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 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.