



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU 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 4-1-16

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, 2016 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, 2016.

ANALGESICS

Narcotics, Long-Acting Narcotics

- The following agents will remain as **preferred**: EMBEDA^{PA ≥ 100mg, QL}, fentanyl patch (excluding 37.5 mg/hr, 62.5 mcg/hr, and 87.5 mcg/hr)^{PA, QL}, and KADIAN^{PA ≥ 100mg, QL}.
- The following agent will be added to the PDL as **non-preferred**: BELBUCA^{PA, QL}. Additionally, the following agents will remain as **non-preferred**: AVINZA^{PA, QL}, BUTRANS^{PA, QL}, CONZIP^{PA, QL}, DOLOPHINE^{PA, QL}, DURAGESIC^{PA, QL}, EXALGO^{PA, QL}, fentanyl patch (37.5 mcg/hr, 62.5 mcg/hr, and 87.5 mcg/hr)^{PA, QL}, hydromorphone ER^{PA, QL}, HYSINGLA ER^{PA, QL}, methadone^{PA, QL}, METHADOSE^{PA, QL}, morphine sulfate ER capsules^{PA, QL}, morphine sulfate SA^{PA ≥ 100mg, QL}, morphine sulfate SR 24hr^{PA, QL}, MS CONTIN^{PA, QL}, NUCYNTA ER^{PA, QL}, OPANA ER^{PA, QL}, OXYCONTIN^{PA, QL}, oxymorphone ER^{PA, QL}, oxycodone ER^{PA, QL}, tramadol ER^{PA, QL}, tramadol ER 24 hr^{PA, QL}, tramadol ER^{PA, QL}, ULTRAM ER^{PA, QL}, and ZOHYDRO ER^{PA, QL}.

ANTI-INFECTIVES

Antifungals: Oral

- The following agents will remain as **preferred**: clotrimazole troches, fluconazole suspension^{PA}, fluconazole tablets^{QL}, griseofulvin ultramicrosize, griseofulvin suspension, nystatin, and terbinafine^{PA, QL}.
- The following agent will be added to the PDL as **non-preferred**: ORAVIG^{PA}. Additionally, the following agents will remain as **non-preferred**: ANCOBON^{PA}, CRESEMBA^{PA}, DIFLUCAN suspension^{PA}, DIFLUCAN tablets, flucytosine^{PA}, GRIFLUVIN V, griseofulvin microsize, GRIS-PEG, itraconazole^{PA, QL}, ketoconazole^{PA}, LAMISIL^{PA, QL}, NOXAFIL^{PA}, ONMEL^{PA, QL}, SPORANOX^{PA, QL}, TERBINEX^{PA, QL}, VFEND^{PA}, and voriconazole^{PA}.

Hepatitis C Antivirals

- The following agent will be added to the PDL as **non-preferred**: ZEPATIER^{PA, QL}.
- All other agents in this class will retain their current PDL status.

CARDIOVASCULAR AGENTS

Angiotensin II Receptor Blockers/Nepriylsin Inhibitors

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

Beta Blockers

- The following agents will remain as **preferred**: atenolol, metoprolol tartrate, propranolol (excluding solution), nadolol, and sotalol.
- The following agent will be added to the PDL as **non-preferred**: SOTYLIZE^{PA}. Additionally, the following agents will remain as **non-preferred**: acebutolol, BETAPACE, betaxolol, bisoprolol fumarate^{PA}, BYSTOLIC, CORGARD,

HEMANGEOL, INDERAL LA, INDERAL XL, INNOPRAN XL^{QL}, LEVATOL^{QL}, LOPRESSOR, metoprolol succinate^{PA, QL}, pindolol, propranolol solution^{PA}, propranolol ER, SECTRAL, SORINE, TENORMIN, timolol maleate, TOPROL XL^{PA, QL}, and ZEBETA.

Diuretics: Carbonic Anhydrase Inhibitors

- The following agents will remain as preferred: acetazolamide and methazolamide.
- The following agent will be added to the PDL as non-preferred: KEVEYIS^{PA, QL}. The following agents will remain as non-preferred: DIAMOX Sequels.

Platelet Inhibitors

- The following agents will remain as preferred: AGGRENOX, anagrelide, BRILINTA^{PA, QL}, cilostazol, clopidogrel 75mg, dipyridamole, ticlopidine.
- The following agents will be added to the PDL as non-preferred: DURLAZA^{PA, QL}. Additionally, the following agents will remain non-preferred: AGRYLIN, aspirin/dipyridamole, clopidogrel, EFFIENT^{PA}, PERSANTINE, PLAVIX, PLETAL, and ZONTIVITY^{PA, QL}.

CENTRAL NERVOUS SYSTEM

Anti-Migraine: 5-HT1 Receptor Agonists

- The following agents will remain as preferred: IMITREX NASAL^{QL}, RELPAX^{QL}, rizatriptan^{QL}, rizatriptan ODT^{QL}, sumatriptan vials^{QL}, and sumatriptan tabs^{QL}.
- The following agents will be added to the PDL as non-preferred: ZECUITY^{PA, QL}. Additionally, the following agents will remain as non-preferred: ALSUMA^{QL}, almotriptan^{PA, QL}, AMERGE^{QL}, AXERT^{QL}, FROVA^{QL}, IMITREX injectable^{QL}, IMITREX Kit^{PA, QL}, IMITREX tablets^{QL}, MAXALT^{QL}, MAXALT MLT^{QL}, naratriptan^{QL}, sumatriptan kits^{PA, QL}, sumatriptan nasal^{QL}, SUMAVEL DosePro^{PA, QL}, TREXIMET^{QL}, ZOMIG^{QL}, ZOMIG Spray^{QL}, ZOMIG ZMT^{QL}, and zolmitriptan^{QL}.

ENDOCRINE & METABOLIC AGENTS

Diabetes: Insulin

- The following agents will remain as preferred: Humalog vials, Humalog 75/25 vials, Humalog 50/50 vials, Humalog KwikPen, Humalog Mix 50/50 KwikPen, Humalog Mix 75/25 KwikPen, Humulin N, Humulin N KwikPen, Humulin R, Humulin R U-500, Humulin 70/30 vials, Humulin 70/30 KwikPen, Lantus vials, Lantus Solostar, Levemir FlexTouch, and Levemir vials.
- The following agent will be added as non-preferred: TRESIBA Flextouch^{PA}. Additionally, the following agents will remain non-preferred: AFREZZA^{PA, QL}, APIDRA, APIDRA Solostar, HUMALOG 200mg/ml^{PA}, NOVOLIN N, NOVOLIN R, NOVOLIN 70/30, NOVOLIN vials, NOVOLOG Flex Pen^{PA}, NOVOLOG Mix 70/30 Flex Pen^{PA}, NOVOLOG Mix 70/30 vials, and TOUJEO Solostar^{PA}.

Diabetes: SGLT2 Inhibitors and Combinations

- The following agent will be added to the PDL as non-preferred: SYNJARDY^{PA, QL}. Additionally, the following agents will remain as non-preferred: FARXIGA^{PA, QL}, GLYXAMBI^{PA, QL}, INVOKAMET^{PA, QL}, INVOKANA^{PA, QL}, JARDIANCE^{PA, QL}, and XIGDUO XR^{PA, QL}.

GASTROINTESTINAL

Anti-Emetics: NK-1 Antagonists

- The following agents will be added to the PDL as non-preferred: VARUBI^{PA, QL}. Additionally, the following agents will remain as non-preferred: AKYNZEO^{PA, QL}, and EMEND^{PA, QL}.

RESPIRATORY

Anticholinergics, Inhaled

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

VITAMINS AND ELECTROLYTES

Potassium Depleters

- The following agents will remain preferred: kalexate, KIONEX, and sodium polystyrene sulfonate.
- The following agent will be added to the PDL as non-preferred: VELTASSA^{PA, QL}. Additionally, the following agents will remain as non-preferred: KAYEXALATE and SPS.

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

- ACIPHEX SPRINKLES^{PA, QL}
- alosetron
- AMITIZA^{PA, QL}
- BELBUCA^{PA, QL}
- COSENTYX^{PA, QL}
- DAKLINZA^{PA, QL}
- ENTRESTO^{PA, QL}
- FULYZAQ^{PA}
- HARVONI^{PA, QL}
- KEVEYIS^{PA, QL}
- LINZESS^{PA, QL}
- LOTRONEX^{PA, QL}
- OLYSIO^{PA, QL}
- ORAVIG^{PA}
- PEGASYS^{PA> 24 weeks, QL}
- SEEBRI NEOHALER^{PA, QL}
- STRENSIQ^{PA}
- SOVALDI^{PA, QL}
- SOTYLIZE^{PA}
- TECHNIVIE^{PA, QL}
- TRESIBA FLEXTOUCH^{PA}
- UTIBRON NEOHALER^{PA, QL}
- VARUBI^{PA, QL}
- VELTASSA^{PA, QL}
- VIEKIRA PAK^{PA, QL}
- XIFAXAN^{PA, QL}
- ZECUITY^{PA, QL}
- ZEPATIER^{PA, QL}

NOTE:

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which 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.

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®, Hizenra®, 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.0 420-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.0 420-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.