Angiotensin II Receptor Blockers/Neprilysin Inhibitors

CARDIOVASCULAR

https://tenncare.magellanhealth.com

1, 2016 to https://tenncare.magellanhealth.com

switching to preferred products will decrease delays in receiving their medications. A copy of the new PDL will be posted April

taking may be considered non-preferred agents in the future. Please inform your patients who are on these medications that

ANALGESICS

Below is a summary of the PDL changes that will be effective April 1, 2016.

**ANTALGESICS**

Narcotics, Long-Acting Narcotics

- The following agents will remain as preferred: Embeda PA ≥ 100mg, QL, fentanyl patch (excluding 37.5 mg/hr, 62.5 mcg/hr, and 87.5 mcg/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, Brutrans PA, QL, ConZip PA, QL, Dolophine PA, QL, Duragesic PA, QL, Exalgo PA, QL, fentanyl patch (37.5 mcg/hr, 62.5 mcg/hr, and 87.5 mcg/hr) PA, QL, hydromorphone ER PA, QL, Hydingla ER PA, QL, methadone PA, QL, Methadose PA, QL, morphine sulfate ER capsules PA, QL, morphine sulfate SA PA, QL, morphine sulfate SR 24hr PA, QL, MS Contin PA, QL, Nucentia ER PA, QL, Opana 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: Ancobon PA, Cresemba PA, Diflucan suspension PA, Diflucan tablets, fluconosine PA, Grifulvin V, griseofulvin microsize, Gris-PEG, itraconazole PA, QL, ketoconazole PA, Lamisil PA, QL, Nizoral PA, QL, Onmel PA, QL, Sporanox PA, QL, Terbexin PA, QL, Vfend 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/Neprilysin Inhibitors

- The following agent 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: Sotylize 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. The following agents will remain as non-preferred: DiaMox Sequels.

**Platelet Inhibitors**
- The following agents will remain as preferred: Aggrenox, anagrelide, Brilinta, cilostazol, clopidogrel 75mg, dipyridamole, ticlopidine.
- The following agents will be added to the PDL as non-preferred: Durlaza. Additionally, the following agents will remain non-preferred: Astrylin, aspirin/dipyridamole, clopidogrel, Effient, Persantine, Plavix, Pletal, and Zontivity.

**CENTRAL NERVOUS SYSTEM**

**Anti-Migraine: 5-HT1 Receptor Agonists**
- The following agents will remain as preferred: Imitrex, Nasonex, Relpax, rizatriptan, sumatriptan ODT, sumatriptan vials, and sumatriptan tabs.
- The following agents will be added to the PDL as non-preferred: Zucuity. Additionally, the following agents will remain as non-preferred: Alsuma, almotriptan, AMerge, Axert, Provig, Imitrex injectable, Imitrex tablets, Maxalt, Maxalt MLT, naratriptan, sumatriptan kits, sumatriptan nasal, Sumavel DosePro, Treximet, Zomig, Zomig Spray, Zomig ZMT, and zolmitriptan.

**ENDOCRINE & METABOLIC AGENTS**

**Diabetes: Insulin**
- The following agents will be added as non-preferred: Tresiba FlexTouch. Additionally, the following agents will remain as non-preferred: Afrezza, Apidra, Apidra Solostar, Humalog 200mg/ml, Novolin N, Novolin R, Novolin 70/30, Novolin vials, NovoLog Flex Pen, NovoLog Mix 70/30 Flex Pen, NovoLog Mix 70/30 vials, and Toujeo Solostar.

**Diabetes: SGLT2 Inhibitors and Combinations**
- The following agents will be added to the PDL as non-preferred: Syjardy. Additionally, the following agents will remain as non-preferred: Farxiga, Glyxambi, Invokamet, Invokana, Jardiance, and Xigduo XR.

**GASTROINTESTINAL**

**Anti-Emetics: NK-1 Antagonists**
- The following agents will be added to the PDL as non-preferred: Varubi. Additionally, the following agents will remain as non-preferred: Akynzeo, and Emed.

**RESPIRATORY**

**Anticholinergics, Inhaled**
- The following agents will remain as preferred: albuterol/ipratropium, Atrovent HFA, Combivent MDI, Combivent Respimat, ipratropium solution, and Spiriva.
- The following agents will be added to the PDL as non-preferred: Seebri Neohaler and Utibron Neohaler. Additionally, the following agents will remain non-preferred: Anoro Ellipta, Incruse Ellipta, Spiriva Respimat, Stiolto Respimat, and Tudorza.

**VITAMINS AND ELECTROLYTES**

**Potassium Depleters**
- The following agents will remain preferred: Kalexate, Kionex, and sodium polystyrene sulfonate.
- The following agents will be added to the PDL as non-preferred: Veltassa. 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
- AMITIZA PA, QL
- BELBUCA PA, QL
- COSENTYX PA, QL
- DAKLINZA PA, QL
- ENTRESTO
- FULYZAQ PA
- HARVONY PA, QL
- KEVEYIS PA, QL
- LINZESS PA, QL
- LOTRONEX PA, QL
- OLYSIO PA, QL
- ORAVIG PA
- PEGASYS PA> 24 weeks, QL
- SEEEBRI 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
- VIEKIRA PAK PA, QL
- XIFAXAN 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>
</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>
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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.