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 October 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

Below is a summary of the upcoming PDL changes along with the effective dates for the changes. Please note that the following summary only lists drugs for which the PDL status will change – for drugs not listed, the PDL status will remain the same.

Analgesics			
Narcotics, Long-Acting			
Product	Current PDL Status	New PDL Status	Effective Date
NUCYNTA ER PA,QL	Non-Preferred	Preferred	10/1/17
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.			
NSAIDs			
Product	Current PDL Status	New PDL Status	Effective Date
naproxen sodium	Preferred	Non-Preferred	11/1/17
napoxen suspension	Preferred	Non-Preferred	11/1/17
Anti-infectives			
Antivirals: Hepatitis B			
Product	Current PDL Status	New PDL Status	Effective Date
VEMLIDY PA	n/a	Non-Preferred	10/1/17
Antivirals: Herpes			
Product	Current PDL Status	New PDL Status	Effective Date
acyclovir suspension	Non-Preferred	Preferred	10/1/17
ZOVIRAX suspension	Preferred	Non-Preferred	10/1/17
Effective 10/1/17, ZOVIRAX suspension 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.			
Anti-infectives: Vaginal Antibiotics			
Product	Current PDL Status	New PDL Status	Effective Date
CLINDESSE vaginal cream	Non-Preferred	Preferred	10/1/17
clindamycin phos 2% cream	Preferred	Non-Preferred	10/1/17
Effective 10/1/17, CLINDESSE vaginal cream will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			

Cardiovascular Agents			
ACE Inhibitors			
Product	Current PDL Status	New PDL Status	Effective Date
captopril PA	Preferred	Non-Preferred	11/1/17
ACEI + Diuretic Combination			
Product	Current PDL Status	New PDL Status	Effective Date
captopril HCTZ	Preferred	Non-Preferred	11/1/17
Angiotensin II Receptor Blockers			
Product	Current PDL Status	New PDL Status	Effective Date
irbesartan QL	Non-Preferred	Preferred	10/1/17
valsartan QL	Non-Preferred	Preferred	10/1/17
Angiotensin II Receptor Blockers + Diuretic			
Product	Current PDL Status	New PDL Status	Effective Date
irbesartan HCTZ QL	Non-Preferred	Preferred	10/1/17
valsartan HCTZ QL	Non-Preferred	Preferred	10/1/17
Lipotropics, Fibric Acid Derivatives			
Product	Current PDL Status	New PDL Status	Effective Date
fenofibric acid PA	Non-Preferred	Preferred	10/1/17
TRILIPIX PA	Preferred	Non-Preferred	10/1/17
Effective 10/1/17, TRILIPIX 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 brand name TRILIPIX PA, will require a new prior authorization effective October 1, 2017.**			
Central Nervous System			
Antidepressants: SNRIs			
Product	Current PDL Status	New PDL Status	Effective Date
venlafaxine QL	Non-Preferred	Preferred	10/1/17
duloxetine QL	Preferred	Preferred	10/1/17
Effective 10/1/17, duloxetine will no longer require prior authorization.			
Antidepressants: Tricyclics			
Product	Current PDL Status	New PDL Status	Effective Date
desimpramine	Preferred	Non-Preferred	11/1/17; current users will be grandfathered
maprotiline	Preferred	Non-Preferred	11/1/17; current users will be grandfathered
Antihyperkinesis: Stimulants			
Product	Current PDL Status	New PDL Status	Effective Date
APTENSIO XR PA ≥21, QL	Non-Preferred	Preferred	10/1/17
Anti-migraine: 5HT1 Receptor Agonists			
Product	Current PDL Status	New PDL Status	Effective Date
ZOMIG spray QL	Non-Preferred	Preferred	10/1/17
sumatriptan nasal QL	Preferred	Non-Preferred	11/1/17
Effective 10/1/17, ZOMIG spray will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Anti-Parkinsons Agents, Miscellaneous			
Product	Current PDL Status	New PDL Status	Effective Date
amantadine tablets	Preferred	Non-Preferred	11/1/17
MAOI-Bs			
Product	Current PDL Status	New PDL Status	Effective Date
XADAGO PA,QL	n/a	Non-Preferred	10/1/17
Sedative Hypnotic Agents			
Product	Current PDL Status	New PDL Status	Effective Date
eszopiclone QL	Non-Preferred	Preferred	10/1/17
rozerem QL	Non-Preferred	Preferred	10/1/17

Dermatologic Agents			
Antiseborrheic Agents			
Product	Current PDL Status	New PDL Status	Effective Date
sulfacetamide sodium wash 10%	Preferred	Non-Preferred	12/1/17
PDE-4 Inhibitors, Topical			
Product	Current PDL Status	New PDL Status	Effective Date
EUCRISA PA,QL	n/a	Non-Preferred	10/1/17
Topical Anesthetics			
Product	Current PDL Status	New PDL Status	Effective Date
lidocaine lotion	Preferred	Non-Preferred	12/1/17
Topical Antibiotic Agents for Acne (covered for recipients <21 years old only)			
Product	Current PDL Status	New PDL Status	Effective Date
erythromycin gel	Preferred	Non-Preferred	12/1/17
Topical Agents for Rosacea (covered for recipients <21 years old only)			
Product	Current PDL Status	New PDL Status	Effective Date
RHOFADE PA,QL	n/a	Non-Preferred	10/1/17
Topical Antifungal Agents			
Product	Current PDL Status	New PDL Status	Effective Date
clotrimazole 1% cream (OTC)	n/a	Preferred	10/1/17
clotrimazole 1% solution (OTC)	n/a	Preferred	10/1/17
clotrimazole cream (Rx)	Preferred	Non-Preferred	11/1/17
clotrimazole solution (Rx)	Preferred	Non-Preferred	11/1/17
econazole	Preferred	Non-Preferred	11/1/17
Topical Steroids, Least Potent			
Product	Current PDL Status	New PDL Status	Effective Date
hydrocortisone cream 1% (OTC)	n/a	Preferred	10/1/17
hydrocortisone ointment 1% (OTC)	n/a	Preferred	10/1/17
hydrocortisone acetate 1% cream (OTC)	n/a	Preferred	10/1/17
hydrocortisone acetate 1% ointment (OTC)	n/a	Preferred	10/1/17
hydrocortisone-aloe 1% cream (OTC)	n/a	Preferred	10/1/17
TEXACORT solution 2.5%	Preferred	Non-Preferred	12/1/17
Topical Steroids, Mild			
Product	Current PDL Status	New PDL Status	Effective Date
desonide cream	Preferred	Non-Preferred	12/1/17
Topical Steroids, Lower Mid Strength			
Product	Current PDL Status	New PDL Status	Effective Date
prednicarbate 0.1% ointment	Preferred	Non-Preferred	12/1/17
hydrocortisone butyrate 0.1% solution	Preferred	Non-Preferred	12/1/17
Topial Steroids, Mid Strength			
Product	Current PDL Status	New PDL Status	Effective Date
hydrocortisone valerate 0.2% ointment	Preferred	Non-Preferred	12/1/17

Topical Steroids, Super Potent			
Product	Current PDL Status	New PDL Status	Effective Date
ULTRAVATE 0.05% Lotion	Non-Preferred	Preferred	10/1/17
halobetasol propionate 0.05% cream	Preferred	Non-Preferred	12/1/17
halobetasol propionate 0.05% ointment	Preferred	Non-Preferred	12/1/17
Effective 10/1/17, Ultravate 0.05% lotion will be added to the list of branded agents classified as generics meaning that it will now count as a generic toward members' monthly prescription limits and copays.			
Endocrine & Metabolic Agents			
Agents for Gout			
Product	Current PDL Status	New PDL Status	Effective Date
colchicine capsules PA	Non-Preferred	Preferred	10/1/17
Bone: Parathyroid Hormone			
Product	Current PDL Status	New PDL Status	Effective Date
TYMLOS PA,QL	n/a	Non-Preferred	10/1/17
Diabetes: SGLT2 Inhibitors & Combinations			
Product	Current PDL Status	New PDL Status	Effective Date
JARDIANCE PA,QL	Non-Preferred	Preferred	10/1/17
Glucorticoids, Oral			
Product	Current PDL Status	New PDL Status	Effective Date
cortisone	Preferred	Non-Preferred	12/1/17
EMFLAZA PA	n/a	Non-Preferred	10/1/17
Hyperparathyroid Agents			
Product	Current PDL Status	New PDL Status	Effective Date
SENSIPAR PA	n/a	Preferred	10/1/17
Somatostatic Agents			
Product	Current PDL Status	New PDL Status	Effective Date
XERMELO PA,QL	n/a	Non-Preferred	10/1/17
Gastrointestinal Agents			
Agents for Chronic Constipation			
Product	Current PDL Status	New PDL Status	Effective Date
TRULANCE PA,QL	n/a	Non-Preferred	10/1/17
Agents for Irritable Bowel Syndrome			
Product	Current PDL Status	New PDL Status	Effective Date
AMITIZA QL	Non-Preferred	Preferred	10/1/17
LOTRONEX QL	Non-Preferred	Preferred	10/1/17
Effective 10/1/17, AMITIZA and LOTRONEX will no longer require prior authorizaion.			
Laxatives			
Product	Current PDL Status	New PDL Status	Effective Date
COLYTE with flavor packets	Non-Preferred	Preferred	10/1/17
OSMOPREP	Non-Preferred	Preferred	10/1/17
MOVIPREP	Non-Preferred	Preferred	10/1/17
Pancreatic Enzymes			
Effective 10/1/17, pancreatic enzymes will be added to the Auto Exemption list; therefore agents in this class will not count toward prescriptions limits.			
Immunologic Agents			
Anti-inflammatoryL Systemic IL-4 Antagonist			
Product	Current PDL Status	New PDL Status	Effective Date
DUPIXENT PA,QL	n/a	Non-Preferred	10/1/17

Immunomodulators			
Product	Current PDL Status	New PDL Status	Effective Date
COSENTYX pen PA,QL	Non-Preferred	Preferred	10/1/17
SILIQ PA,QL	n/a	Non-Preferred	10/1/17
Immunosuppressants			
Product	Current PDL Status	New PDL Status	Effective Date
SANDIMMUNE capsule	Non-Preferred	Preferred	10/1/17
cyclosporine capsule	Preferred	Non-Preferred	10/1/17
Effective 10/1/17, SANDIMMUNE capsules will be added to the list of branded agents classified as generics. This agent will carry a generic co-pay; however, it is included in the Auto Exemption list; therefore, it does not count toward prescriptions limits.			
MS Agents: Oral Disease Modifying Agents			
Product	Current PDL Status	New PDL Status	Effective Date
AUBAGIO PA	Non-Preferred	Preferred	10/1/17
Miscellaneous Agents			
Hereditary Angioedema Agents			
Product	Current PDL Status	New PDL Status	Effective Date
FIRAZYR PA	Non-Preferred	Preferred	10/1/17
Oncology Agents			
Product	Current PDL Status	New PDL Status	Effective Date
KISQALI PA,QL	n/a	Preferred	10/1/17
KISQALI-FEMARA copack PA,QL	n/a	Preferred	10/1/17
Renal & Genitourinary Agents			
Androgen Hormone Inhibitors			
Product	Current PDL Status	New PDL Status	Effective Date
dutasteride QL	Non-Preferred	Preferred	10/1/17
Phosphorus Depleters			
Product	Current PDL Status	New PDL Status	Effective Date
calcium acetate tablet	Preferred	Non-Preferred	11/1/17
ELIPHOS	Preferred	Non-Preferred	11/1/17
PHOSLYRA	Preferred	Non-Preferred	11/1/17
Respiratory Agents			
Anaphylaxis Therapy Agents			
Product	Current PDL Status	New PDL Status	Effective Date
ADRENACLICK QL	Preferred	Non-Preferred	11/1/17
epinephrine (generic for ADRENACLICK) QL	Preferred	Non-Preferred	11/1/17
Anticholinergics, Inhaled			
Product	Current PDL Status	New PDL Status	Effective Date
BEVESPI PA,QL	Non-Preferred	Preferred	10/1/17
Antihistamines, Nasal			
Product	Current PDL Status	New PDL Status	Effective Date
azelastine (generic for ASTELIN)	Non-Preferred	Preferred	10/1/17
azelastine (generic for ASTEPRO)	Non-Preferred	Preferred	10/1/17
Antihistamines, Non-Sedating			
Product	Current PDL Status	New PDL Status	Effective Date
levocetirizine tablets	Non-Preferred	Preferred	10/1/17

Beta Agonist Combination Products			
Product	Current PDL Status	New PDL Status	Effective Date
ADVAIR HFA PA,QL	Preferred	Non-Preferred	11/1/17
AIRDUO RESPICLICK PA,QL	n/a	Non-Preferred	10/1/17
fluticasone/salmeterol PA,QL (generic for AIRDUO RESPICLICK)	n/a	Non-Preferred	10/1/17
Ophthalmic Agents			
Glaucoma Combinations			
Product	Current PDL Status	New PDL Status	Effective Date
SIMBRINZA PA	Non-Preferred	Preferred	10/1/17
Ophthalmic Beta Blockers			
Product	Current PDL Status	New PDL Status	Effective Date
levobunolol	Preferred	Non-Preferred	11/1/17
Ophthalmic Mast Cell Stabilizers			
Product	Current PDL Status	New PDL Status	Effective Date
ALOCRIL	Preferred	Non-Preferred	11/1/17
Ophthalmic Immunomodulators			
Product	Current PDL Status	New PDL Status	Effective Date
RESTASIS Multidose PA	Non-Preferred	Preferred	10/1/17

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

- ADVAIR HFA PA
- AIRDUO RESPICLICK PA,QL
- almotriptan
- alosetron PA
- ANDRODERM PA
- ANDROGEL packets PA
- ANDROGEL pump PA
- ANDROID PA
- ANDROXY PA
- ARTHROTEC PA,QL
- AUBAGIO PA
- AUSTEDO PA,QL
- AXIRON PA
- BEVESPI PA
- butalbital/ASA/caff PA
- CAFERGOT QL
- captopril PA
- COMBIVENT PA
- COSENTYX PA
- DELATESTRYL PA
- DEPO-TESTOSTERONE PA
- diclofenac gel PA
- diclofenac sodium topical solution PA
- diclofenac/misoptostol PA,QL
- doxercalciferol PA
- DUEXIS PA,QL
- DUPIXENT PA,QL
- EMFLAZA PA
- EUCRISA PA,QL
- FARXIGA PA
- fentanyl patch PA
- FIRAZYR PA
- FLECTOR PA
- fluticasone/salmeterol PA,QL
- FORTESTA PA
- GLYXAMBI PA
- HECTOROL capsules PA
- INGREZZA PA,QL
- INVOKAMET PA
- INVOKAMET XR PA
- INVOKANA PA
- isometheptene/dichloralphenazone/APAP QL
- KISQALI PA,QL
- KISQALI-FEMARA co-pack PA,QL
- LINZESS PA
- METHITEST PA
- methyltestosterone PA
- MIGERGOT QL
- NATESTO nasal gel
- NUCYNTA ER PA
- paricalcitol capsules PA
- PENNSAID PA
- RAYALDEE PA
- RHOFADE PA,QL
- SILIQ PA,QL
- SIMBRINZA PA
- SPRIX PA
- STRIANT PA
- SUMAVEL DosePro PA
- SYNJARDY PA
- SYNJARDY XR PA
- TESTIM PA
- TESTRED PA
- testosterone PA
- testosterone cypionate PA
- testosterone enanthate PA
- TRULANCE PA,QL
- TYMLOS PA,QL
- VANATOL LQ QL
- VEMLIDY PA
- VIBERZI PA
- VIMOVO PA,QL
- VOGELXO PA
- VOLTAREN gel PA
- VOPAC MDS kit PA
- XADAGO PA,QL
- XERMELO PA,QL
- XIGDUO XR PA
- ZEMPLAR capsules 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 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:

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.