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.

Removal of agents from list of branded agents classified as generics

Effective November 1, 2016, the following agents will be moved to non-preferred status on the TennCare PDL and 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. Effective November 1, 2016 these products will deny at POS for prior authorization required.

- LEXAPRO solution
- DEPAKOTE Sprinkles

In order to facilitate transition to the generic products, the following generic products have been moved to preferred status on TennCare’s PDL. Please transition your patients to the generic products as soon as possible to allow minimal disruption for the patient and avoid unnecessary delays at the pharmacy.

- escitalopram solution
- divalproex sodium sprinkles

Recalls

- Virtus Pharmaceuticals is voluntarily recalling seven batches of hyoscyamine sulfate (0.125mg) to the consumer level which include the tablet, sublingual, and orally disintegrating tablet form. This recall is being initiated due to both superpotent and subpotent test results. Virtus is notifying its distributors and retailers by letter and email and is arranging for return of all recalled drug product. Consumers, distributors, and retailers that have the recalled hyoscyamine sulfate product lots should stop using/distributing and return to place of purchase. [http://www.fda.gov/Safety/Recalls/ucm520847.htm](http://www.fda.gov/Safety/Recalls/ucm520847.htm)
- Novo Nordisk is recalling six batches of the GLUCAGEN HYPOKit in the U.S. due to two customer complaints from the UK and Portugal involving detached needles on the syringe with Sterile Water for Injection. To protect patient safety, Novo Nordisk is recalling affected batches from wholesalers, pharmacies and patients in the U.S. It is estimated that out of the 71,215 pens being recalled, four pens could be defective. [http://www.fda.gov/Safety/Recalls/ucm519872.htm](http://www.fda.gov/Safety/Recalls/ucm519872.htm)

TennCare 2016-2017 Synagis® Season:

- Magellan will begin accepting Synagis® Prior Authorization requests on 10/01/2016
• **Claims will be paid ONLY between 11/1/2016 and 4/30/2017 for all members** including members who have other primary coverage.
  - Claims billed prior to 11/1/2016 and after 4/30/2017 will not be eligible for primary or secondary billing to TennCare and will not be reimbursed.
  - **Please ensure that claims for Synagis® for TennCare enrollees are not processed prior to 11/1/2016, and Synagis® is NOT dispensed prior to 11/1/2016.**

• Despite differences in beginning and ending dates to RSV season in some states or regions, only a maximum of 5 doses will be approved during RSV season. If prophylaxis is initiated later in the RSV season, the infant or child will receive less than 5 doses.
  - For example, if prophylaxis is initiated in January, the 4th and final dose will be administered in April.
  - For eligible infants born during RSV season, fewer than 5 monthly doses may be needed.

• **Requirements for dispensing RSV Preventive agents are listed in section 2.26 of the Participating Pharmacy Agreement for Specialty Pharmacy providers found at [https://tenncare.magellanhealth.com](https://tenncare.magellanhealth.com)**
  - The absence of the RSV Preventative Agents MAR may be considered a material breach of contract by the dispensing Pharmacy. Such findings may result in monetary claim recoupment and subject the Specialty Pharmacy to immediate termination from the TennCare Pharmacy Network.

**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: 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.</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®, 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.</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 866-434-5523

**Helpful TennCare Internet Links:**
- Magellan: [https://tenncare.magellanhealth.com](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](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.**