



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

**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 Pharmacy 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.

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

ANTIDEPRESSANTS

SSRI'S

LEXAPRO®

PEXEVA®

SARAFEM®

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®

DESOXYN®

DEXEDRINE TAB®

PROVIGIL®

RITALIN SR®

CONCERTA®

DEXEDRINE CAPSULE SA®

PEMOLINE

RITALIN®

STRATTERA®

ANDROGEN HORMONE INHIBITOR AGENTS

AVODART®

URINARY TRACT ANTISPASMOTIC AGENTS

OXYTROL®

DETROL®

INTRANASAL STEROIDS

FLONASE®

TRI-NASAL®

NASACORT AQ®

Provider Education Conference Calls:

Provider Conference Calls have been scheduled for October 26 & 27, 2005 to address processing questions resulting from the newly implemented preferred drug list and edits. The format of this session will be Question and Answer.

- **Wednesday, October 26:** 3:00 p.m. to 4:00 p.m. CDST (4:00 p.m. to 5:00 p.m. EDST)
- **Thursday, October 27:** 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: 800-857-5568
2. Guest Room number: 45737. 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 in effect 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, www.firsthealth.com. Pharmacists should ensure that patients do NOT leave the pharmacy without medication. Please call the First Health Services Technical Call Center at 866-434-5520 with any questions.

Over-the-Limit Letters to Recipients:

Recipients will receive a letter from First Health when a claim is denied at the pharmacy for exceeding either the two brands or five total prescriptions limit for the month. The State is required by law to send a denial notice to the enrollee. Because the pharmacy will attempt to process claims first to make sure the recipient has not met their prescription limit or that the medication is not on the short list, the denial will result in a letter being generated to the patient even if they agree to pay out-of-pocket for the additional medication. These letters are generated on Monday, Wednesday, and Friday of each week. If a claim is reversed and another medication processed in its place, a letter will only be generated if an additional medication is denied for being over-the-limit.

Prescriber Last Name:

Effective November 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.

Drug-Duration Edit:

Effective 11/1/05, a drug to duration edit will be activated. This edit will deny claims for exceeding the manufacturer's guidelines for length of therapy. This edit is similar to the quantity limit edit that is already in place. Please contact the First Health Technical call center with any questions at 866-434-5520.

Drug-Drug Interactions:

In order to reduce the risk of potentially harmful effects of Drug-Drug interactions, effective October 6, 2005, specific Drug-Drug interactions, that have been identified as potentially dangerous and well documented, will deny at POS. When an interaction is identified, the claim will deny with the NCPDP denial code of "88-DD – Drug-Drug Interaction". Pharmacists will be allowed to receive an override for this denial from the call center if the pharmacist is positive that one of the medications involved in the interaction has been discontinued or they have clinical information to justify the interaction. If this information is not available, the prescriber will have to request a prior authorization from the call center, either by phone or fax.

Exceptions:

Those Drug-Drug Interactions not specifically identified to deny, will continue to return a soft edit message identifying the detected interaction.

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. The medications that need to have their coding changed will be done twice a month around the 15th and 30th of each month. Please contact the First Health Services Technical Call Center at 866-434-5520 to get an override for the co-pay. We apologize for any inconvenience in this matter and appreciate your patience.

New Additions to the Short List:

Effective November 1, 2005, the short list of medications that do not count against the script limit will be updated to include some generic medications to treat asthma, cardiovascular disease, and diabetes. The list of additional medications will be posted to the First Health/TennCare website toward the end of the month.

Long Term Care Pharmacy Providers:

In order to ease the transition to Medicare Part D, TennCare will be allowing LTC pharmacies the opportunity to bill their prescriptions in a pre-consumption format. An update to the pharmacy manual for TennCare was sent with the remittance advice to all TennCare pharmacies for the last 3 weeks. If you are a LTC pharmacy and would like to participate in this opportunity, please fill out the form completely and fax it to the number listed on the form. LTC pharmacy providers will be notified when they can start billing claims pre-consumption. If you did not receive the amendment, please download a copy from the First Health/TennCare website at: www.firsthealth.com under documents.

Other Important Information:

The unit of measure edit will be activated on December 1, 2005. This may require changes to your software and pharmacists are encouraged to make sure this is submitted to prevent delays in processing prescriptions. All Novo Nordisk insulin products and Lantus are counted as generic products towards the prescription limit. Please follow the links below to the short list and brand as generic lists.

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)
www.firsthealth.com
Clinical Criteria For PDL, Step Therapy For PDL, Quantity Level Limits
www.firsthealth.com
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.