



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 (866-434-5520) should you have additional questions.

**Content:**

1. Preferred Drug List Changes
2. Annual TennCare Pharmacy Benefit Workshop
3. New Prior Authorization Fax Form
4. Multi-Ingredient Compound Claims
5. Miscellaneous Information: Medical Audits and TennCare List Service

**PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 12/05/06:**

TennCare is continuing the process of reviewing all covered drug classes over a 2 year period. Changes will occur to the PDL and the preferred and non-preferred status of agents as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are taking may now be considered non-preferred agents in the future. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. For medications with existing prior authorizations in place, the PA will remain active through the current expiration date. A copy of the new PDL will be posted December 1, 2006 to [www.firsthealth.com](http://www.firsthealth.com). Feel free to share this information with all TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit: [www.firsthealth.com](http://www.firsthealth.com).

**Below is a summary of PDL changes that will be effective December 5, 2006**

- **Urologics: Urinary Alkalinizing Agents**
  - Citric acid/sodium citrate, Cytra-2<sup>®</sup>, Cytra-3<sup>®</sup>, Citra-K<sup>®</sup>, Tricitrates<sup>®</sup>, potassium citrate/citric acid, potassium citrate will become preferred (new to PDL)
  - Bicitra<sup>®</sup>, Oracit<sup>®</sup>, Polycitra<sup>®</sup>, Polycitra-K<sup>®</sup>, Polycitra-LC S/F<sup>®</sup>, Citrolith<sup>®</sup>, Urocit-K<sup>®</sup>, and Shohl's Modified Solution<sup>®</sup> will become non-preferred (new to PDL)
- **Urologics: Urinary Acidifying Agents**
  - K-Phos Original<sup>®</sup>, K-Phos #2<sup>®</sup>, K-Phos MF<sup>®</sup>, K-Phos Neutral<sup>®</sup>, Phospha Neutral<sup>®</sup>, Uro-KP-Neutral<sup>®</sup> will become preferred (new to PDL)
  - Uroquid Acid #2<sup>®</sup>, Pedameth<sup>®</sup>, and Renacidin<sup>®</sup> will become non-preferred (new to PDL)

- **Urologics: Urinary Analgesics**
  - Phenazopyridine, phenazopyridine plus, Urelief Plus<sup>®</sup>, Pyrelle HB<sup>®</sup>, Trellium Plus<sup>®</sup>, Urodol<sup>®</sup> will become preferred (new to PDL)
  - Pyridium<sup>®</sup> and Pyridium Plus<sup>®</sup> will become non-preferred (new to PDL)
- **Urologics: Interstitial Cystitis Agents**
  - Elmiron<sup>®</sup>
- **Urologics: Kidney Stone Agents**
  - Cystagon<sup>®</sup> and Thiola<sup>®</sup> will become preferred (new to PDL)
  - Calcibind<sup>®</sup> will become non-preferred (new to PDL)
- **Urologics: Urinary Tract Antispasmodics**
  - Flavoxate<sup>®</sup> will become preferred (new to PDL)
  - Urispas<sup>®</sup> will become non-preferred (new to PDL)
  - Oxybutynin, Detrol LA<sup>®</sup>, Enablex<sup>®</sup>, and VESicare<sup>®</sup> will remain as preferred
  - Detrol<sup>®</sup>, Oxytrol<sup>®</sup>, Sanctura<sup>®</sup>, Ditropan<sup>®</sup>, and Ditropan XL<sup>®</sup> will remain as non-preferred
- **Oral Antifungals**
  - Noxafil<sup>®</sup> will become non-preferred (new to PDL)<sup>CC</sup>
- **Topical Steroids**
  - Verdeso<sup>®</sup> 0.05% Foam will become non-preferred (new to PDL)
- **Fentanyl Buccal Products**
  - Fentora<sup>®</sup> (fentanyl) will become non-preferred (new to PDL)<sup>CC, QL</sup>
  - Fentanyl Citrate Lollipop will become non-preferred (new to PDL)<sup>CC, QL</sup>
- **Intranasal Steroids**
  - Omnaris<sup>®</sup> will become non-preferred (new to PDL)<sup>QL</sup>

**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.

**Additions to the Short List for TennCare (effective 12-5-06):**

- Tyzeka<sup>®</sup> (telbivudine)
- Zolinza<sup>®</sup> (vorinostat) – added 11/1/06

**Changes to the CC, ST, QL for the PDL (effective 12-5-06):**

- Byetta<sup>®</sup> - QL
- Omnaris<sup>®</sup> - QL
- Fentora<sup>®</sup> - QL and CC
- Fentanyl Citrate Lollipop – QL and CC
- Metadate CD<sup>®</sup> - QL
- Adderall XR<sup>®</sup> - QL
- Metadate ER<sup>®</sup> - QL
- Renacidin<sup>®</sup> - CC

### **ANNUAL TENNCARE PHARMACY BENEFIT WORKSHOP**

It's that time again! First Health Services is sponsoring workshops for TennCare pharmacy providers in five regional settings across the state of Tennessee between December 5 and December 13, 2006. There is no charge for this informative program. We are currently seeking continuing education credit from the Tennessee Board of Pharmacy. Additional information will be coming in the next week.

### **PRIOR AUTHORIZATION FAX FORMS**

First Health Services has updated the form prescribers use to fax prior authorization requests. Please be sure your office is utilizing the most up-to-date form. Using the current form will decrease delays in prior authorization replies. It can be downloaded at [www.firsthealth.com](http://www.firsthealth.com).

### **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.

### **MISCELLANEOUS ITEMS**

- Medical Audits: Please be aware that TennCare may perform medical audits (including, but not limited to: review of drug sample records, diagnosis codes, billing procedures, etc.) to ensure the integrity of the program.
- TennCare List Serve for Notifications: TennCare has created a service where any providers who 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/>

### **GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES**

<b>OVERRIDE TYPE</b>	<b>OVERRIDE NCPDP FIELD</b>	<b>CODE</b>
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 ( <b>providers only</b> )	888-816-1680
TennCare Pharmacy Program 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](http://www.firsthealth.com)

TennCare website: [www.tn.gov/tenncare/](http://www.tn.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](http://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.**