



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 4-1-18**

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 April 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 April 1, 2018.**

**ANTI-INFECTIVES**

**Antivirals: HIV Integrase Inhibitors**

- The following agent will be added to the PDL as **preferred**: JULUCA<sup>PA, QL</sup>.
- All other agents in this class will retain their current PDL listing.

**ENDOCRINE AND METABOLIC AGENTS**

**Diabetes: Incretin Mimetics & Combinations**

- The following agents will remain as **preferred**: BYDUREON Pens & Vials<sup>PA, QL</sup>, BYETTA<sup>PA, QL</sup>, and VICTOZA<sup>PA, QL</sup>.
- The following agent will be added to the PDL as **non-preferred**: Bydureon Bcise<sup>PA, QL</sup>. Additionally, the following agents will remain **non-preferred**: ADLYXIN<sup>PA, QL</sup>, SOLIQUA<sup>PA, QL</sup>, TANZEUM<sup>PA, QL</sup>, TRULICITY<sup>PA, QL</sup>, and XULTOPHY<sup>PA, QL</sup>.

**Diabetes: Insulin**

- The following agent will be added to the PDL as **non-preferred**: FIASP<sup>PA</sup> and FIASP FLEXTOUCH<sup>PA</sup>.
- All other agents in this class will retain their current PDL listing.

**GASTROINTESTINAL**

**Agents for Chronic Constipation**

- The following agent will remain as **preferred**: AMITIZA<sup>QL</sup>.
- The following agent will be added to the PDL as **non-preferred**: SYMPROIC<sup>PA, QL</sup>. Additionally, the following agents will remain as **non-preferred**: LINZESS<sup>PA, QL</sup>, MOVANTIK<sup>PA, QL</sup>, and TRULANCE<sup>PA, QL</sup>.

**RESPIRATORY**

**Anticholinergics, Inhaled**

- The following agent will be added to the PDL as **non-preferred**: TRELEGY ELLIPTA<sup>PA, QL</sup>.
- All other agents in this class will retain their current PDL listing.

**Changes to Prior Authorization Criteria (PA, QL) for the PDL effective April 1, 2018**

- |                                    |  |
|------------------------------------|--|
| • benzonatate <sup>QL</sup>        | • NYMALIZE <sup>QL</sup>                 |
| • BYDUREON BCISE <sup>PA, QL</sup> | • TESSALON PERLES <sup>QL</sup>          |
| • ENDARI <sup>PA, QL</sup>         | • TRELEGY ELLIPTA <sup>QL</sup>          |
| • JULUCA <sup>PA</sup>             | • traimecinolone acetamide <sup>QL</sup> |
| • NASOCORT ALLERGY <sup>QL</sup>   | • SYMPROIC <sup>QL</sup>                 |

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.

**Effective April 1, 2018 all generic agents in the Antidepressants: SSRIs PDL class will be added to the auto-exempt list,** meaning that that do not count toward an enrollee’s monthly prescription limit.

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

**Effective April 1, 2018,** the following agents 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 April 1, 2018.**

- EFFIENT<sup>PA</sup>
- NEXIUM<sup>QL</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 for the brand equivalent. 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.**

- prasugrel<sup>PA</sup>
- esomeprazole<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 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 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.

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