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 summarize the upcoming PDL 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 1-1-15**

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 January 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 PDL changes that will be effective January 1, 2015.

**CARDIOVASCULAR**
- **Beta Blockers**
  - The following agent will be added as non-preferred: HEMANGEOL<sub>PA</sub>
  - There will be no other changes to the current product listings in this class.

**CENTRAL NERVOUS SYSTEM**
- **Anti-convulsants:**
  - The following agent will be added as non-preferred: QUDEXY XR<sub>PA, QL</sub> and topiramate ER<sub>PA, QL</sub>.
  - There will be no other changes to the current product listings in this class.

- **Sedative Hypnotics**
  - The following agents will remain as preferred: zaleplon<sub>QL</sub> and zolpidem<sub>QL</sub>.
  - The following agent will be added as non-preferred: HELTIOZ<sub>PA, QL</sub>. The following agents will remain as non-preferred: AMBIEN<sub>QL</sub>, AMBIEN CR<sub>QL</sub>, eszopiclone<sub>QL</sub>, EDLUAR<sub>PA, QL</sub>, estazolam<sub>PA, QL</sub>, flurazepam<sub>PA, QL</sub>, Halcion<sub>PA, QL</sub>, Intermezzo<sub>QL</sub>, Lunesta<sub>QL</sub>, Restoril<sub>PA, QL</sub>, Rozerem<sub>QL</sub>, Sileno<sub>PA, QL</sub>, Sonata<sub>QL</sub>, temazepam<sub>PA, QL</sub>, triazolam<sub>PA, QL</sub>, zolpidem ER<sub>QL</sub>, and Zolpidem ER<sub>QL</sub>.

**GASTROINTESTINAL AGENTS**
- **Anti-virals, Hepatitis C Antivirals**
  - The following agents will remain as preferred: VICTRELIS<sub>PA, QL</sub>.
  - The following agent will be added as non-preferred: HARVONI<sub>PA, QL</sub>. The following agents will remain as non-preferred: OLYSIO<sub>PA, QL</sub> and SOVALDI<sub>PA, QL</sub>.
- Effective 1/1/15, all prior authorization requests for HARVONI<sub>PA, QL</sub> will be accepted via fax only. For a drug specific PA fax form, please visit: https://tenncare.magellanhealth.com

**ENDOCRINE & METABOLIC AGENTS**
- **SERM/Estrogen Combination**
  - The following agent will be added as non-preferred: DUAVEE<sub>PA, QL</sub>.

**IMMUNOLOGIC AGENTS**
- **Anti-inflammatory: PDE-4 Inhibitors**
  - The following agent will be added as non-preferred: OTEZLA<sub>PA, QL</sub>.

**NOTE:**

PA = Subject to specific Prior Authorization criteria
QL = Subject to quantity limits

-Page 1 of 2-

12/01/2014
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.

Changes to Prior Authorization Criteria (PA, QL) for the PDL (effective 1-1-15)

- DUAVEE PA, QL
- ELIQUIS PA, QL
- HARVONI PA, QL
- HEMANGEOL PA
- HETLIOZ PA, QL
- metoclopramide QL
- METOZOLV ODT QL
- OTEZLA PA, QL
- PRADAXA PA
- Qudexy XR PA, QL
- REGLAN QL
- topiramate ER PA, QL
- Trokendi XR PA, QL

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: 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. Two co-pays will apply.</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®, Bunavail®, 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. Two-co pays will apply.</td>
<td>Submission Clarification Code (D.0 420-DK)</td>
<td>6</td>
</tr>
</tbody>
</table>

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: 864-434-5523

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 documents 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.