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.

Exceeding Prescription Limits

There are **3 ways** a TennCare enrollee who is subject to prescription limits can receive prescriptions over and above the monthly limit; i.e., more than five prescriptions or two brand names per month:

1. **Auto-Exemption List:** A select list of drug products exempt from monthly script limit.
   - Only applicable to persons who have pharmacy coverage. Persons without pharmacy coverage may not obtain drugs on this list.
   - The pharmacy point-of-sale (POS) recognizes the list drugs and ensures that they are not counted toward the limit.

Auto-Exemption List - Drug Classes*		
Antineoplastics	Dialysis Medications	Long-acting Antipsychotics
Antiparkinsonian Agent	Flu Vaccine (injectables only)	Miscellaneous
Antitubercular Agents	Hematopoietic Agents	Prenatal Vitamins
Antivirals	Hepatitis C Agents	Respiratory Agents (generics only)
Cardiovascular Oral Agents (generic only)	Inhaled Antibiotics	Smoking Cessation Agents
Clotting Factors	Immunosuppressives	Supplies – Diabetes & Asthma
Contraceptives	Insulins	Total Parenteral Nutrition (TPN)
Diabetes Oral Agents (generic only)	Iron preparations	Transplant Agents

Full list available at: https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_AutoExempt_List.pdf

2. **Dose Titration Override:** A select list of drugs and/or drug classes the pharmacy provider is allowed to process a 2nd claim for within 21 days of the initial claim.
   - Pharmacy providers are allowed to process a second claim for the same medication within 21 days of the initial claim by placing a **"2"** or **"6"** in the Submission Clarification Code (SCC) field (NCPDP Field # 420-DK). Claims submitted in this manner for the same drug within 21 days of each other do not count toward the prescription limit.

Dose Titration List*		SCC
Anticoagulants	Jantoven, Coumadin, & warfarin	2
Anticonvulsants	All agents	2
Atypical Antipsychotics (See clozapine below)	All agents	2
Immune Globulin	Hizentra & Vivaglobin	2
Low Molecular Weight Heparins	Arixtra, Fragmin, Lovenox, & Innohep	2
Oral Oncology Agents	All agents (except Thalomid, methotrexate, leucovorin, hydroxyurea, & mercaptopurine)	2
Selective Serotonin Reuptake Inhibitors (SSRIs)	All agents	2
Selective Norepinephrine Reuptake Inhibitors (SNRIs)	All agents	2
Thrombopoietin Agonists	Promacta	2
Thyroid Hormones	levothyroxine	2
Xanthines	theophylline	2
Atypical Antipsychotics (clozapine)	Fazaclo ODT, Clozaril, Versacloz, & clozapine	6
Buprenorphine Containing Agents	Suboxone, Zubsolv, Bunavail, buprenorphine, & buprenorphine/naloxone	6

Full list available at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Dose_Titration.pdf

3. **<u>Prescriber Attestation List</u>:** A list of drugs an enrollee may receive if the prescriber attests the need for these drugs is urgent.

- ***How does the prescriber attestation process work?***
  - The prescriber determines that an additional prescription is needed to prevent serious health consequences, and the drug in question is <u>not</u> on the *Auto-Exemption List* or a duplicate drug on the *Dose Titration List*, but is on the *Prescriber Attestation List*.
  - For a drug that may be needed for longer than a one-month period, the **prescriber or prescriber's agent** must review the patient's full medication profile and subsequently attest that no viable option exists to substitute one of the drugs the patient receives under the prescription limit for the drug for which the special exemption is sought.
  - **The *TennCare Attestation List Fax Form*** must be *signed by the prescriber ONLY and FAXED back to Magellan via the number provided on the form as soon as possible.***
  - Upon receipt of the *TennCare Attestation List Fax Form* signed by the requesting prescriber, an override is entered, and the enrollee receives the prescription that helps avert an immediate threat of severe consequences.
- ***Please note the following:***
  - Prescribers should substitute from the *Auto-Exemption List* whenever possible.
  - Prescribers should prescribe combination products and 31 day supplies when appropriate
  - Prescription limit override requests are not considered for medications outside of the classes on the *Prescriber Attestation Drug List.*
  - **All Preferred Drug List, step therapy, clinical criteria, and utilization edits/criteria apply.**

Prescriber Attestation List – Drug Classes*		
Antianginals	Antivirals	Otics
Antiarrhythmics	Cardiac Glycosides	Pancreatic Enzymes
Antibiotics	Diuretics	Parkinson's Agents
Anticoagulants	Hyperkalemia Agents	Pheochromocytoma Agents
Anticonvulsants	Hypotensives	Potassium Supplements (Rx Only)
Antidepressants	Immune Globulins	Pulmonary Arterial Hypertension Agents
Antiemetics	Multiple Sclerosis Agents	Respiratory agents
Antifungals	Nitroglycerin preparations	Rheumatoid arthritis Agents
Antiparasitics	Ophthalmic preparations	Thyroid hormones?
Antiplatelets	Oral Steroids	Vasodilators
Antipsychotics	Oral Thrombopoietic Agents	Vasopressors

Full list available at: https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_Attestation_List.pdf

*Note: The above lists may not be all inclusive and are subject to change.

****See the next page for the "*TennCare Attestation List Fax Form*" which can also be found at:**

https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_RxLimit_Override_Attestation_Fax_Form.pdf

TN Division of Health Care Finance & Administration | TennCare

TennCare Pharmacy Drug Program
Prescription Limit Override Attestation Fax Form

Access this PA form at https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_RxLimit_Override_Attestation_Fax_Form.pdf

MEMBER INFORMATION

LAST NAME:

FIRST NAME:

ID NUMBER:

DATE OF BIRTH: – –

AUTHORIZED PRESCRIBER INFORMATION *(Physician, Dentist, PA, Nurse Practitioner, Podiatrist)*

LAST NAME:

FIRST NAME:

NPI NUMBER:

DEA NUMBER:

PHONE NUMBER: – –

FAX NUMBER: – –

Is the prescriber a TennCare provider with a Medicaid ID? ☐ Yes ☐ No

Is the prescriber a single-patient contract holder for this patient? ☐ Yes ☐ No

SPECIALTY:

I, ______________________________________, attest that I have evaluated the relevant medical records and prescription needs related to my patient:____. This patient is at a high risk for health consequences and could be hospitalized, institutionalized, or die, within the next 90 days without the drugs identified below. I have evaluated all of the medications listed below, and determined that none may be discontinued, replaced by combination products, or substituted with alternative medications on the *TennCare Auto Exempt List*, which are exempt from the monthly script limit. Please list the requested drug(s) below:

Drug Name	Strength and Frequency	Quantity	Relevant Diagnosis	Check One	
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance
				☐ Acute	☐ Maintenance

I hereby certify that the information I have stated above is a true statement based on documentation provided to me. I hereby make certification to induce TennCare to offer prescription coverage to this individual for the medications identified above. I understand that Magellan Health Services, on behalf of the Bureau of TennCare will retain this letter and any attached materials without regard to the outcome of this request for prescription coverage.

Authorized Prescriber Signature (REQUIRED) **Date**

Fax This Form to 1-866-434-5523

TennCare Pharmacy Program
c/o Magellan Health Services
Pharmacy Department, 1st floor South
14100 Magellan Plaza
Maryland Heights, MO 63043
Telephone: 1-866-434-5524

The *TennCare Preferred Drug List* and *TennCare Auto Exempt List* are available via the web at https://tenncare.magellanhealth.com.

© 2016, Magellan Health Services. All Rights Reserved.