



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 7-1-16**

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 July 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 July 1, 2016.**

**ANALGESICS**

**Naloxone**

- The following agent will be added to the PDL as preferred: NARCAN nasal spray<sup>PA, QL</sup>.
- The following agent will be added to the PDL as non-preferred: Evzio<sup>PA, QL</sup>.

**Changes to Prior Authorization Criteria and quantity limits for the PDL effective July 1, 2016**

**Effective July 1, 2016, prior authorization criteria for agents in the Short Acting Narcotics PDL class will be changed to include the following:**

- Must be prescribed by a provider with a Tennessee Medicaid Provider ID
- Pain agreement required for all PA required agents
- Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider
- Prior Authorization approval duration: 3 months
- Effective July 20, 2016: Quantity Limits: 7 day limit for all children with ACUTE pain, and for 1st fill for adults with ACUTE pain

**Effective July 1, 2016, prior authorization criteria for agents in the Long Acting Narcotics PDL class will be changed to include the following:**

Must be prescribed by a provider with a Tennessee Medicaid Provider ID

- Pain agreement required for all PA required agents. Please refer to the Opioid and Controlled Substance Agreement document located at: [https://tenncare.magellanhealth.com/static/docs/Program\\_Information/Patient\\_Med\\_Management\\_Agreement.pdf](https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf). All prior authorization fax forms will be updated to reflect this new requirement effective 7/1/16. In order to prevent a delay in processing time, please download new PA fax forms at: <https://tenncare.magellanhealth.com>.
- Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider
- Prior Authorization approval duration: 3 months
- Established opioid tolerance will be required before approval of opioids with REMS requirements (See chart below)

<b>Opioids Requiring a Risk Evaluation and Mitigation Strategy (REMS)</b>	
Avinza (morphine sulfate ER capsules)	Kadian(morphine sulfate ER capsules)
Butrans (buprenorphine transdermal system)	MS Contin (morphine sulfate CR tablets)
Dolophine (methadone hydrochloride tablets)	Nucynta ER(tapentadol ER tablets)
Duragesic (fentanyl transdermal system)	Opana ER (oxymorphone HCL ER tablets)
Embeda (morphine sulfate/naltrexone ER capsules)	OxyContin (oxycodone HCL CR tablets)
Exalgo (hydromorphone hydrochloride ER tablets)	Kadian(morphine sulfate ER capsules)

**Changes to Prior Authorization Criteria (PA, QL) for the PDL effective July 1, 2016**

- acarbose<sup>PA</sup>
- alogliptin<sup>PA</sup>
- alogliptin/metformin<sup>PA</sup> alogliptin/pioglitazone<sup>PA</sup>
- BYDUREON pens & vials<sup>PA</sup>
- BYETTA<sup>PA</sup>
- EVZIO<sup>PA</sup>
- FARXIGA<sup>PA</sup>
- GLYSET<sup>PA</sup>
- GLYXAMBI<sup>PA</sup>
- INVOKAMET<sup>PA</sup>
- INVOKANA<sup>PA</sup>
- JANUVIA<sup>PA</sup>
- JANUMET<sup>PA</sup>
- JANUMET XR<sup>PA</sup>
- JARDIANCE<sup>PA</sup>
- JENTADUETO<sup>PA</sup>
- KAZANO<sup>PA</sup>
- KOMBIGLYZE<sup>PA</sup>
- NESINA<sup>PA</sup>
- ONGLYZA<sup>PA</sup>
- OSENI<sup>PA</sup>
- PRECOSE<sup>PA</sup>
- NARCAN nasal spray<sup>PA, QL</sup>
- SYNJARDY<sup>PA</sup>
- TANZEUM<sup>PA</sup>
- TRULICITY<sup>PA</sup>
- TRADJENTA<sup>PA</sup>
- VICTOZA<sup>PA</sup>
- XIGDUO XR<sup>PA</sup>

**Effective July 1, 2016, all agents requiring prior authorization must be prescribed by a provider with a Tennessee Medicaid Provider ID.** Providers may register at: <http://tennessee.gov/tenncare/topic/provider-registration>. All prior authorization fax forms will be updated to reflect this new requirement effective 7/1/16. In order to prevent a delay in processing time, please download new PA fax forms at: <https://tenncare.magellanhealth.com>.

**Changes to QL for the PDL effective September 1, 2016**

Effective September 1, 2016, a quantity limit of 20 tablets per month will be implemented on all butalbital containing-products, including the following products and all equivalent products:

- butalbital/APAP<sup>QL</sup>
- butalbital/APAP/caffeine<sup>QL</sup>
- butalbital/APAP/caffeine/codeine<sup>QL</sup>
- butalbital/ASA/caffeine<sup>QL</sup>
- butalbital/ASA/caffeine/codeine<sup>QL</sup>

**Below is a summary of PDL additions that were made to the PDL effective June 1, 2016**

**ANALGESICS**

**Non-steroidal Anti-inflammatory Drugs**

- The following agent was added to the PDL as non-preferred: VIVLODEX<sup>PA, QL</sup>

**CENTRAL NERVOUS SYSTEM**

**Antihyperkinesia: Stimulants**

- The following agent was added to the PDL as non-preferred: DYANAVEL XR<sup>PA, QL</sup>

**DERMATOLOGICS**

**Topical Antipsoriatics**

- The following agent was added to the PDL as non-preferred: ENSTILAR<sup>PA</sup>

**ENDOCRINE & METABOLIC AGENTS**

**Antirheumatic: Kinase Inhibitors**

- The following agent was added to the PDL as non-preferred: XELJANZ XR<sup>PA, QL</sup>

**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**

<b>OVERRIDE TYPE</b>	<b>OVERRIDE NCPDP FIELD</b>	<b>CODE</b>
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 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.	Submission Clarification Code (D.0 420-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/](http://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.

<b>Thank you for your valued participation in the TennCare program.</b>
---