



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 **November 1, 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.

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

- Diabetes: Thiazolidinedione Combination
 - DuetAct[®] - will become non-preferred (new to the PDL)^{QL}
- Anti-emetics, Delta-9-THC Derivatives
 - Cesamet[®] - will become non-preferred (new to the PDL)^{CC}
- Laxatives/Bowel Evacuants
 - Moviprep[®] - will become non-preferred (new to the PDL)
- Anti-Infectives: Tetracyclines (previously a non-reviewed class)
 - Preferred Agents: doxycycline, minocycline, tetracycline
 - Non-Preferred Agents: Adoxa[®], Arestin[®] ^{CC}, Declomycin[®], demeclocycline, Doryx[®], doxycycline hyclate, Dynacin[®], Minocin[®], Monodox[®], Myrac[®], Oracea[®] ^{CC, QL}, Periostat[®] ^{CC, QL}, Solodyn[®] ^{CC, QL}, Sumycin[®], Vibramycin[®], Vibra-Tabs[®]
- Anti-Infectives: Oral Glycopeptides (previously a non-reviewed class)
 - Preferred agents: N/A
 - Non-Preferred Agents: Oral Vancocin[®] ^{CC}
- Anti-Infectives: Oral Aminoglycosides (previously a non-reviewed class)
 - Preferred agents: Neomycin[®], Neofradin[®], Humatin[®]
 - Non-Preferred Agents: N/A

- Anti-Infectives: Oral Antiparasitic Agents (previously a non-reviewed class)
 - Preferred Agents: Biltricide[®], chloroquine, Daraprim[®], dapsone, Fansidar[®], Humatin[®], Malarone[®], mefloquine, Mepron[®], quinine, pentamidine, primaquine, Stromectol[®], Yodoxin[®], Albenza[®], mebendazole, Mintezol[®]
 - Non-Preferred Agents: Alinia[®] CC, Aralen[®], Lariam[®], Vermox[®]
- Anti-Infectives: Oral Anti-Tuberculosis Agents (previously a non-reviewed class)
 - Preferred Agents: ethambutol, isoniazid, Paser[®], pyrazinamide, Seromycin[®] Pulvules, Treacator-SC[®], Isonarif[®], Mycobutin[®], Priftin[®], Rifamate[®], rifampin, Rifater[®]
 - Non-Preferred Agents: Myambutol[®], Rifadin[®], Rimactane[®]
- Anti-Infectives: Non-Absorbable Rifamycins (previously a non-reviewed class)
 - Preferred agents: N/A
 - Non-Preferred agents: Xifaxan[®] CC
- Anti-Infectives: Sulfonamides, Folate Antagonists and Combination Products (previously a non-reviewed class)
 - Preferred agents: Gantrisin[®], Primisol[®], sulfadiazine, sulfisoxazole, trimethoprim, trimethoprim/sulfamethoxazole
 - Non-Preferred agents: Bactrim[®], Bactrim DS[®], Proloprim[®], Septra[®], Septra DS[®]
- Anti-Infectives: Cytomegalovirus (CMV) antivirals (previously a non-reviewed class)
 - Preferred agents: ganciclovir, Valcyte[®]
 - Non-Preferred agents: Cytovene[®]
- Anti-Infectives: Hepatitis B antivirals (previously a non-reviewed class)
 - Preferred agents: Baraclude[®], Epivir-HB[®], Hepsera[®]
 - Non-preferred agents: N/A
- Ophthalmics: Aminoglycosides and Steroid Combinations (existing class)
 - Zylet[®] added as non-preferred. CC
- Ophthalmics: Antivirals (previously a non-reviewed class)
 - Preferred agents: trifluridine
 - Non-Preferred agents: Viroptic[®]
- Ophthalmics: Antifungals (previously a non-reviewed class)
 - Preferred agents: Natacyn[®]
 - Non-Preferred agents: N/A
- Ophthalmics: Decongestant Agents (previously a non-reviewed class)
 - Preferred agents: naphazoline, phenylephrine
 - Non-Preferred agents: Albalon[®], Neo-Synephrine[®]
- Ophthalmics: Antihistamines (existing class)
 - Zaditor[®] and its generic equivalent ketotifen will be non-preferred (without grandfathering) beginning 11.1.2006.
- Ophthalmics: Anti-Inflammatory Steroid Solutions and Suspensions (previously a non-reviewed class)
 - Preferred agents: dexamethasone, fluorometholone, prednisolone
 - Non-Preferred agents: Alrex[®] CC, Decadron[®], Econopred[®], Flarex[®], FML[®], Maxidex[®], Lotemax[®] CC, Pred Forte[®], Pred Mild[®], Vexol[®] CC
- Ophthalmics: Mydriatics and Mydriatic Combinations (previously a non-reviewed class)
 - Preferred agents: atropine, cyclopentolate, tropicamide
 - Non-Preferred agents: Cyclogyl[®], Isopto Atropine[®], Isopto Hyoscine[®], Mydriacyl[®], Cyclogyl[®], Cyclomydril[™]
- Ophthalmics: Glaucoma Direct Acting Miotics (previously a non-reviewed class)
 - Preferred agents: carbachol, pilocarpine
 - Non-Preferred agents: Isopto Carbachol[®], Isopto Carpine[®], Pilocar[®], Pilopine HS[®], Piloptic[®]
- Ophthalmics: Glaucoma Agents, Sympathomimetics (previously a non-reviewed class)
 - Preferred agents: dipivefrin
 - Non-Preferred agents: Propine[®]
- Ophthalmics: Immunomodulators
 - Preferred agents: N/A
 - Non-Preferred agents – Restasis[®] CC

- Otic Agents: Steroid and Antibiotic Combinations: Solutions and Suspensions (previously a non-reviewed class)
 - Preferred agents: hydrocortisone/neomycin/polymyxin B solution, hydrocortisone/neomycin/polymyxin B suspension
 - Non-Preferred agents: Cortisporin Otic[®], Cortisporin-TC[®] Otic, Coly-mycin[®] S
- Otic Agents: Miscellaneous (previously a non-reviewed class)
 - Preferred agents: acetic acid (2%)/aluminum acetate/borofair, benzocaine/antipyrine, benzocaine/antipyrine/oxyquinoline, Cortic, hydrocortisone/acetatic acid
 - Non-Preferred agents: Acetasol HC[®], Cortane-B[®], Otocain[®], Zoto-HC[®]
- Dermatologics: Antipruritic/Antihistamine Agents (previously a non-reviewed class)
 - Preferred agents: N/A
 - Non-Preferred agents: Zonalon[®] CC, Prudoxin[®] CC
- Dermatologics: Topical Antivirals (previously a non-reviewed class)
 - Preferred agents: Zovirax[®] ointment
 - Non-Preferred agents: Zovirax[®] cream, Denavir[®] cream
- Dermatologics: Topical Agents for Burns (previously a non-reviewed class)
 - Preferred agents: silver sulfadiazine, nitrofurazone
 - Non-Preferred agents: Furacin[®], Silvadene[®], SSD[®], Sulfamylon[®]
- Dermatologics: Topical Antiseborrheic Agents (previously a non-reviewed class)
 - Preferred agents: selenium sulfide, sulfacetamide sodium, ketoconazole shampoo
 - Non-Preferred agents: Carmol[®] Scalp lotion, Nizoral[®] shampoo, Ovace[®], Rosula[®] NS Pads, Selsun[®]
- Dermatologics: Topical Antibiotic Agents (previously a non-reviewed class)
 - Preferred agents: gentamicin, Centany[™], mupirocin ointment
 - Non-Preferred agents: Bactroban[®] ointment, Bactroban[®] cream
- Dermatologics: Topical Antibiotic Agents used for Acne (previously a non-reviewed class)
 - Preferred agents: benzoyl peroxide, clindamycin, erythromycin, erythromycin/benzoyl peroxide, sodium sulfacetamide/sulfur, Duac[®]
 - Non-Preferred agents: all brand benzoyl peroxide, clindamycin, erythromycin, erythromycin/benzoyl peroxide, and sodium sulfacetamide/sulfur products (i.e., Akne-Mycin[®], Benzac[®], Benzamycin[®], Brevoxyl[®], Cleocin T[®], Evoclin[®], PanOxyl[®], Rosac[®], Triax[®], etc.), as well as Benzaclin[®] and Sulfoxyl[®].
- Dermatologics: Topical Antifungal Agents and Antifungal Combination Agents (previously a non-reviewed class)
 - Preferred agents: clotrimazole/betamethasone, triamcinolone/nystatin, ciclopirox, econazole, ketoconazole, nystatin
 - Non-Preferred agents: Ertaczo[®], Exelderm[®], Loprox[®], Lotrisone[®], Mentax[®], Monistat-Derm[®], Mycolog II[®], Mycostatin[®], Naftin[®], Nizoral[®], Oxistat[®], Penlac[®], Spectazole[®], Vusion[®] CC
- Dermatologics: Topical Antipsoriatics
 - Preferred agents: anthralinST, Taclonex[®] ST
 - Non-Preferred agents: Dovonex[®] ST, Psoriatec[®] ST, Tazorac[®] ST
- Dermatologics: Topical Agents for Genital Warts (previously a non-reviewed class)
 - Preferred agents: Aldara[®], podofilox, Podoben[®] resin, Podocon-25[®], Pododerm[®])
 - Non-Preferred agents: Condylox[®]
- Dermatologics: Topical Immunomodulators, Misc. (previously a non-reviewed class)
 - Preferred agents: Aldara[®]
 - Non-Preferred agents: N/A
- Dermatologics: Topical Emollients (previously a non-reviewed class)
 - Preferred agents: ammonium lactate, lactic acid
 - Non-Preferred agents: Lac-Hydrin[®], LacLotion[®], Lactinol[®], Lactinol-E[®], MimiX[®], Atopiclair[®]

- Dermatologics: Oral Retinoids (previously a non-reviewed class)
 - Preferred agents: N/A
 - Non-Preferred agents: Accutane[®] CC, Amnesteem[®] CC, Claravis[®] CC, Sotret[®] CC, Soriatane[®] CC
- Dermatologics: Topical Retinoids (previously a non-reviewed class)
 - Preferred agents: Avita[®], Retin-A[®], tretinoin
 - Non-Preferred agents: Differin[®], Retin-A Micro[®], Tazorac[®], Tretin-X[®],
- Dermatologics: Topical Pediculocides/Scabicides (previously a non-reviewed class)
 - Preferred agents: permethrin, Acticin[®], Ovide[®]
 - Non-Preferred agents: Elimite[®], lindane^{CC}, Eurax[®]
- Dermatologics: Topical Steroids (previously a non-reviewed class)
 - Preferred agents: all generic agents (i.e., aclometasone, betamethasone, clobetasol, desonide, fluocinolone, fluticasone, halobetasol, hydrocortisone, mometasone, triamcinolone, etc.)
 - Non-Preferred agents: brand agents (i.e., Aclovate[®], Clobex[®], Cutivate[®], Diprolene[®], Elocon[®], Kenalog[®], Locoid Lipocream[®], Luxiq[®], Temovate[®], Topicort[®], etc.)
- Dermatologics: Topical Enzyme Preparations and Wound Healing Agents (previously a non-reviewed class)
 - Preferred agents: Accuzyme[®], Allanzyme[®], Ethezyme[®], Gladase[®], Gladase-C[®], Granulex[®], Granulderm[®], Kovia[®], Pap-Urea[®], Regranex[®] CC, Santyl[®], TBC[®], Xenaderm[®]
 - Non-Preferred agents: Allanfil[®], Panafil[®] ointment, Ziox[®]
- Dermatologics: Topical Keratolytic Agents (previously a non-reviewed class)
 - Preferred agents: all generic urea products, Keralyt[®], Salex[®], Ultralytic-2[®]
 - Non-Preferred agents: all brand urea products (i.e., Carmol 40[®], Gordo-Urea[®], Urealac[®], etc.)
- Dermatologics: Topical Anesthetics (previously a non-reviewed class)
 - Preferred agents: lidocaine, lidocaine HC, lidocaine viscous, lidocain/prilocaine, tetracaine
 - Non-Preferred agents: brand lidocaine products, Lidoderm[®] CC, Lidamantle HC, Americaine[®], Anacaine[®], Fluori-methane[®], Orasep[®], Bucalsep[®], Garylin[®], Pontocaine, EMLA[®]
- Dermatologics: Topical Antineoplastics (previously a non-reviewed class)
 - Preferred agents: Carac[®], Effudex[®] 5% cream, fluorouracil, Fluoroplex[®], Panretin[®], Targretin[®], Solaraze[®]
 - Non-Preferred agents: Effudex[®] 2% solution, Effudex[®] 5% solution

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 or updated payer specifications, please visit the First Health Services website at: www.firsthealth.com under “Providers,” then “Documents.” 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.