



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.

Preferred Drug List (PDL) for TennCare:

The following updates will go into effect on **October 4, 2006**. 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. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. **However, if there is an existing prior authorization in place for that medication, the PA will remain active through the current expiration date. 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.

- **Anti-Diabetic Agents**
 - Glumetza SR[®] will become non-preferred (new to PDL)
 - Levemir[®] Vials will remain preferred and will remain on the short list
 - Levemir[®] FlexPens[®] will become non-preferred (new to PDL) and will not be on the short list
 - Patients currently on Levemir[®] FlexPens will be grandfathered indefinitely; however, it will begin to count towards the prescription limits October 4, 2006.
- **Narcotics**
 - Opana[®] and Opana ER[®] will become non-preferred (new to PDL)
 - Lynox[®] will become non-preferred (new to PDL)
- **Antibiotics**
 - Solodyn[®] will become non-preferred (new to PDL)

NOTE: All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent are noted with a superscripted "CC". Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.

Brands As Generics List (effective 10-4-06)

- Levemir[®] Flexpen[®] will be removed from the Brand as Generic list; however, Levemir[®] Vials will remain on the Brand as Generic list.

Changes to the CC, ST, QL for the PDL (effective 10-4-06):

- Quantity Limits apply for Opana ER®
- Quantity Limits apply for Glumetza SR®
- Quantity Limits and Clinical Criteria apply for Solodyn®

Multi-Ingredient Compound Reminder:

As a reminder to pharmacies that compound medications for TennCare enrollees, the claims must be submitted using the NCPDP version 5.1 Multi-Ingredient Compound format. The pricing for compounds should be the cost of the individual ingredients plus a dispensing fee up to \$25.00 depending on Usual and Customary pricing. For more information on payer specs or the original compound notice sent in December 2004, visit the TennCare/First Health website.

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
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	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
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
Cymbalta® 90mg (Cymbalta® 30 mg and Cymbalta® 60 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	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:

First Health Services: www.firsthealth.com under “Providers,” then “Documents”
Preferred Drug List (PDL)
Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications
Brand Drugs Counted As Generics
Short List of Medications
TennCare home website
www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information, please visit the First Health Services website at: www.firsthealth.com

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.