



**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) FOR TENNCARE EFFECTIVE

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 February 1, 2018 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 February 1, 2018.

RESPIRATORY

Anticholinergics, Inhaled

- The following agents will remain as preferred: albuterol/ipratropium ^{QL}, ATROVENT HFA ^{QL}, BEVESPI ^{PA, QL}, ipratropium solution ^{QL}, and SPIRIVA ^{QL}.
- The following agent will be added as non-preferred: COMBIVENT RESPIMAT ^{PA, QL}. Additionally, the following agents will remain as non-preferred: ANORO ELLIPTA ^{PA, QL}, INCRUSE ELLIPTA ^{QL}, SEEBRI NEOHALER ^{PA, QL}, STIOLTO RESPIMAT ^{PA, QL}, TUDORZA ^{QL}, and UTIBRON NEOHALER ^{PA, QL}

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

- AUBAGIO ^{QL}
- COMBIVENT RESPIMAT ^{PA}

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 01/01/2018

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 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>

Endocrine and Metabolic Agents			
Diabetes: Insulins			
Product	Current PDL Status	New PDL Status	Effective Date
HUMALOG JR. KWIKPEN ^{PA, QL}	Interim	Non-Preferred	01/01/18
Disease Modifying Anti-Rheumatic Drugs			
Product	Current PDL Status	New PDL Status	Effective Date
XATMEP ^{PA}	Interim	Non-Preferred	01/01/18
Immunologic Agents			
Immunomodulators			
Product	Current PDL Status	New PDL Status	Effective Date

KEVZARA ^{PA, QL}	Interim	Non-Preferred	01/01/2018
TREMFYA ^{PA, QL}	Interim	Non-Preferred	01/01/2018
Note:			
BENLYSTA SC (subcutaneous inj.) will be added as a non-preferred agent subject to prior authorization criteria			

Changes to Prior Authorization Criteria (PA, QL) for the PDL Effective 01/01/2018:

- EPCLUSA ^{PA, QL} (previously noticed 12/1/17)
- KEVZARA ^{PA, QL}
- memantine ^{PA, QL}
- NAMENDA ^{PA, QL}
- NAMENDA XR ^{PA, QL}
- XATMEP ^{PA, QL}
- ZINBRYTA ^{PA}

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.