



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 Program*, this notice is being sent as a reminder of those changes. We encourage you to read this notice thoroughly and contact the First Health Call Center should you have additional questions.

PROVIDER EDUCATION CONFERENCE CALL

First Health will be conducting two pharmacy conference calls for pharmacists that were unable to attend one of the four, live pharmacy seminars. The calls have been scheduled for December 14th and 20th, 2005. The format of this session will be presentation of the powerpoint used at the seminars followed by a question and answer session. Please download a copy of the powerpoint presentation to follow along with at: www.firsthealth.com

- **Wednesday, December 14:** 6:00 p.m. to 8:00 p.m. CST (7:00 p.m. to 9:00 p.m. EST)
- **Tuesday, December 20:** 6:00 p.m. to 8:00 p.m. CST (7:00 p.m. to 9:00 p.m. EST)

Dial-in information for the Conference Call:

1. Conference Call toll-free access number: 866-655-7960
2. Guest Room number: 2468076. 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.

CHANGES TO THE GRIER CONSENT DECREE:

(This is an excerpt from the powerpoint presentation for the above pharmacy provider seminars.)

Effective January 1, 2006, the pharmacy processes pertaining to the Grier Consent Decree will be changed.

- The Grier Override Codes will no longer be in effect. This includes the codes 1 and 7.
- The Drug Store Notice Form will be changed to the Prior Authorization Required Form.
- A new 3-day emergency supply process will be initiated.
- An emergency situation is a situation that, in the judgment of the dispensing pharmacist, involves an immediate threat of severe adverse consequences to the enrollee, or the continuation of immediate and severe adverse consequences to the enrollee, if an outpatient drug is not dispensed when a prescription is submitted.
- An emergency supply should be dispensed when, in the provider's professional judgment and consistent with current standards or practice, the provider feels that the without the medication, the patient would suffer from an immediate threat of severe adverse consequences. However, this should only be done after an attempt to reach the prescriber and receive a change in the medication or a prior authorization has been performed.
- After 24 hours, if the contacted prescriber has not made a change to the prescription or has not obtained a prior authorization for the balance of the medication, the pharmacy may have the recipient contact the First Health Call Center Outbound line to help in getting the prescription changed or to obtain a prior authorization for the recipient. This number is 800-639-9156 and is included on the Prior Authorization Required Form that is given to the recipient if a 3 day emergency supply is dispensed. Please remind recipients that this number should be called only after 24 hours from the time the pharmacy has contacted

the prescriber. Calling before the pharmacy has contacted the prescriber will not decrease the time it takes for the prescriber to obtain a prior authorization or to change the prescription to another medication.

- TennCare will assist in the categorization of medications that may represent emergencies, but the final decision will be at the discretion of the dispensing pharmacist.
- A Prior Authorization Type Code (NCPDP field # 461-EU) = “8” can be used to dispense an emergency 3-day supply of medication.
- Packages which cannot be broken into a 3-day supply (i.e. insulin vials) will be able to be dispensed in their full package with the same code of 8.
- The enrollee will not be charged a co-pay for the emergency supply.
- The emergency supply will count toward the prescription limit.
 - If the prescriber obtains a Prior Authorization (PA) or changes the drug to an alternative not requiring a PA in the same month, the remainder of the prescription and/or substitute prescription will not count toward the limit.
- Only one emergency supply will be provided per drug per patient per year. This makes it all that much more important to try to reach the prescriber in cases where he/she has written for a non-preferred drug, or a drug that is denying because of a clinical edit.
- The Submission Clarification Code of 7 will no longer override POS denials for C-II prescriptions. C-II prescriptions will be subject to the same emergency supply restrictions (should an emergency supply be warranted by the provider).
- If, subsequent to an emergency supply being dispensed, the prescriber obtains Prior Authorization for the medication, he/she will need to write a new prescription for the recipient to receive up to the originally prescribed quantity/days supply (for C-II prescriptions).
- Prior Authorization Type Code of 8 will not override the POS denial for these types of edits. Should the provider be unable to reach the prescriber and feel that an emergency situation exists, the provider may call the First Health Clinical Call Center at 866-434-5524 to request an override.
- POS overrides are allowed for an override only once per medication per patient per 365 days. Recipients will not be able to return to the pharmacy for the remainder of the original prescription unless the prescriber has received Prior Authorization.
- While TennCare has suggested medications that may be more likely to present an emergency situation, the dispensing provider has the ultimate decision whether to dispense an emergency supply. Please check the TennCare/First Health website for frequent updates at: www.firsthealth.com.

The Emergency Supply Process:

Medications will be placed in three categories: yellow, green, and all other medications. The description of these categories is as follows:

- **Green**
 - This category includes drugs which are most likely to require an emergency supply. While this category would have the highest probability of emergency supplies, there are many situations in which an emergency supply would not be appropriate for drugs in this category, and inclusion of a drug in this list does not automatically necessitate the need for an emergency supply.
 - Prior Authorization Type Code of 8 will allow for an emergency supply.
- **Yellow**
 - This category includes drugs for which an emergency supply may or may not be appropriate. Compared to drugs in the GREEN category, agents in the YELLOW category often require more extensive review by the pharmacist in order to determine if the situation should be deemed an emergency.
 - Prior Authorization Type Code of 8 will allow for an emergency supply.
- **All Other Medications**
 - This category includes drugs for which an emergency supply would rarely be warranted.
 - POS override codes are not allowed; however, if the provider feels an emergency truly exists, the First Health Clinical Call Center should be contacted for the override.

Forms used by Pharmacy providers:

Effective January 1, 2006, the Drug Store Notice forms given to the recipients for Grier overrides should be discarded. The new form, the Prior Authorization Required form, should be used when dispensing a drug that requires a prior authorization, the pharmacist cannot reach the prescriber, and the situation is not deemed an emergency. This form will be available on the TennCare/First Health website and also will be sent with the provider payment checks in the upcoming weeks. Pharmacies will not be required to keep a copy of forms given to the recipients, unlike the old Drug Store Notice forms. The Bureau of TennCare will monitor the pharmacy’s use of the emergency supply override internally. Additional information will be provided in the next few days regarding the Prior Authorization Required forms.

Preferred Drug List (PDL) Update:

TennCare and First Health would like to present the Preferred Drug List (PDL) for the TennCare Pharmacy Program in its new format. The new PDL is designed to help providers save time in making decisions regarding prescribing for TennCare recipients who have a pharmacy benefit. Once downloaded, please do not discard this document as it will only be updated quarterly. You may feel free to copy this document and place it in locations where prescribing decisions are made. We hope that you will find this new format easier to use regarding clinical criteria, step therapy, and quantity limits for the classes reviewed on the PDL. You may download a copy of the new PDL at: www.firsthealth.com

Pharmacy Coverage Exclusion:

Effective January 1, 2006, the Bureau of TennCare would like to inform providers that coverage of the benzodiazepine and barbiturate classes of drugs will be discontinued for all adult recipients. This includes adult dual eligible recipients.

TennCare List Serve for Notifications regarding the TennCare program:

TennCare has created a service where any providers that would like to sign up for free notifications for the TennCare program can enter their contact information and receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at: <http://www.tn.gov/tenncare/>

New Guide for TennCare Pharmacies: Override Codes

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Rx CHANGED to PDL after 3-day supply already dispensed (to prevent 3-day supply from counting toward the script limit twice)	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay when self-declared)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay when self-declared)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
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 toward 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	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
First Health Call Center Outbound (for recipients after 1-1-06)	800-639-9156

Helpful TennCare Internet Links:

Preferred Drug List (PDL)

www.firsthealth.com

Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications

www.firsthealth.com

Brand Drugs Counted As Generics

www.firsthealth.com

Short List of Medications (effective 11-1-05)

www.firsthealth.com

TennCare/First Health home website

www.firsthealth.com

TennCare home website

www.tn.gov/tenncare/

TennCare List Serve (to sign up to receive notifications regarding the TennCare program)

www.tn.gov/tenncare/

Please visit the TennCare/First Health website regularly to stay up-to-date on changes to the TennCare program. 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.