



**STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
729 CHURCH STREET
NASHVILLE, TENNESSEE**

This notice is to advise you of information regarding the Point-of-Sale (POS) system used for processing pharmacy claims for the *TennCare Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Provider Education Conference Call

Provider Conference Calls have been scheduled for June 16 and 17, 2005 to address processing questions resulting from the newly implemented pharmacy edits. The format of this session will be Question and Answer. Due to the one hour time limit, please fax your questions to 615-532-7681 by Tuesday, June 14. Please note the following Conference Call dates and times:

- **Thursday, June 16:** 3:00 p.m. to 4:00 p.m. CDST (4:00 p.m. to 5:00 p.m. EDST)
- **Friday, June 17:** 10:00 a.m. to 11:00 a.m. CDST (11:00 a.m. to 12:00 p.m. EDST)

Dial-in information for the Conference Call:

1. Conference Call toll-free access number: 800-824-7254
2. Guest Room number: 146208. You will be prompted to enter the guest room number.
3. While on the Conference Call, you may mute your phone by pressing the # button.

Grier Consent Decree: The Grier consent decree is still active for TennCare recipients. **Please ensure your patients do not leave the pharmacy without medication.** Please follow the guidelines for processing prescriptions with Grier when the appropriate criteria are met. A copy of the criteria and uses of the Grier override codes can be found at the First Health/TennCare website, www.firsthealth.com.

Preferred Drug List (PDL) for TennCare:

The Preferred Drug List (PDL) will become effective on **July 1, 2005** and can now be viewed on the First Health/TennCare website. Please download a copy and share the information with all TennCare providers at www.firsthealth.com. The individual changes to the PDL are listed below with the changes outlined to make switching to a PDL drug easier for your patients.

- ACE Inhibitors
 - Benazepril has been added to preferred agents (previously not on the list)
 - Altace® and moexipril have moved from preferred agents to PA required
 - Quinapril (generic Accupril®) will require a PA
- ACE Inhibitor/Diuretic Combinations
 - Now, Accuretic® and Uniretic® have moved from preferred agents to PA required
 - Benazepril/HCTZ has been added to preferred agents (previously not on the list)
 - Quinaretic® and fosinopril HCT has been added to PA required (previously not on the list)

- ACE + Calcium Channel Blocker
 - No changes to this class
- Angiotensin II Receptor Antagonists
 - No changes to this class
- ARB/Diuretic Combinations
 - No changes to this class
- Beta Blockers and Beta Blocker + Diuretic Combination
 - Beta Blockers and Beta Blockers + Diuretic Combination were separated into 2 classes; now they are combined into one
 - Inderal LA® moved from preferred to PA required
 - Metoprolol tartrate and Sotolol AF have been added to the PDL under preferred agents
 - Sorine® and Visken® have been added to the PDL under PA required
- Alpha/Beta Blockers
 - Coreg® has moved from preferred to PA required
- Calcium Channel Blockers -Dihydropyridines
 - Felodipine ER and Adalat® have been added to the preferred agents (previously not on the list)
 - Nimotop® has been removed from the list altogether
- Calcium Channel Blockers- Non-Dihydropyridines
 - Verapamil ER and Diltiazem ER/SR/XR have been added to the list of preferred agents (previously not on the list)
 - Calan SR® , Cardizem CD® , Isoptin SR® , and Tiazac® have been added to the list of PA required agents (previously not on the list)
- Beta Adrenergic Agonists: Short Acting MDI's or Inhalation Devices
 - Alupent MDI® and Xopenex® have moved from preferred to PA required agents
 - Airet®, Brethine®, and Ventolin MDI® has been removed from the list (previously on the PA required list)
 - Terbutaline tablets has been removed from the list (previously on preferred agents)
 - Foradil® and Serevent Diskus® were moved to another class (Please see 'Long Acting Beta Adrenergics')
 - Accuneb® and metaproterenol solution have moved down into another category (please see 'Short Acting Beta Adrenergic' for further breakdown)
- Beta Adrenergic Agents: Long Acting Metered Dose Inhalers
 - New category (previously ingrained with Beta Agonists)
 - Serevent Diskus® and Foradil® are the only preferred agents, with no medications under PA required
- Beta Adrenergic Agents: Short Acting Nebulizers
 - New class to PDL (previously ingrained with Beta Agonists)
 - Alupent® Inhaler and Xopenex® have moved from preferred to PA required
- Beta Adrenergics: Combination Products
 - New class to PDL
 - Advair® moved from preferred to PA required
- Inhaled Anticholinergics
 - New class to PDL

- Inhaled Corticosteroids
 - Advair Diskus® (moved to Beta Adrenergics: Combination Products) and Flovent Rotadisk® have been removed from list (previously on preferred agents list)
 - Flovent HFA® has been added to preferred agents (previously not on the list)
 - Q-VAR® has moved to the preferred agents list (previously under PA required)
 - Pulmicort Turbuhaler® has been added to the PA required agents (previously not on the list)
- Leukotriene Modifiers
 - Zylflo® has been removed from the list (previously under PA required)
- Non-Sedating Antihistamines
 - Clarinex-D® has been added to the PA required list (previously not on the list)
- Gastrointestinals: PPI's
 - Protonix® has been moved from preferred to PA required
 - Nexium®, and Prevacid® moved from PA required to preferred agents
 - Prilosec OTC® has been added to preferred agents (not previously on the list)
 - Omeprazole and Prevacid Granules® have been added to the PA required list (not previously on the list)
- Hypoglycemics: Thiazolidinediones
 - Avandia® and Avandamet® have moved to PA required from Preferred
- Hypoglycemics: Biguanides
 - Fortamet® has been added as a PA required agent (previously not on the list)
- Hypoglycemics: Sulfonylureas and Combination Products
 - Amaryl® and Glucotrol XL® moved from preferred agents to PA required agents
 - Chlorpropamide, tolazamide, and Tolinase® have been removed from the list (previously preferred agents)
 - Glipizide ER has been added to preferred agents
 - Diabinese® and Micronase® were removed from the list (previously in the PA required list)
- Hypoglycemics: Alpha-Glucosidase Inhibitors
 - No changes to this class
- Hypoglycemics: Meglitinides
 - No changes to this class
- Insulins (Overall)
 - Insulins were broken up by absorption type (i.e., bolus, biphasic, etc.)
 - Velosulin® was removed from the list (previously a preferred agent)
- Bolus Insulins of Human rDNA Origin
 - No changes to this class
- Basal Insulins of Human rDNA Origin
 - Humulin L® and Humulin U® moved from preferred to PA required
 - Novolin N® and Novolin L® remain preferred
- Premixed Combination Insulins of Human rDNA Origin
 - No changes to this class

- Bolus Insulins: Analogs
 - Humalog® moved from preferred to PA required
 - Novolog® remains preferred
- Premixed Combinations (Biphasic Absorption): Analogs
 - Novolog Mix 70/30® remains preferred
- Basal Insulins: Analogs/Miscellaneous
 - Lantus® remains preferred
 - Symlin® was added to the PA required list
- Penicillins
 - Augmentin ES® Augmentin XR®, and Trimox® are no longer preferred agents
 - Now, all generic penicillins are preferred agents
 - Now, all brand name penicillins will require a PA
- Cephalosporins: 1st Generation
 - As a class, cephalosporins were not previously reviewed
 - Now, cefadroxil and cephalexin are preferred agents
 - Now, Duricef®, Keflex®, and Keftab® will require a PA
- Cephalosporins: 2nd Generation
 - Now, cefaclor, Ceftin Suspension®, cefuroxime, and Cefzil Suspension® are preferred agents
 - Now, Cefaclor ER, Ceclor®, Ceclor CD®, Cefzil®, Ceftin®, Lorabid®, and Raniclor® will require a PA
- Cephalosporins: 3rd Generation
 - Now, Cedax®, cefpodoxime, Omnicef®, and Suprax® are preferred agents
 - Now, Spectracef® and Vantin® will require a PA
- Ketolides
 - Ketolides are a new class of antibiotics which came to existence in late 2004
 - Ketek® will require a PA
- Advanced Generation Macrolides
 - Biaxin XL® moved from a preferred agent to PA required
 - Clarithromycin will require a PA until the price drops, then clarithromycin will move to preferred agents and Biaxin® will move to PA required
 - Dynabac®, E.E.S.®, EryPed®, Ery-Tab®, PCE®, and Tao® have all been removed from the list altogether (previously under preferred agents)
 - All generic erythromycins are preferred
- Oxazolidinones
 - New class to PDL
 - Zyvox® will require a PA
- Quinolones: Systemic
 - Cipro® and Levaquin® were moved from preferred agents to PA required agents
 - Avelox® moved from PA required agents to preferred agents
 - Avelox ABC Pack® was added to preferred agents (not previously on this list)
 - NegGram® was removed from the list (previously under PA required)
- Antifungals: Onychomycosis
 - Diflucan® and ketoconazole have been removed from the list (previously under preferred agents)

- Ancobon®, Mycelex®, Nizoral®, and VFend® have been removed from the list (previously under PA required agents)
 - Griseofulvin has been added to the preferred agents
- Hepatitis C: Peginterferons
 - New class to PDL
 - TBD
- Hepatitis C: Ribavirins
 - New class to PDL
 - TBD
- Herpes Antivirals
 - Valtrex® moved from preferred to PA required
 - Famvir® moved from PA required to preferred
- Influenza
 - Flumadine Syrup® removed from list (previously under preferred agents)
 - Flumadine® tablets under PA required
- Immunomodulators
 - New class to PDL
- NSAID's
 - All generic NSAID's are preferred
 - Arthrotec® is preferred for patients ≥ 60 years of age
 - Ketoprofen ER, and Mefenamic Acid have been added to preferred agents
 - Anaprox DS®, EC-Naprosyn®, Indocin SR®, Lodine XL®, Meclomen®, and Voltaren XR® have been added to PA required agents
 - Mobic® removed from this category and placed under "Receptor Selective NSAID's"
- Receptor Selective NSAID's
 - Celebrex® moved from PA required agent to preferred agent
 - Mobic® added as a preferred agent
- Serotonin Receptor Agonists
 - Axert® and Imitrex® removed from preferred agents to PA required agents
 - Only Imitrex Vial® is preferred
 - Maxalt®, Maxalt MLT®, Zomig®, and Zomig ZMT® moved from PA required to preferred agents
- Topical Immunomodulators
 - New class to PDL
 - Elidel® and Protopic® are preferred agents with clinical criteria
- Ophthalmic Alpha-2 Adrenergic Agents
 - All ophthalmics broken down by class (previously combined into one class-miotics)
 - Alphagan® removed from the list (previously a preferred agent)
 - Alphagan P® is preferred
 - Iopidine® added to PA required agents
- Ophthalmic Beta Blockers
 - All ophthalmics broken down by class (previously combined into one class-miotics)
 - Betoptic® added to PA required agents
 - Betoptic S® is a preferred agent
 - Timoptic XE® added to PA required agents

- Ophthalmic Carbonic Anhydrase Inhibitors
 - All ophthalmics broken down by class (previously combined into one class-miotics)
 - No changes to this class
- Ophthalmic Antihistamines
 - New class to PDL
 - Elestat®, Zaditor® are preferred
 - Emadine®, Optivar®, and Patanol® are PA required agents
- Ophthalmic Mast Cell Stabilizers
 - New class to PDL
 - Alocril® and cromolyn sodium preferred
 - Alamast®, Alomide®, Crolom®, and Opticrom® are PA required agents
- Ophthalmic Quinolones
 - New class to PDL
 - Ciprofloxacin and Vigamox® are preferred
 - Ciloxan®, Ocuflor®, Ofloxacin, Quixin®, and Zymar® are PA required agents
- Ophthalmic Prostaglandin Agonists
 - New class to PDL
 - Lumigan® is a preferred agent
 - Travatan® and Xalatan® require a PA

Medications that are being removed from the PDL which will NOT be grandfathered: TennCare will NOT grandfather in the following lists of medications that are being removed from the PDL. However, if there is an existing prior authorization in place for that medication, the prior authorization will remain active through the current expiration date. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. Also, encourage the recipients to talk with their prescriber about switching to a preferred medication in the respective class of drugs. Please attempt to process prescriptions for these medications as your patients may have previous Prior Authorizations in place for these medications.

Medications Which Will Not Be Grandfathered - Coverage Expires 6/30/05

GASTROINTESTINALS

PPI'S

PROTONIX®

ANTIBIOTICS

PENICILLIN ANTIBIOTICS

AUGMENTIN XR®

AUGMENTIN ES®

TRIMOX®

1ST GENERATION CEPHALOSPORINS

DURICEF®

KEFLEX®

KEFTAB®

2ND GENERATION CEPHALOSPORINS

CEFACTOR ER

CECLOR®

CECLOR CD®

CEFZIL®

CEFTIN®

LORABID®

RANICLOR®

3RD GENERATION CEPHALOSPRINS

SPECTRACEF®

VANTIN®

KETOLIDE ANTIBIOTICS

KETEK®

MACROLIDE ANTIBIOTICS

BIAXIN XL®
 E.E.S.®
 ERY-TAB®
 TAO®

DYNABAC®
 ERYPED®
 PCE®

QUINOLONE ANTIBIOTICS

CIPRO®
 NEGRAM®

LEVAQUIN®

ANTI-VIRALS**HERPES ANTI-VIRALS**

VALTRES®

ANTI-MIGRAINE AGENTS**SEROTONIN RECEPTOR AGONISTS**

AXERT®

IMITREX®

OPHTHALMICS**OPHTHALMIC ANTIHISTAMINES**

EMADINE®
 PATANOL®

OPTIVAR®

OPHTHALMIC QUINOLONES

CILOXAN®
 OFLOXACIN
 ZYMAR®

OCUFLOX®
 QUIXIN®

OPHTHALMIC MAST CELL STABILIZERS

ALAMAST®
 CROLOM®

ALOMIDE®
 OPTICROM®

Grandfathering schedule for medications that are being removed from the PDL: TennCare will grandfather the following lists of medications that are being removed from the PDL. However, if there is an existing prior authorization in place for that medication, the PA will remain active through the current expiration date. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. Also, encourage the recipients to talk with their prescriber about switching to a preferred medication in that respective class of drugs. Please attempt to process prescriptions for these medications as your patients may have previous Prior Authorizations in place for these medications.

Grandfathered Medications For Which Coverage Is Expiring On 7/31/05**DIABETES MELLITUS****BOLUS INSULINS**

HUMALOG®

BASAL INSULINS OF HUMAN rDNA ORIGIN

HUMULIN L®
 HUMULIN U®

RELION R®

SULFONYLUREAS AND COMBINATION PRODUCTS

AMARYL®

GLUCOTROL XL®

THIAZOLIDINEDIONES- ORAL ANTIDIABETIC

AVANDIA®

THIAZOLIDINEDIONES/METFORMIN

AVANDAMET®

OPHTHALMICS

ALPHA 2 ADRENERGIC AGENTS- GLAUCOMA

IOPIDINE®

BETA BLOCKERS

TIMOPTIC XE®

PROSTAGLANDIN AGONISTS

XALATAN®

TRAVATAN®

RESPIRATORY

SHORT ACTING BETA ADRENERGICS

ALUPENT®

BETA-ADRENERGIC AGENTS: NEBULIZER

ALUPENT®

XOPENEX®

BETA ADRENERGICS: COMBINATION PRODUCTS

ADVAIR®

INHALED CORTICOSTEROIDS

PULMICORT TURBUHALER®

NON-SEDATING ANTIHISTAMINES

CLARINEX-D®

Grandfathered Medications For Which Coverage Is Expiring On 8/31/05

CARDIOVASCULAR

ACE INHIBITORS

ALTACE®

MOEXIPRIL®

ACE INHIBITOR/DIURETIC COMBINATIONS

ACCURETIC®

UNIRETIC®

BETA BLOCKERS

INDERAL LA®

ALPHA/BETA BLOCKERS

COREG®

CALCIUM CHANNEL BLOCKERS (DHP)

ADALAT®

CARDENE SR®

CALCIUM CHANNEL BLOCKERS (NON-DHP)

CALAN SR®

CARDIZEM CD®

ISOPTIN SR®

TIAZAC®

ANALGESICS

NSAIDS

ANAPROX DS®

EC-NAPROSYN

INDOCIN SR®

LODINE XL®

MECLOMEN®

VOLTAREN XR®

If you have general processing questions, please contact the First Health Technical Call Center at 866-434-5520. If you have questions regarding the new clinical edits or prior authorizations, please contact the First Health Clinical Call Center at 866-434-5524. Prior authorizations can also be faxed to the First Health Call Center at 866-434-5523. For recent notifications, updated payer specifications, or additional information, please visit the First Health/TennCare website at: www.firsthealth.com. The TennCare Fraud and Abuse Hotline is 800-433-3982.

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