



**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 December 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>

<u>Analgesics</u>			
Narcotics, Long-Acting			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
KADIAN ^{PA,QL}	Preferred	Non-Preferred	12/1/17
fentanyl patch ^{PA,QL}	Preferred	Preferred	12/1/17
Effective 12/1/17, fentanyl patches will require prior authorization.			
<u>Anti-infectives</u>			
Anti-virals: Hepatitis C Antivirals			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
Epclusa ^{PA,QL} (genotypes 2 &3)	Preferred	Non-Preferred	1/1/18
MAVYRET ^{PA,QL}	n/a	Preferred	12/1/17
TECHNIVIE ^{PA,QL}	Preferred	Non-Preferred	12/1/17
VIEKIRA ^{PA,QL}	Preferred	Non-Preferred	12/1/17
VIEKIRA PAK ^{PA,QL}	Preferred	Non-Preferred	12/1/17
VOSEVI ^{PA,QL}	n/a	Non-Preferred	12/1/17
<u>Dermatologic Agents</u>			
Antiseborrheic Agents			
<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
Topical Anesthetics			
<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
Topical Antibiotic Agents for Acne (covered for recipients <21 years old only)			
<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
Topical Steroids, Least Potent			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
TEXACORT solution 2.5%	Preferred	Non-Preferred	12/1/17
Topical Steroids, Mild			

<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
Topical Steroids, Lower Mid Strength			
<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
Topical Steroids, Mid Strength			
<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
Topical Steroids, Super Potent			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
halobetasol propionate 0.05% cream	Preferred	Non-Preferred	12/1/17
halobetasol propionate 0.05% ointment	Preferred	Non-Preferred	12/1/17
Endocrine & Metabolic Agents			
Glucorticoids, Oral			
<u>Product</u>	<u>Current PDL Status</u>	<u>New PDL Status</u>	<u>Effective Date</u>
cortisone	Preferred	Non-Preferred	12/1/17

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

- COMBIVENT^{PA}
- fentanyl patch^{PA}
- MAVYRET^{PA,QL}
- TECHNIVIE^{PA}
- VIEKIRA^{PA}
- VIEKIRA PAK^{PA}
- VOSEVI^{PA}

Removal of agents from list of branded agents classified as generics

Effective December 1, 2017, the following agent will be moved to non-preferred status on the TennCare PDL and will be removed from the list of branded agents classified as generics. **Effective December 1, 2017 requests for this brand name agent will deny at point of sale for prior authorization required.**

- STRATTERA^{QL}

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

- atomoxetine^{QL}

Effective December 1, 2017, the following agent will be moved to non-preferred status on the TennCare PDL and will be removed from the list of branded agents classified as generics. **Effective December 1, 2017 requests for this brand name agent will deny at point of sale for prior authorization required.**

- Seroquel XR^{PA, QL}

In order to facilitate transition to the generic product, the following generic product has been moved to preferred status on TennCare's PDL and will pay at point of sale for patients with existing prior authorizations. Please transition patients to the generic product as soon as possible to allow minimal disruption for the patient and avoid unnecessary delays at the pharmacy.

- quietapine ER^{PA, QL}

Effective December 1, 2017, the following agent 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 this brand name agent will require a new prior authorization effective December 1, 2017.**

- PULMICORT RESPULES^{PA, QL}

In order to facilitate transition to the generic products, the following generic products will pay at point of sale for patients with existing prior authorizations. 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.

- budesonide respules PA, QL

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 a 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.