



**STATE OF TENNESSEE  
DIVISION 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) CHANGES FOR TENNCARE**

TennCare is continuing the process of reviewing all covered drug classes. Many of the changes to follow are a result of new contractual opportunities offered through our pharmacy benefit vendor, Magellan Health Services. 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, 2017 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 upcoming PDL changes along with the effective dates for the changes. Please note that the following summary only lists drugs for which the PDL status will change – for drugs not listed, the PDL status will remain the same.**

<b>Analgesics</b>			
<b>Narcotics, Long-Acting</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
NUCYNTA ER <sup>PA,QL</sup>	Non-Preferred	Preferred	10/1/17
KADIAN <sup>PA,QL</sup>	Preferred	Non-Preferred	12/1/17
fentanyl patch <sup>PA,QL</sup>	Preferred	Preferred	12/1/17
Effective 12/1/17, fentanyl patches will require prior authorization.			
<b>NSAIDs</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
naproxen sodium	Preferred	Non-Preferred	11/1/17
naproxen suspension	Preferred	Non-Preferred	11/1/17
<b>Anti-infectives</b>			
<b>Antivirals: Hepatitis B</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
VEMLIDY <sup>PA</sup>	n/a	Non-Preferred	10/1/17
<b>Antivirals: Herpes</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
acyclovir suspension	Non-Preferred	Preferred	10/1/17
ZOVIRAX suspension	Preferred	Non-Preferred	10/1/17
<b>Effective 10/1/17, ZOVIRAX suspension will be removed from the list of branded agents classified as generics meaning that it will now count as a brand toward members’ monthly prescription limits and copays.</b>			
<b>Anti-infectives: Vaginal Antibiotics</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
CLINDESSE vaginal cream	Non-Preferred	Preferred	10/1/17
clindamycin phos 2% cream	Preferred	Non-Preferred	10/1/17
<b>Effective 10/1/17, CLINDESSE vaginal cream will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members’ monthly prescription limits and copays.</b>			

<b>Cardiovascular Agents</b>			
<b>ACE Inhibitors</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
captopril <sup>PA</sup>	Preferred	Non-Preferred	11/1/17
<b>ACEI + Diuretic Combination</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
captopril HCTZ	Preferred	Non-Preferred	11/1/17
<b>Angiotensin II Receptor Blockers</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
irbesartan <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
valsartan <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Angiotensin II Receptor Blockers + Diuretic</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
irbesartan HCTZ <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
valsartan HCTZ <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Lipotropics, Fibric Acid Derivatives</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
fenofibric acid <sup>PA</sup>	Non-Preferred	Preferred	10/1/17
TRILIPIX <sup>PA</sup>	Preferred	Non-Preferred	10/1/17
<b>Effective 10/1/17, TRILIPIX will be removed from the list of branded agents classified as generics meaning that it will now count as a brand toward members' monthly prescription limits and copays. Any requests for brand name TRILIPIX<sup>PA</sup> will require a new prior authorization effective October 1, 2017.</b>			
<b>Central Nervous System</b>			
<b>Antidepressants: SNRIs</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
venlafaxine <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
duloxetine <sup>QL</sup>	Preferred	Preferred	10/1/17
<b>Effective 10/1/17, duloxetine will no longer require prior authorization.</b>			
<b>Antidepressants: Tricyclics</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
desimpramine	Preferred	Non-Preferred	11/1/17; current users will be grandfathered
maprotiline	Preferred	Non-Preferred	11/1/17; current users will be grandfathered
<b>Antihyperkinesis: Stimulants</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
APTENSIO XR <sup>PA ≥21, QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Anti-migraine: 5HT1 Receptor Agonists</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ZOMIG spray <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
sumatriptan nasal <sup>QL</sup>	Preferred	Non-Preferred	11/1/17
<b>Effective 10/1/17, ZOMIG spray will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.</b>			
<b>Anti-Parkinsons Agents, Miscellaneous</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
amantadine tablets	Preferred	Non-Preferred	11/1/17
<b>MAOI-Bs</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
XADAGO <sup>PA, QL</sup>	n/a	Non-Preferred	10/1/17
<b>Sedative Hypnotic Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
eszopiclone <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
rozerem <sup>QL</sup>	Non-Preferred	Preferred	10/1/17

<b>Dermatologic Agents</b>			
<b>Antiseborrheic Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
sulfacetamide sodium wash 10%	Preferred	Non-Preferred	12/1/17
<b>PDE-4 Inhibitors, Topical</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
EUCRISA <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Topical Anesthetics</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
lidocaine lotion	Preferred	Non-Preferred	12/1/17
<b>Topical Antibiotic Agents for Acne (covered for recipients &lt;21 years old only)</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
erythromycin gel	Preferred	Non-Preferred	12/1/17
<b>Topical Agents for Rosacea (covered for recipients &lt;21 years old only)</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
RHOFADE <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Topical Antifungal Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
clotrimazole 1% cream (OTC)	n/a	Preferred	10/1/17
clotrimazole 1% solution (OTC)	n/a	Preferred	10/1/17
clotrimazole cream (Rx)	Preferred	Non-Preferred	11/1/17
clotrimazole solution (Rx)	Preferred	Non-Preferred	11/1/17
econazole	Preferred	Non-Preferred	11/1/17
<b>Topical Steroids, Least Potent</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
hydrocortisone cream 1% (OTC)	n/a	Preferred	10/1/17
hydrocortisone ointment 1% (OTC)	n/a	Preferred	10/1/17
hydrocortisone acetate 1% cream (OTC)	n/a	Preferred	10/1/17
hydrocortisone acetate 1% ointment (OTC)	n/a	Preferred	10/1/17
hydrocortisone-aloe 1% cream (OTC)	n/a	Preferred	10/1/17
TEXACORT solution 2.5%	Preferred	Non-Preferred	12/1/17
<b>Topical Steroids, Mild</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
desonide cream	Preferred	Non-Preferred	12/1/17
<b>Topical Steroids, Lower Mid Strength</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
prednicarbate 0.1% ointment	Preferred	Non-Preferred	12/1/17
hydrocortisone butyrate 0.1% solution	Preferred	Non-Preferred	12/1/17
<b>Topical Steroids, Mid Strength</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
hydrocortisone valerate 0.2% ointment	Preferred	Non-Preferred	12/1/17

<b>Topical Steroids, Super Potent</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ULTRAVATE 0.05% Lotion	Non-Preferred	Preferred	10/1/17
halobetasol propionate 0.05% cream	Preferred	Non-Preferred	12/1/17
halobetasol propionate 0.05% ointment	Preferred	Non-Preferred	12/1/17
<b>Effective 10/1/17, Ultravate 0.05% lotion will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.</b>			
<b>Endocrine &amp; Metabolic Agents</b>			
<b>Agents for Gout</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
colchicine capsules <sup>PA</sup>	Non-Preferred	Preferred	10/1/17
<b>Bone: Parathyroid Hormone</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
TYMLOS <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Diabetes: SGLT2 Inhibitors &amp; Combinations</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
JARDIANCE <sup>PA,QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Glucocorticoids, Oral</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
cortisone	Preferred	Non-Preferred	12/1/17
EMFLAZA <sup>PA</sup>	n/a	Non-Preferred	10/1/17
<b>Hyperparathyroid Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
SENSIPAR <sup>PA</sup>	n/a	Preferred	10/1/17
<b>Somatostatic Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
XERMELO <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Gastrointestinal Agents</b>			
<b>Agents for Chronic Constipation</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
TRULANCE <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Agents for Irritable Bowel Syndrome</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
AMITIZA <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
LOTRONEX <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Effective 10/1/17, AMITIZA and LOTRONEX will no longer require prior authorizaion.</b>			
<b>Laxatives</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
COLYTE with flavor packets	Non-Preferred	Preferred	10/1/17
OSMOPREP	Non-Preferred	Preferred	10/1/17
MOVIPREP	Non-Preferred	Preferred	10/1/17
<b>Pancreatic Enzymes</b>			
<b>Effective 10/1/17, pancreatic enzymes will be added to the Auto Exemption list; therefore agents in this class will not count toward prescriptions limits.</b>			
<b>Immunologic Agents</b>			
<b>Anti-inflammatoryL Systemic IL-4 Antagonist</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
DUPIXENT <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17

<b>Immunomodulators</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
COSENTYX pen <sup>PA,QL</sup>	Non-Preferred	Preferred	10/1/17
SILIQ <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
<b>Immunosuppressants</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
SANDIMMUNE capsule	Non-Preferred	Preferred	10/1/17
cyclosporine capsule	Preferred	Non-Preferred	10/1/17
<b>Effective 10/1/17, SANDIMMUNE capsules will be added to the list of branded agents classified as generics. This agent will carry a generic co-pay; however, it is included in the Auto Exemption list; therefore, it does not count toward prescriptions limits.</b>			
<b>MS Agents: Oral Disease Modifying Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
AUBAGIO <sup>PA</sup>	Non-Preferred	Preferred	10/1/17
<b>Miscellaneous Agents</b>			
<b>Hereditary Angioedema Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
FIRAZYR <sup>PA</sup>	Non-Preferred	Preferred	10/1/17
<b>Oncology Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
KISQALI <sup>PA,QL</sup>	n/a	Preferred	10/1/17
KISQALI-FEMARA copack <sup>PA,QL</sup>	n/a	Preferred	10/1/17
<b>Renal &amp; Genitourinary Agents</b>			
<b>Androgen Hormone Inhibitors</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
dutasteride <sup>QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Phosphorus Depletors</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
calcium acetate tablet	Preferred	Non-Preferred	11/1/17
ELIPHOS	Preferred	Non-Preferred	11/1/17
PHOSLYRA	Preferred	Non-Preferred	11/1/17
<b>Respiratory Agents</b>			
<b>Anaphylaxis Therapy Agents</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ADRENAClick <sup>QL</sup>	Preferred	Non-Preferred	11/1/17
epinephrine (generic for ADRENAClick) <sup>QL</sup>	Preferred	Non-Preferred	11/1/17
<b>Anticholinergics, Inhaled</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
BEVESPI <sup>PA,QL</sup>	Non-Preferred	Preferred	10/1/17
<b>Antihistamines, Nasal</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
azelastine (generic for ASTELIN)	Non-Preferred	Preferred	10/1/17
azelastine (generic for ASTEPro)	Non-Preferred	Preferred	10/1/17
<b>Antihistamines, Non-Sedating</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
levocetirizine tablets	Non-Preferred	Preferred	10/1/17

<b>Beta Agonist Combination Products</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ADVAIR HFA <sup>PA,QL</sup>	Preferred	Non-Preferred	11/1/17
AIRDUO RESPICLICK <sup>PA,QL</sup>	n/a	Non-Preferred	10/1/17
fluticasone/salmeterol <sup>PA,QL</sup> (generic for AIRDUO RESPICLICK)	n/a	Non-Preferred	10/1/17
<b>Ophthalmic Agents</b>			
<b>Glaucoma Combinations</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
SIMBRINZA <sup>PA</sup>	Non-Preferred	Preferred	10/1/17
<b>Ophthalmic Beta Blockers</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
levobunolol	Preferred	Non-Preferred	11/1/17
<b>Ophthalmic Mast Cell Stabilizers</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
ALOCRI	Preferred	Non-Preferred	11/1/17
<b>Ophthalmic Immunomodulators</b>			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
RESTASIS Multidose <sup>PA</sup>	Non-Preferred	Preferred	10/1/17

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria that 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.

**Changes to Prior Authorization Criteria (PA, QL) for the PDL**

- ADVAIR HFA <sup>PA</sup>
- AIRDUO RESPICLICK <sup>PA,QL</sup>
- almotriptan
- alosetron <sup>PA</sup>
- ANDRODERM <sup>PA</sup>
- ANDROGEL packets <sup>PA</sup>
- ANDROGEL pump <sup>PA</sup>
- ANDROID <sup>PA</sup>
- ANDROXY <sup>PA</sup>
- ARTHROTEC <sup>PA,QL</sup>
- AUBAGIO <sup>PA</sup>
- AUSTEDO <sup>PA,QL</sup>
- AXIRON <sup>PA</sup>
- BEVESPI <sup>PA</sup>
- butalbital/ASA/caff <sup>PA</sup>
- CAFERGOT <sup>QL</sup>
- captopril <sup>PA</sup>
- COMBIVENT <sup>PA</sup>
- COSENTYX <sup>PA</sup>
- DELATESTRYL <sup>PA</sup>
- DEPO-TESTOSTERONE <sup>PA</sup>
- diclofenac gel <sup>PA</sup>
- diclofenac sodium topical solution <sup>PA</sup>
- diclofenac/misoptostol <sup>PA,QL</sup>
- doxercalciferol <sup>PA</sup>
- DUEXIS <sup>PA,QL</sup>
- DUPIXENT <sup>PA,QL</sup>
- EMFLAZA <sup>PA</sup>
- EUCRISA <sup>PA,QL</sup>
- FARXIGA <sup>PA</sup>
- fentanyl patch <sup>PA</sup>
- FIRAZYR <sup>PA</sup>
- FLECTOR <sup>PA</sup>
- fluticasone/salmeterol <sup>PA,QL</sup>
- FORTESTA <sup>PA</sup>
- GLYXAMBI <sup>PA</sup>
- HECTOROL capsules <sup>PA</sup>
- INGREZZA <sup>PA,QL</sup>
- INVOKAMET <sup>PA</sup>
- INVOKAMET XR <sup>PA</sup>
- INVOKANA <sup>PA</sup>
- isometheptene/dichloralphe nazon/APAP <sup>QL</sup>
- KISQALI <sup>PA,QL</sup>
- KISQALI-FEMARA co-pack <sup>PA,QL</sup>
- LINZESS <sup>PA</sup>
- METHITEST <sup>PA</sup>
- methyltestosterone <sup>PA</sup>
- MIGERGOT <sup>QL</sup>
- NATESTO nasal gel
- NUCYNTA ER <sup>PA</sup>
- paricalcitol capsules <sup>PA</sup>
- PENNSAID <sup>PA</sup>
- RAYALDEE <sup>PA</sup>
- RHOFAD <sup>PA,QL</sup>
- SILIQ <sup>PA,QL</sup>
- SIMBRINZA <sup>PA</sup>
- SPRIX <sup>PA</sup>
- STRIANT <sup>PA</sup>
- SUMAVEL DosePro <sup>PA</sup>
- SYNJARDY <sup>PA</sup>
- SYNJARDY XR <sup>PA</sup>
- TESTIM <sup>PA</sup>
- TESTRED <sup>PA</sup>
- testosterone <sup>PA</sup>
- testosterone cypionate <sup>PA</sup>
- testosterone enanthate <sup>PA</sup>
- TRULANCE <sup>PA,QL</sup>
- TYMLOS <sup>PA,QL</sup>
- VANATOL LQ <sup>QL</sup>
- VEMLIDY <sup>PA</sup>
- VIBERZI <sup>PA</sup>
- VIMOVO <sup>PA,QL</sup>
- VOGELXO <sup>PA</sup>
- VOLTAREN gel <sup>PA</sup>
- VOPAC MDS kit <sup>PA</sup>
- XADAGO <sup>PA,QL</sup>
- XERMELO <sup>PA,QL</sup>
- XIGDUO XR <sup>PA</sup>
- ZEMPLAR capsules <sup>PA</sup>

**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.

**Thank you for your valued participation in the TennCare program.**