PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 4-1-16

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 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 April 1, 2016 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 April 1, 2016.

ANALGESICS

Narcotics, Long-Acting Narcotics
- The following agents will remain as preferred: EMBEDA PA, QL. fentanyl patch (excluding 37.5 mg/hr, 62.5 mg/hr, and 87.5 mg/hr) PA. QL. and KADIAN PA ≥ 100mg, QL.
- The following agent will be added to the PDL as non-preferred: BELBUCA PA, QL. Additionally, the following agents will remain as non-preferred: AVINZA PA, QL. BUTTRANS PA QL. CONZET PA QL. DOLOPHINE PA, QL. DURAGESIC PA, QL. EXALGO PA QL. fentanyl patch (37.5 mg/hr, 62.5 mg/hr, and 87.5 mg/hr) PA, QL. hydromorphone ER PA, QL. HYSTON PA, QL. methadone PA, QL. METHADONE PA, QL. morphine sulfate ER capsules PA, QL. morphine sulfate SA PA ≥ 100mg, QL. morphine sulfate SR 24hr PA, QL. MS CONTIN PA, QL. NUCYNTA ER PA, QL. OPIANA ER PA, QL. OXYCONTIN PA, QL. oxydode ER PA, QL. oxycodone ER PA, QL. tramadol ER PA, QL. tramadol 24 hr PA, QL. tramadol ER PA, QL. ULTRAM ER PA, QL. and ZOHYDRO ER PA, QL.

ANTI-INFECTIVES

Antifungals: Oral
- The following agents will remain as preferred: clotrimazole troches, fluconazole suspension PA, fluconazole tablets QL. griseofulvin ultramicrosize, griseofulvin suspension, nystatin, and terbinafine PA, QL.
- The following agent will be added to the PDL as non-preferred: ORAVIG PA. Additionally, the following agents will remain as non-preferred: ANCOPIN PA. CRESEMB PA. DIFLUCAN suspension PA. DIFLUCAN tablets, flucytosine PA. GRIFULVIN V. griseofulvin microsize, GRIS-PEG, itraconazole PA, QL. ketoconazole PA. LAMISIL PA, QL. NOXAFIL PA. ONMEL PA, QL. SPORANOX PA, QL. TERBINEX PA, QL. VIFEND PA. and voriconazole PA.

Hepatitis C Antivirals
- The following agent will be added to the PDL as non-preferred: ZEPATIER PA, QL.
- All other agents in this class will retain their current PDL status.

CARDIOVASCULAR AGENTS

Angiotensin II Receptor Blockers/Nepriylsin Inhibitors
- The following agents will be added to the PDL as non-preferred: ENTRESTO PA, QL.

Beta Blockers
- The following agents will remain as preferred: atenolol, metoprolol tartrate, propranolol (excluding solution), nadolol, and sotalol.
- The following agent will be added to the PDL as non-preferred: SOTYLINE PA. Additionally, the following agents will remain as non-preferred: acebutolol. BETAPACE, betaxolol, bisoprolol fumarate PA. BYSTOLIC. CORGARD,
Diuretics: Carbonic Anhydrase Inhibitors
- The following agents will remain as preferred: acetazolamide and methazolamide.
- The following agent will be added to the PDL as non-preferred: KEVEYIS PA, QL. The following agents will remain as non-preferred: DIAMOX Sequels.

Platelet Inhibitors
- The following agents will remain as preferred: AGGRENEX, anagrelide, BRILINTA PA, QL, cilostazol, clopidogrel 75mg, dipyridamole, ticlopidine.
- The following agents will be added to the PDL as non-preferred: DURALAZA PA, QL. Additionally, the following agents will remain non-preferred: AGRYLIN, aspirin/dipyridamole, clopidogrel, EFFIENT PA, PERSANTINE, PLAVIX, PLETAL, and ZONTIVITY PA, QL.

CENTRAL NERVOUS SYSTEM
Anti-Migraine: 5-HT1 Receptor Agonists
- The following agents will remain as preferred: IMITREX NASAL QL, RELPAX QL, rizatriptan QL, rizatriptan ODT QL, sumatriptan vials QL, and sumatriptan tabs QL.
- The following agents will be added to the PDL as non-preferred: ZUCUTY PA, QL. Additionally, the following agents will remain as non-preferred: ALSUMA QL, almotriptan PA, QL, AMERGE QL, AXERT QL, FROVA QL, IMITREX injectable QL, IMITREX Kit PA, QL, IMITREX tablets QL, MAXALT QL, MAXALT MLT QL, naratriptan QL, sumatriptan kits PA, QL, sumatriptan nasal QL, SUMAVEL DosePro PA, QL, TREXIMET QL, ZOMIG QL, ZOMIG Spray QL, ZOMIG ZMT QL, and zolmitriptan QL.

ENDOCRINE & METABOLIC AGENTS
Diabetes: Insulin
- The following agents will be added as non-preferred: TRESIBA Flextouch PA. Additionally, the following agents will remain as non-preferred: AFREZZA PA, QL, APIDRA, APIDRA Solostar, HUMALOG 200mg/ml PA, NOVOLIN N, NOVOLIN R, NOVOLIN 70/30, NOVOLIN vials, NOVOLOG Flex Pen PA, NOVOLOG Mix 70/30 Flex Pen PA, NOVOLOG Mix 70/30 vials, and TOUJEO Solostar PA.

Diabetes: SGLT2 Inhibitors and Combinations
- The following agents will be added to the PDL as non-preferred: SYNJARDY PA, QL. Additionally, the following agents will remain as non-preferred: FARPXIO PA, QL, GLYXAMI PA, QL, INVOKAMET PA, QL, INVOKANA PA, QL, JARDIANE PA, QL, and XIGDUO XR PA, QL.

GASTROINTESTINAL
Anti-Emetics: NK-1 Antagonists
- The following agents will be added to the PDL as non-preferred: VARUBI PA, QL. Additionally, the following agents will remain as non-preferred: AKYNZEO PA, QL, and EMEND PA, QL.

RESPIRATORY
Anticholinergics, Inhaled
- The following agents will remain as preferred: albuterol/ipratropium QL, ATROVENT HFA QL, COMBIVENT MDI QL, COMBIVENT Respimat QL, ipratropium solution QL, and SPIRIVA QL.
- The following agent will be added to the PDL as non-preferred: SEEBRI NEOHALER PA, QL, and UTIBRON NEOHALER PA, QL. Additionally, the following agents will remain non-preferred: ANORO ELLIPTA PA, QL, INCRUSE ELLIPTA QL, SPIRIVA RESPIMAT QL, STILOTO RESPIMAT PA, QL, and TUDORZA QL.

VITAMINS AND ELECTROLYTES
Potassium Depleters
- The following agents will remain preferred: kalexate, KIONEX, and sodium polystyrene sulfonate.
- The following agent will be added to the PDL as non-preferred: VELTASSA PA, QL. Additionally, the following agents will remain as non-preferred: KAYEXALATE and SPS.
Changes to Prior Authorization Criteria (PA, QL) for the PDL

- ACIPHEX SPRINKLES PA, QL
- alosetron PA, QL
- AMITIZA PA, QL
- BELBUCA PA, QL
- COSENTYX PA, QL
- DAKLINZA PA, QL
- ENTRESTOPA
- FULYZAQ PA
- HARVONI PA, QL
- KEVEYIS PA, QL
- LINZESS PA, QL
- LOTRONEX PA, QL
- OLYSIO PA, QL
- ORAVIG PA

- PEGASYS PA > 24 weeks, QL
- SEEBRI NEOHALER PA, QL
- STRENSIQ PA
- SOVALDI PA, QL
- SOTYLIZE PA
- TECHNIVIE PA, QL
- TRESIBA FLEXTOUCH PA
- UTIBRON NEOHALER PA, QL
- VARUBI PA, QL
- VELTASSA PA, QL
- ZECUITY PA, QL
- ZEPATIER 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

<table>
<thead>
<tr>
<th>OVERRIDE TYPE</th>
<th>OVERRIDE NCPDP FIELD</th>
<th>CODE</th>
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<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>
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</tr>
<tr>
<td>Pregnant Patient (Exempt from Co-pay)</td>
<td>Pregnancy Indicator (D.0 335-2C)</td>
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<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>
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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.