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 10-1-16

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 October 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 October 1, 2016.

CENTRAL NERVOUS SYSTEM

Anticonvulsants

- The following agent will be added to the PDL as non- preferred: BRIVIACT [PA, QL]. All other agents in the class will retain their current PDL placement.

Antipsychotics: Atypical

- The following agent will be added to the PDL as non- preferred: NUPLAZID [PA, QL]. All other agents in the class will retain their current PDL placement.

RESPIRATORY

Steroids, Intranasal

- The following agent will be moved to preferred: budesonide nasal spray [QL]. Additionally, the following agents will remain preferred: NASACORT OTC and fluticasone propionate [QL].
- The following agent will be moved to non- preferred: NASONEX [QL]. Additionally, the following agents will remain non-preferred: BECONASE AQ [QL], FLONASE [QL], flunisolide [QL], mometasone furoate [QL], NASACORT AQ [QL], OMNARIS [QL], QNASL [QL], RHINOCORT AQUA [QL], triamcinolone acetonide [QL], VERAMYST [QL], and ZETONNA [QL].

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

- ACTOS [PA]
- ACTOPLUS MET [PA]
- ACTOPLUS MET XR [PA]
- AKYNZEO [PA]
- AMARYL [PA]
- ANZEMET [PA]
- AVANDAMET [PA]
- AVANDARYL [PA]
- AVANDIA [PA]
- BRIVIACT [PA, QL]
- chlorpropamide [PA]
- DAKLINZA [PA]
- DIABETA [PA]
- DUETACT [PA]
- EMEND [PA]
- EPCLUSA [PA]
- glimepiride [PA]
- glipizide [PA]
- glipizide ER/XL [PA]
- GLUCOPHAGE [QL]
- GLUMETZA [QL]
- GLUCOTROL [PA]
- GLUCOTROL XL [PA]
- glyburide [PA]
- glyburide micronized [PA]
- GLYNASE PresTab [PA]
- granisetron [PA]
- HARVONI [PA]
- KYTRIL [PA]
- metformin [QL]
- metformin ER [QL] (generic for GLUMETZA)
- nateglinide [PA]
- NUPLAZID [PA, QL]
- OLYSIO [PA]
- ondansetron oral solution [PA]
- ondansetron tabs & ODT [PA, QL]
- pioglitazone [PA]
- pioglitazone/glimepiride [PA]
- pioglitazone/metformin [PA]
- PRANDIMET [PA]
- PRANDIN [PA]

- repaglinide [PA]
- repaglinide/metformin [PA]
- SANCUSO [PA]
- STARLIX [PA]
- SOVALDI [PA]
- TECHNIVIE [PA]
- tolazamide [PA]
- tolbutamide [PA]
- TRANSDERM SCOP [QL]
- VIEKIRA PAK [PA]
- VIEKIRA XR [PA]
- ZEPATIER [PA]
- ZOFRAN tabs & ODT [PA]
- ZOFRAN solution [PA]
- ZUPLENZ [PA]

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.

Recalls

GlaxoSmithKline (GSK) has issued an Urgent Voluntary Drug Recall for specific lots of Bactoban 2% cream, Bactroban 0.02% nasal ointment and Bactroban 2% ointment. Recalled product was distributed between December 2014 and July 2015. This action is being taken as a precautionary measure due to the potential for contamination during manufacturing. For more information on affected lots, please contact GSK or your distributor immediately.
https://www.statnews.com/pharmalot/2016/07/20/glaxosmithkline-fda-contamination-penicillin/

Impax Laboratories, Inc. issued a voluntary nationwide retail level recall on August 19, 2016 for one lot of Lamotrigine Orally Disintegrating Tablet (ODT) 200 mg, NDC 0115-1529-08, Lot # 502240. The affected lot was distributed between June 13, 2016 and August 10, 2016 to wholesale distributors and retail pharmacies nationwide. Each blister card within the unit-of-use blister pack is properly labeled as 100 mg ODT, however the plastic shell pack containing the 100 mg blister cards is labeled as 200 mg ODT. Shell-packs from the affected lot may contain 100 mg ODT instead of 200 mg ODT, and as a result, it is possible that consumers could take less than their intended lamotrigine dose. A reduction in dose may lead to reduced therapeutic effects of lamotrigine and reemergence of epilepsy or bipolar disorder symptoms.
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedi calProducts/ucm518486.htm

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 were removed from the list of Covered Active Pharmaceutical Ingredients (APIs):

- Cellulose Microcrystals
- Lidocaine Powder (Lidocaine HCl powder will remain on the covered API list)
- 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 42Ø-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 42Ø-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/

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.