



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 1-1-16

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 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 January 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 January 1, 2016.

CARDIOVASCULAR AGENTS

Lipotropics: PCSK-9 Inhibitors

- The following agents will be added to the PDL as non-preferred: PRALUENT^{PA, QL} and REPATHA^{PA, QL}.

Oral Anticoagulants

- The following agents will remain as preferred: COUMADIN, JANTOVEN, warfarin, and XARELTO^{PA, QL}.
- The following agent will be added to the PDL as non-preferred: SAVAYSA^{PA, QL}. Additionally, the following agents will remain non-preferred: ELIQUIS^{PA, QL} and PRADAXA^{PA, QL}.

CENTRAL NERVOUS SYSTEM AGENTS

Antipsychotics, Atypical

- The following agent will be added to the PDL as non-preferred: ARISTADA^{PA}.
- All other agents in this class will retain their current PDL status.

ENDOCRINE & METABOLIC AGENTS

Diabetes: Insulins

- The following agent will be added to the PDL as non-preferred: TOUJEO SOLOSTAR^{PA}.
- All other agents in this class will retain their current PDL status.

Parathyroid Hormone

- The following agents will be added to the PDL as non-preferred: NATPARA^{PA, QL}.

GASTROINTESTINAL AGENTS

5-HT3 Receptor Antagonists (IBS)

- The following agent will be added to the PDL as non-preferred: alosetron^{PA, QL}. Additionally, the following agent will remain as non-preferred: LOTRONEX^{PA, QL}.

Agents for Opioid- Induced Constipation

- The following agent will be added to the PDL as non-preferred: MOVANTIK^{PA, QL}.

RESPIRATORY AGENTS

Cystic Fibrosis Agents: CFTR Potentiators

- The following agent will be added to the PDL as non-preferred: ORKAMBI^{PA, QL}. Additionally, the following agent will remain as non-preferred: KALYDECO^{PA, QL}.

Oral Anti-Allergens

- The following agents will be added to the PDL as non-preferred: GRASTEK^{PA, QL}, ORALAIR^{PA, QL} and RAGWITEK^{PA, QL}.

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

- ADVAIR HFA^{PA}
- alosetron^{PA, QL}
- ANORO ELLIPTA^{PA}
- ARISTADA^{PA}
- BROVANA^{PA}
- DALIRESP^{PA}
- GRASTEK^{PA, QL}
- KALYDECO^{PA}
- levalbuterol nebulizer solution^{PA}
- LOTRONEX^{PA}
- montelukast granules^{PA}
- montelukast tabs & chewables^{PA}
- MOVANTIK^{PA, QL}
- NATPARA^{PA, QL}
- ORALAIR^{PA, QL}
- ORKAMBI^{PA, QL}
- PERFORMIST^{PA}
- PRALUENT^{PA, QL}
- RAGWITEK^{PA, QL}
- REPATHA^{PA, QL}
- SAVAYSA^{PA, QL}
- SINGULAIR granules^{PA}
- SINGULAIR tabs & chewables^{PA}
- STIOLTO RESPIMAT^{PA}
- SYPRINE^{PA}
- TOUJEO SOLOSTAR^{PA}
- XOPENEX^{PA} nebulizer solution
- XOPENEX HFA^{PA}
- ZYFLO CR^{QL}

Removal of agents from list of branded agents classified as generics

Effective January 1, 2016, 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 January 1, 2016.**

- DUETACT^{PA, QL}
- ZYVOX tabs^{PA, QL}

In order to facilitate transition to the generic products, the following generic products will pay at point of sale for patients with existing prior authorizations effective December 4, 2015. 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.

- pioglitazone-glimepiride^{PA, QL}
- linezolid tabs^{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.0 420-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.0 420-DK) | 6 |

Important Phone Numbers:

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|-------------------------------------------|--------------|
| 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.