



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 *TennCare Pharmacy Program*.

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

With a number of changes that will directly impact providers being implemented for the *TennCare Program*, this notice is being sent as a reminder of those changes. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center should you have additional questions.

Benefit Change Information

Effective September 1, 2005, the Medically Needy Spend Down population will be subject to the five prescription limit and may have a co-pay on applicable claims. If patients have questions regarding their eligibility, please have them contact the TennCare Family Assistance Service Center at 866-311-4287.

Preferred Drug List (PDL) for TennCare:

TennCare began the process of updating the Preferred Drug List (PDL) on July 1, 2005. As new therapeutic classes have been reviewed, changes have occurred to the PDL. As a result of these changes, some medications your patients are taking may now be considered non-preferred agents. To make this transition easier for your patients, 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.** Please feel free to share the information with all TennCare providers. The individual changes to the PDL are listed below with the changes outlined to make switching to a PDL drug easier for your patients.

- Lipotropics: High Potency Statins
 - New class to PDL (previously under "Lipotropics: Statins"). Lipotropics are now separated into two classes: high potency statins and statins
 - **TBD - pending**
- Lipotropics: Statins
 - New class to PDL. Lipotropics are now separated into two classes: high potency statins and statins
 - Advicor®, Altoprev®, Lescol®, and Lescol XL® moved from PA required to preferred
 - Pravachol® moved from preferred to PA required
- Lipotropics: Cholesterol Absorption Inhibitors
 - New class to PDL (previously under "Lipotropics: Other")
 - Zetia® remains as a preferred agent

- Lipotropics: Niacin Derivatives
 - New class to PDL (previously under “Lipotropics: Other”)
 - Niacor® and Niaspan® remain as preferred agents
- Lipotropics: Bile Acid Sequestrants
 - LoCholest®, Questran Lite®, and Prevalite® were added to the PDL as PA required agents
- Lipotropics: HMG CoA Reductase Inhibitor and Calcium Channel Blocker Combination
 - New class to PDL (previously under “Lipotropics: Other”)
 - Caduet® remains as a PA required agent
- Analgesics: Narcotic Agonist/Antagonists
 - Pentazocine/acetaminophen and pentazocine/naloxone were added to the PDL as preferred agents
 - Butorphanol NS and Talacen® were added to the PDL as PA required agents
- Analgesics: Non-Narcotic Analgesics
 - Tramadol/acetaminophen was added to the PDL under PA required agents
- Analgesics: Short Acting Narcotics
 - New class to PDL (previously under “Analgesics: Narcotics”). Analgesics are now separated into five classes: narcotic agonist/antagonists, non-narcotic analgesics, short-acting narcotics, long-acting narcotics, and narcotics lozenges
 - Hydrocodone/ibuprofen was added to the PDL under preferred agents
 - Balacet 325®, Co-Gesic®, Combunox®, Darvon-CPD®, Dolophine®, Empirin with Codeine®, Hycet®, Hydrocet®, Lortab ASA®, Maxidone®, MSIR®, Panlor DC®, Panlor SS®, Synalgos-DC®, Vicoprofen, and Vopac® were added to the PDL as PA required agents
- Analgesics: Long Acting Narcotics
 - New class to PDL (previously under “Analgesics: Narcotics”). Analgesics are now separated into five classes: narcotic agonist/antagonists, non-narcotic analgesics, short-acting narcotics, long-acting narcotics, and narcotics lozenges
 - Kadian® and Oramorph SR® moved from PA required to preferred agents
 - Morphine sulfate SA tab was added to the PDL under preferred agents
 - Avinza® moved from preferred to PA required
- Analgesics: Narcotic Lozenges
 - New class to PDL (previously under “Analgesics: Narcotics”). Analgesics are now separated into five classes: narcotic agonist/antagonists, non-narcotic analgesics, short-acting narcotics, long-acting narcotics, and narcotics lozenges
 - Actiq® remains as a PA required agent
- Bone Resorption Inhibitors: Bone Ossification Suppression Agents
 - New class to PDL (previously under “Miscellaneous: Bone Resorption Suppression Agents”). Bone agents are now separated into two categories: Bone Ossification Suppression Agents and Calcitonins
 - Fosamax® moved from PA required to preferred agents
 - Fosamax-D® was added to the PDL under preferred agents
- Bone Resorption Inhibitors: Calcitonins
 - New class to PDL (previously under “Miscellaneous: Bone Resorption Suppression Agents”). Bone agents are now separated into two categories: Bone Ossification Suppression Agents and Calcitonins
 - Miacalcin® was added to the PDL under preferred agents

- Antidepressants: SSRI's
 - Previously unreviewed class
 - Citalopram, fluoxetine, paroxetine, and fluvoxamine were added to the PDL as preferred agents
 - Celexa®, Lexapro®, Luvox®, Paxil®, Paxil CR®, Pexeva®, Prozac®, Prozac Weekly®, Sarafem®, and Zoloft® were added to the PDL as PA required agents
- Antidepressants: SNRI's
 - Previously unreviewed class
 - Effexor® and Effexor XR® were added to the PDL as preferred agents
 - Cymbalta® was added to the PDL as a PA required agent
- Antidepressants: New Generation, Other
 - Previously unreviewed class
 - Bupropion, bupropion SR, bupropion SA, maprotiline, mirtazapine, mirtazapine tab rapids, nefazodone, and trazodone were added to the PDL as preferred agents
 - Desyrel®, Remeron®, Remeron Soltabs®, Wellbutrin®, Wellbutrin SR®, and Wellbutrin XL® were added to the PDL as PA required agents
- Antidepressants: Tricyclics
 - Previously unreviewed class
 - Amitriptyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, and nortriptyline were added to the PDL as preferred agents
 - Anafranil®, Asendin®, Aventyl®, Elavil®, Norpramin®, Pamelor®, Sinequan®, Surmontil®, Tofranil®, Tofranil-PM®, and Vivactil® were added to the PDL as PA required agents
- Antipsychotic Agents: Typical
 - Previously unreviewed class
 - Chlorpromazine, fluphenazine, haloperidol, loxapine, perphenazine, thioridazine, thiothixene, and trifluoperazine were added to the PDL as preferred agents
 - Haldol®, Loxitane®, Mellaril®, Moban®, Navane®, Permitil®, Prolixin®, Serentil®, Stelazine®, and Thorazine® were added to the PDL as PA required agents
- Antipsychotic Agents: Aypical
 - Previously unreviewed class (TBD) – pending

Grandfathered Medications for Which Coverage Is Expiring on 9/30/05
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ANALGESICS

NSAIDS

ANAPROX DS®	EC-NAPROSYN®
INDOCIN SR®	LODINE XL®
MECLOMEN®	VOLTAREN®

LONG ACTING NARCOTICS

AVINZA®

CARDIOVASCULAR

ACE INHIBITORS

ALTACE®	MOEXEPRIL
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ACE INHIBITORS/DIURECTIC COMBINATION

ACCURETIC®	UNIRETIC®
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BETA BLOCKERS

INDERAL LA®

CCB (DHP)

ADALAT®	CARDENE SR®
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CCB (NON-DHP)

CALAN SR®
ISOPTIN SR®

CARDIZEM CD®
TIAZAC®

LIPOTROPICS

HIGH POTENCY STATINS

TBD – STILL PENDING

STATINS

PRAVACHOL®

ANTIPSYCHOTICS

TYPICALS*

HALDOL®
MELLARIL®
PERMITIL®
STELAZINE®

LOXITANE®
NAVANE®
PROLIXIN®
THORAZINE®

BENZODIAZEPINES

FLURAZEPAM

ANTIDEPRESSANTS

SSRI'S*

CELEXA®
PAXIL®
SARAFEM®

LUVOX®
PROZAC®

NEW GENERATION, OTHER*

DESYREL®
REMERON SOLTABS®
WELLBUTRIN SR®

REMERON®
WELLBUTRIN®

TRICYCLICS*

ANAFRANIL®
AVENTYL®
NORPRAMIN®
SINEQUAN®
TOFRANIL®

ASENDIN®
ELAVIL®
PAMELOR®
SURMONTIL®
TRIMIPRAMINE

***BRAND NAME MEDICATIONS WHICH HAVE GENERIC EQUIVALENTS AVAILABLE WILL NO LONGER BE PREFERRED AND COVERAGE WILL EXPIRE ON 9/30/05.**

Grandfathered Medications for Which Coverage Is Expiring on 10/31/05

ANTIPSYCHOTICS

ATYPICALS

TBD -STILL PENDING

TYPICALS

MOBAN®

SERENTIL®

ANTIDEPRESSANTS

SSRI'S

LEXAPRO®
PEXEVA®
ZOLOFT®

PAXIL CR®
PROZAC WEEKLY®

NEW GENERATION, OTHER

WELLBUTRIN XL®

TRICYCLICS

TOFRANIL-PM®

VIVACTIL®

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

COGNEX®

RAZADYNE®

NMDA RECEPTOR AGENTS

NAMENDA®

ANTIHYPERKINESIS AGENTS

ADDERALL®

CONCERTA®

DESOXYN®

DEXEDRIN CAPSULE SA®

DEXEDRIN TAB®

PEMOLINE

PROVIGIL®

RITALIN®

RITALIN SR®

STRATTERA®

ANDROGEN HORMONE INHIBITOR AGENTS

AVODART®

URINARY TRACT ANTISPASMODIC AGENTS

OXYTROL®

DETROL®

INTRANASAL STEROIDS

FLONASE®

NASACORT AQ®

TRI-NASAL®

Grier Consent Decree: The Grier consent decree is still active for TennCare recipients who have pharmacy benefits. However, if the patient has met their prescription limit for the month, the Grier prior authorization process will not apply. 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, [y y y 0ktuj gcnj @qo](#).

Prescriber Last Name:

Effective October 1, 2005, submitting the prescriber's last name will be required to adjudicate a pharmacy claim (NCPDP Field 427-DR). Please ensure all claims submitted for TennCare patients contain the proper information in this field. Please update your system with the correct spelling of the prescriber's name. Providers may need to contact their software vendor to ensure that this field is being transmitted on each claim.

Co-payments for clozapine/Clozaril® and Effexor XR® 225mg doses:

When using the Submission Clarification (NCPDP #420-DK) code of '2' to keep these medications from counting as more than one fill against the script limit, each fill of the medication may result in the patient having to pay a co-pay. 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.

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 Services 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. If you experience an issue with a generic medication, please fax the information (ndc, patient identification number, date of service, pharmacy name and contact number) to 615-741-0078. We apologize for any inconvenience in this matter and appreciate your patience.

Guide for TennCare Pharmacies: Override Codes

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Grier 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Grier (Rx NOT changed to PDL product, remainder of Rx, i.e. up to 28 day supply) to avoid counting against script limit twice	Prior Authorization Type Code (461-EU)	1
Grier (Rx CHANGED to PDL after 3-day supply already dispensed)	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Grier (Non-PDL C-II Product Override or LTC override for refills)	Submission Clarification Code (42Ø-DK)	7
Clozapine / Clozaril® (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor® 225mg (Effexor® XR 75 mg and Effexor® XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	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)
[y y Øktuj gcnj Øqo](#)
 Clinical Criteria, Step Therapy, and Quantity Level limits For PDL
[y y Øktuj gcnj Øqo](#)
 Brand Drugs Counted As Generics
www.firsthealth.com
 First Health/TennCare home website
www.firsthealth.com
 TennCare home website
www.tn.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the PDL. The PDL can be found at www.firsthealth.com. Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

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.