



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.

**Removal of agents from list of branded agents classified as generics**

**Effective March 7, 2018**, 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 March 7, 2018.**

- CUTIVATE 0.05% LOTION
- XENAZINE<sup>PA</sup>

**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.**

- fluticasone propionate 0.05% lotion
- tetrabenazine<sup>PA</sup>

**Effective March 7, 2018**, 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 March 7, 2018 requests for this brand name agent will deny at point of sale for prior authorization required.**

- TAZORAC cream<sup>PA</sup>

**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.**

- tazarotene cream<sup>PA</sup>

**Effective March 7, 2018**, 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 March 7, 2018 requests for this brand name agent will deny at point of sale for prior authorization required.**

- PATANASE<sup>QL</sup>
- VALCYTE tablets

**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.**

- olopatadine nasal spray<sup>QL</sup>
- valganciclovir tablets

**Addition of agent to the list of branded agents classified as generics**

**Effective March 7, 2018** the following brand name agent will be added to the list of branded agents classified as generics and will not count against the two brand script limit. **Effective March 7, 2018 requests for this brand name agent will count as a generic product at point of sale subject to quantity limits.**

- REYATAZ<sup>QL</sup>

**The following generic product will be added as a non-preferred agent on TennCare’s PDL. To avoid unnecessary delays for the patient at the pharmacy; please utilize the brand name product.**

- atazanavir<sup>QL</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 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:**

|                                  |              |
|----------------------------------|--------------|
| Tennessee Health Connection      | 855-259-0701 |
| 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.

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| <b>Thank you for your valued participation in the TennCare program.</b> |
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