



**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.

Removal of agents from list of Covered Active Pharmaceutical Ingredients (APIs)

The FDA issued 2 finalized guidances on compounding related to sections 503A & 503B of FD&C Act (<http://www.fda.gov/Drugs/DrugSafety/ucm502075.htm>). Drug substances in category 2 or 3 cannot be used in compounding. In accordance with the FDA guidance, **effective September 1, 2016**, the following agents will be removed from the list of Covered Active Pharmaceutical Ingredients (APIs):

- Cellulose Microcrystals
- Lidocaine Powder
- Mannitol Powder
- Menthol Crystals
- Methylcellulose gel & powder
- Propylene Glycol Liquid
- Sodium Phosphate Dibasic Powder
- Sorbitol Solution
- Sulfur and Sulfur Sublimed Powder

Compounds containing any of the above ingredients will no longer be covered by TennCare effective September 1, 2016.

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 five 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:

TennCare Family Assistance Service Center

866-311-4287

TennCare Fraud and Abuse Hotline
TennCare Pharmacy Program Fax
Magellan Pharmacy Support Center
Magellan Clinical Call Center
Magellan Call Center Fax

800-433-3982
888-298-4130
866-434-5520
866-434-5524
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.