



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the 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.**

**Prescription limits and insulin:**

With the prescription limits being based on the calendar month, filling prescriptions with a 31-day supply is recommended to prevent recipients from exceeding their monthly limit. For insulin prescriptions whose days supply, when calculated by the quantity divided by the daily dosage, is less than 30 days supply, it is recommended that the pharmacy provider dispense a quantity sufficient to cover 31 days supply. Please bill these medications with the appropriate days supply calculated. **For example**, if a patient is prescribed Novolin N insulin at 25 units two times a day and one vial of insulin has 1000 units, then this would calculate to a 20-days supply. The claim for the recipient should be billed for an adequate supply to cover 31-days supply and processed with the exact days supply that the quantity entered would cover. If this claim was billed for two vials, this would calculate with a 40-days supply and should be adjudicated in this way. Also, please encourage prescribers to write for a 31-day supply of all medications to prevent recipients from exceeding their five prescription limit.

**Brand drugs to be adjudicated as generics:**

The following list of brand name medications will be treated as generics for the prescription limit and the co-pay requirement as of 8-1-05.

Brand Name to be Treated as Generic
Novolin R®
Novolin N®
Novolin L®
Novolin 70/30®
Novolog®
Novolog Mix 70/30®
Lantus®
Nexium®
Prevacid®
Prilosec OTC®
Biaxin®
Copegus®
Lithium Carbonate

**Billing for clozapine:**

In order for clozapine prescriptions to count as only one prescription toward the script limit for the month, the pharmacy provider should process the second prescription in a month for clozapine with a Submission Clarification (NCPDP #420-DK) code of '2'. This is the same field that pharmacy providers currently use to process prescriptions with a '7' to override C-II medications using the Grier consent decree.

**Billing for Effexor XR® 225mg doses:**

In order for Effexor XR® 225mg doses from counting as two prescriptions toward the monthly prescription limit, the pharmacy provider should process the first prescription for Effexor XR® 75mg or 150mg capsules routinely, then process the other prescription (depending on whether the 75mg or 150mg dose was adjudicated first) with a Submission Clarification (NCPDP #420-DK) code of '2'. This is the same field that pharmacy providers currently use to process prescriptions with a '7' to override C-II medications using the Grier consent decree.

**Pen needles for insulin delivery devices:**

The coding for inclusion of pen needles for insulin delivery devices has been updated. We apologize for the error that the pen needles were originally excluded from the Short List and OTC Coverage list for patients with a pharmacy benefit. Please reprocess your claims for these items if you filled claims between August 1 and August 4. Thank you for your cooperation with this coding change.

**Generic medications and co-payments:**

The Bureau of TennCare is aware of some generics being returned with a brand co-pay on the claim. First Health has discovered some generic drugs being priced as brand by First DataBank and is working to get these coded to allow a generic co-pay. Once the coding is complete, a notification regarding these products will be sent to all pharmacy providers addressing the rebilling of these claims. We apologize for any inconvenience in this matter and appreciate your patience.

**Important phone numbers:**

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program (providers only)	888-816-1680
TennCare Pharmacy Fax (to reorder Drugstore Notice Forms)	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523

**Helpful TennCare internet links:**

Preferred Drug List (PDL)

[www.firsthealth.com](http://www.firsthealth.com)

Clinical Criteria For PDL

[www.firsthealth.com](http://www.firsthealth.com)

Step Therapy For PDL

[www.firsthealth.com](http://www.firsthealth.com)

Quantity Level Limits

[www.firsthealth.com](http://www.firsthealth.com)

Brand Drugs Counted As Generics

[www.firsthealth.com](http://www.firsthealth.com)

First Health/TennCare home website

[www.firsthealth.com](http://www.firsthealth.com)

TennCare home website

[www.tn.gov/tenncare/](http://www.tn.gov/tenncare/)

**Thank you for your participation in the TennCare program and your commitment to assist your patients as we implement the reforms necessary to bring program costs in line with available funding.**