



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 7-1-18

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. We encourage you to share this information with other TennCare providers. The individual changes to the PDL are listed below. A copy of the new PDL will be posted July 1, 2018, for more details on clinical criteria, please visit: <https://tenncare.magellanhealth.com>

Below is a summary of the PDL changes that will be effective July 1, 2018. All other agents in these classes will retain their current PDL listing.

ANTI-INFECTIVES

Anti-Infectives: Oral Nitroimidazoles

- The following agent will be added to the PDL as non-preferred: benznidazole^{PA, QL} and SOLOSEC^{PA, QL}.

Anti-virals: HIV CCR5 Antagonists

- The following agents will become non-preferred agents on the PDL: SELZENTRY solution^{PA}.

Anti-virals: HIV Integrase Inhibitors

- The following agents will become non-preferred agents on the PDL: ISENTRESS HD^{PA, QL} and JULUCA^{PA, QL}.

CARDIOVASCULAR

ACE Inhibitor + Calcium Channel Blocker

- The following agent will become preferred and PA will not be required: benazepril/amlodipine^{QL}.

Angiotensin II Receptor Blockers + Calcium Channel Blockers

- The following agent will remain as preferred; however PA will no longer be required: amlodipine/valsartan^{QL}.

Diuretics: Thiazides and Related Diuretics

- The following agent will become preferred and PA will not be required: hydrochlorothiazide 12.5mg tablet.

CENTRAL NERVOUS SYSTEM

Agents for Neuropathic Pain

- The following agent will be added to the PDL as non-preferred: LYRICA CR^{PA, QL}.

IMMUNOLOGIC AGENTS

Immunomodulators

- The following agent will be added to the PDL as preferred: ENBREL Mini Cartridge^{PA, QL}.

ONCOLOGY AGENTS

- The following agent will be added to the PDL as non-preferred: CALQUENCE^{PA, QL}.

OPHTHALMICS

Ophthalmic Prostaglandin Agonists

- The following agent will be added to the PDL as non-preferred: VYZULTA 0.024%^{PA, QL}.

Changes to prior authorization criteria and quantity limits (PA, QL) for the preferred drug list (PDL) effective July 1, 2018

- | | |
|--|------------------------------------|
| • amlodipine/olmesartan/HCTZ ^{PA} | • JULUCA ^{PA} |
| • amlodipine/valsartan/HCTZ ^{PA} | • KEVEYIS ^{PA} |
| • AUSTEDO ^{PA} | • LYRICA CR ^{PA} |
| • benznidazole ^{PA, QL} | • TRIBENZOR ^{PA} |
| • CALQUENCE ^{PA, QL} | • EXFORGE HCT ^{PA, QL} |
| • CAROSPIR ^{QL} | • SELZENTRY solution ^{PA} |
| • eplerenone ^{PA} | • SOLOSEC ^{PA} |
| • ENBREL Mini Cartridge ^{PA} | • TEKTRUNA ^{PA} |
| • ENTRESTO ^{PA} | • TECTURNA HCT ^{PA} |
| • INSPIRA ^{PA} | • VYZULTA 0.024% ^{PA} |
| • ISENTRESS HD ^{PA} | |

Opioid edit adjustment:

Effective July 1, 2018, TennCare will adjust the maximum allowed morphine milligram equivalents (MME) daily dosage to 60 MME per day for agents in the Short-Acting and Long-Acting Narcotics classes for all first time and non-chronic users.

Branded agents classified as generics: 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 July 1, 2018.**

- ZETIA^{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.

- ezetimibe^{PA,QL}

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 and any agent noted above with a superscripted “QL” is subject to Quantity Limits. Please refer to the document “Drug Criteria Listing” located at: <https://tenncare.magellanhealth.com> for additional information.

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 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/

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.