



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

## Notification regarding the implementation schedule of the new TennCare Preferred Drug List.

On 7/1/2005 TennCare will begin the process of updating the Preferred Drug List, or PDL. Changes to the PDL will occur over the next several months with new categories/changes being implemented on the first of every month. On 7/1/2005 several new therapeutic categories will be added to the PDL and there will be some changes in existing categories. On 7/1, new prescriptions will be subject to the new PDL requirements, however patients already on medications that are changing status will be grandfathered for some period of time according to the schedule below. A grandfathering schedule may have been communicated to you previously, however that schedule has been modified based on feedback from the provider community. One month has been added to all the drugs in the original schedule to give providers more lead time in switching patients to the new PDL medications.

**PLEASE NOTE:** The PDL which will become effective on July 1, 2005 will only be the interim PDL. Subsequent medication class reviews will be conducted in the coming months. The following classes of medications will be reviewed on the following dates:

### June 23, 2005

Alzheimer's Agents  
Androgen Hormone Inhibitor Agents  
Anti-Emetic Agents  
Alpha Blockers for BPH  
Antihyperkinesia Agents  
Electrolyte Depletter Agents  
Intranasal Steroids  
Multiple Sclerosis Agents  
Non-Ergot Dopamine Receptor  
Sedative Hypnotics  
Urinary Tract Antispasmodic Agents

### August 3, 2005

Analgesics: Narcotics  
Analgesics: Narcotic Agonists / Antagonists  
Analgesics: Non-Narcotics  
Behavioral Health Medications  
Bone Ossification Agents  
Lipotropics: Statins  
Lipotropics: Niacin Derivatives  
Lipotropics: Cholesterol Absorption Inhibitors  
Lipotropics: Fibric Acid Derivatives  
Lipotropics: Bile Acid Sequestrant

Once these classes are reviewed, they will be added or modified on the PDL based on a phased in approach. As a result, please visit the First Health / TennCare website regularly to stay up-to-date on changes to the PDL. The interim PDL will be available at [www.firsthealth.com](http://www.firsthealth.com)

Changes to the PDL will occur on the first of each month for the next several months. TennCare is staggering the implementation of the PDL to help lessen the provider impact in any one month. Once this process is complete, a new PDL will be mailed to you, but until that time please check the First Health website for the monthly changes.

### Grandfathering Schedule:

If your patient is on a medication that needs to be changed, please do so before the coverage expires. If there is a clinical reason a patient is unable to be changed to a preferred product, please request a prior authorization through First Health's Clinical Call Center prior to the end of the grandfathering period. Please see the grandfathering schedule below.

**Grandfathering schedule for medications that are being removed from the PDL:** TennCare will grandfather (i.e. continue to cover, without prior authorization) the following lists of medications that are being removed from the PDL for the time period indicated below. However, if there is an existing prior authorization in place for the medication, the PA will remain active through the current expiration date. Please check the enclosed interim PDL to determine the new preferred agents and **inform your patients who are on one of these medications listed below that switching to a preferred medication will decrease delays in receiving their medications.**

## **Non-Preferred Medications For Which Grandfathering Expires On 7/31/05**

### **GASTROINTESTINALS**

#### **PPI'S**

PROTONIX®

### **ANTIBIOTICS**

#### **PENICILLIN ANTIBIOTICS**

AUGMENTIN XR® AUGMENTIN ES® (BRAND NAME)

#### **1<sup>ST</sup> GENERATION CEPHALOSPORINS**

DURICEF® KEFLEX®

KEFTAB®

#### **2<sup>ND</sup> GENERATION CEPHALOSPORINS**

CEFACTOR ER CE CLOR®

CECLOR CD® CEFZIL®

CEFTIN® LORABID®

RANICLOR®

#### **3<sup>RD</sup> GENERATION CEPHALOSPORINS**

SPECTRACEF® VANTIN®

#### **KETOLIDE ANTIBIOTICS**

KETEK®

#### **MACROLIDE ANTIBIOTICS**

BIAXIN XL® DYNABAC®

E.E.S.® ERYPED®

ERY-TAB® PCE®

TAO®

#### **QUINOLONE ANTIBIOTICS**

CIPRO® LEVAQUIN®

NEGGRAM®

### **ANTI-VIRALS**

#### **HERPES ANTI-VIRALS**

VALTREX®

### **ANTI-MIGRAINE AGENTS**

#### **SEROTONIN RECEPTOR AGONISTS**

AXERT® IMITREX TABS AND NASAL®

### **OPHTHALMICS**

#### **OPHTHALMIC ANTIHISTAMINES**

EMADINE® OPTIVAR®

PATANOL®

#### **OPHTHALMIC QUINOLONES**

CILOXAN® OCUFLOX®

OFLOXACIN QUIXIN®

ZYMAR®

#### **OPHTHALMIC MAST CELL STABILIZERS**

ALAMAST® ALOMIDE®

CROL OM® OPTICROM®

## **Non-Preferred Medications For Which Grandfathering Expires On 8/31/05**

**DIABETES MELLITUS**

**BOLUS INSULINS**

HUMALOG®

**BASAL INSULINS OF HUMAN RDNA ORIGIN**

HUMULIN L®

RELION R®

HUMULIN U®

**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®

**RESPIRATORY**

**SHORT ACTING BETA ADRENERGICS**

ALUPENT®

**BETA ADRENERGIC AGENTS: NEBULIZER**

ALUPENT®

XOPENEX®

**BETA ADRENERGICS: COMBINATION PRODUCTS**

ADVAIR®

**INHALED CORTICOSTEROIDS**

PULM ICORT TURBUHALER®

**NON-SEDATING ANTIHISTAMINES**

CLARINEX-D®

**Non-Preferred Medications For Which Grandfathering Expires On 9/30/05**

**CARDIOVASCULAR**

**ACE INHIBITORS**

ALTAC E®

MOEXIPRIL®

**ACE INHIBITOR/DIURETIC COMBINATIONS**

ACCURE TIC®

UNIRETIC®

**BETA BLOCKERS**

INDER AL LA®

**CALCIUM CHANNEL BLOCKERS (DHP)**

CARDE NE 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](http://www.firsthealth.com). The TennCare Fraud and Abuse Hotline is number is 800-433-3982.

**PLEASE NOTE:** The included PDL is only an interim version. Please visit the First Health / TennCare website for updates at [www.firsthealth.com](http://www.firsthealth.com). The final PDL will be mailed near the end of the year.