



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
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**PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 5/15/07:**

TennCare is continuing the process of reviewing all covered drug classes over a 2-3 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 now taking may 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 May 15, 2007 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 May 15, 2007**

- **Anti-Infective Agents: Oral Antifungals**
  - Ketoconazole will become preferred (new to PDL)
  - Ancobon and Nizoral<sup>®</sup> will become non-preferred (new to PDL)
  - Fluconazole, griseofulvin, Gris-Peg<sup>®</sup>, Grifulvin V<sup>®</sup> and Lamisil<sup>®</sup> CC, QL will remain preferred
  - Diflucan<sup>®</sup>, itraconazole<sup>CC, QL</sup>, Noxafil<sup>®</sup> CC, Sporanox<sup>®</sup> CC, QL, and Vfend<sup>®</sup> CC will remain non-preferred
- **Anti-Infective Agents: Prescription Vaginal Antifungals**
  - Miconazole 3 (200 mg vaginal suppository), nystatin (100,000 U vaginal tablets), terconazole (0.4% cream, 0.8% cream, 80 mg suppository), Zazole<sup>®</sup> (0.4% cream, 0.8% cream, 80 mg suppository), and Gynazole-1<sup>®</sup> (2% cream) will become preferred (new to PDL)
  - Monistat<sup>®</sup> 3 (200mg vaginal suppository), Terazol 7 (0.4% cream), and Terazol<sup>®</sup> 3 (0.8% cream, 80 mg suppository) will become non-preferred (new to PDL)

- **Anti-Infective Agents: Antifungals for Oropharyngeal Candidiasis**
  - Clotrimazole troches, nystatin (oral suspension, tablets and powder) and fluconazole will become preferred (new to PDL)
  - Mycelex<sup>®</sup>, Mycostatin<sup>®</sup> and Diflucan<sup>®</sup> will become non-preferred (new to PDL)
- **Anti-Infective Agents: Vaginal Antiseptics**
  - Acid jelly, Acidic Vaginal, Fem pH<sup>™</sup> and Relagard<sup>®</sup> will become preferred (new to PDL)
- **Cardiovascular Agents: Lipotropics – Statins**
  - Pravastatin<sup>QL</sup> will become preferred
  - Altoprev<sup>®QL</sup> will become non-preferred
  - Lovastatin<sup>QL</sup>, Lescol<sup>®QL</sup>, Lescol XL<sup>®QL</sup>, and Advicor<sup>®QL</sup> will remain preferred
  - Mevacor<sup>®QL</sup>, Pravachol<sup>®QL</sup> and Pravigard PAC<sup>®QL</sup> will remain non-preferred
- **Cardiovascular Agents: Lipotropics – Niacin Derivatives**
  - Niacor<sup>®</sup> will become non-preferred
  - Niaspan<sup>®</sup> will remain preferred
- **Cardiovascular Agents: Lipotropics – Omega-3 Fatty Acids**
  - Omacor<sup>®ST</sup> will become non-preferred (new to PDL)
- **Cardiovascular Agents: Diuretics – Carbonic Anhydrase Inhibitors**
  - Acetazolamide and methazolamide will become preferred (new to PDL)
  - Diamox<sup>®</sup> Sequels will become non-preferred (new to PDL)
- **Cardiovascular Agents: Diuretics – Thiazide and related diuretics**
  - Chlorothiazide, chlorthalidone, hydrochlorothiazide, indapamide, methyclothiazide and metolazone will become preferred (new to PDL)
  - Diuril<sup>®</sup>, Lozol<sup>®</sup>, Microzide<sup>®</sup>, Thalitone<sup>®</sup> and Zaroxolyn<sup>®</sup> will become non-preferred (new to PDL)
- **Cardiovascular Agents: Diuretics – Loop diuretics**
  - Bumetanide, Edecrin<sup>®</sup>, furosemide and torsemide will become preferred (new to PDL)
  - Bumex<sup>®</sup>, Demalex<sup>®</sup> and Lasix<sup>®</sup> will become non-preferred (new to PDL)
- **Cardiovascular Agents: Diuretics – Potassium Sparing diuretics**
  - Amiloride and spironolactone will become preferred (new to PDL)
  - Aldactone<sup>®</sup> and Inspra<sup>®ST</sup> will become non-preferred (new to PDL)
- **Cardiovascular Agents: Diuretics – Combination diuretics**
  - Amiloride /HCTZ, spironolactone/HCTZ, triamterene/HCTZ capsules, and triamterene/HCTZ tablets will become preferred (new to PDL)
  - Aldactazide<sup>®</sup>, Dyazide<sup>®</sup> and Maxzide<sup>®</sup> will become non-preferred (new to PDL)
- **Cardiovascular Agents: Anti-hypertensive Agents– Calcium Channel Blockers, Dihydropyridine**
  - Nimotop<sup>®CC</sup> and nifedipine IR will become non-preferred (new to PDL)
  - Felodipine ER, nicardipine, nifedipine ER/SA/XL and Norvasc<sup>®</sup> will remain preferred
  - Adalat CC<sup>®</sup>, Cardene<sup>®</sup>, Cardene SR<sup>®</sup>, DynaCirc<sup>®</sup>, DynaCirc CR<sup>®</sup>, isradipine, Plendil<sup>®</sup>, Procardia<sup>®</sup>, Procardia XL<sup>®</sup> and Sular<sup>®</sup> will remain non-preferred
- **Cardiovascular Agents: Anti-hypertensive Agents – Angiotensin II Receptor Blockers<sup>Class ST</sup>**
  - Avapro<sup>®ST</sup> and Micardis<sup>®ST</sup> will become preferred
  - Cozaar<sup>®ST</sup> and Diovan<sup>®ST</sup> will remain preferred
  - Atacand<sup>®ST</sup>, Benicar<sup>®ST</sup> and Teveten<sup>®ST</sup> will remain non-preferred

- **Cardiovascular Agents: Anti-hypertensive Agents – ARB / Diuretic Combination Products** <sup>Class ST</sup>
  - Avalide<sup>® ST</sup> and Micardis HCT<sup>® ST</sup> will become preferred
  - Hyzaar<sup>® ST</sup> and Diovan HCT<sup>® ST</sup> will remain preferred
  - Atacand HCT<sup>® ST</sup>, Benicar HCT<sup>® ST</sup> and Teveten HCT<sup>® ST</sup> will remain non-preferred
  
- **Central Nervous System: Antihyperkinesis Agents**
  - Concerta<sup>® QL</sup> will become preferred
  - Amphetamine salt combination, dextroamphetamine, methamphetamine, methylphenidate, methylphenidate ER, Dextrostat<sup>®</sup>, Focalin<sup>®</sup>, Focalin XR<sup>®</sup>, Metadate ER<sup>® QL</sup>, Methylin<sup>®</sup>, Methylin ER<sup>®</sup>, Adderall XR<sup>® QL</sup>, Metadate CD<sup>® QL</sup> and Ritalin LA<sup>® QL</sup> will remain preferred
  - Adderall<sup>®</sup>, Daytrana<sup>® QL</sup>, Desoxyn<sup>®</sup>, Dexedrine, Dexedrine Spansule<sup>®</sup>, Provigil<sup>® CC, QL</sup>, Ritalin<sup>®</sup>, Ritalin SR<sup>®</sup> and Strattera<sup>® CC</sup> will remain non-preferred
  
- **Respiratory: Beta Agonists: Short-Acting MDI**
  - Ventolin HFA<sup>® QL</sup> will become preferred
  - ProAir HFA<sup>® QL</sup> will become non-preferred
  - Albuterol MDI<sup>® QL</sup> and Maxair Autohaler<sup>® QL</sup> will remain preferred
  - Albuterol HFA<sup>® QL</sup>, Alupent MDI<sup>® QL</sup>, Proventil<sup>® QL</sup> Proventil HFA<sup>® QL</sup> and Xopenex HFA<sup>® CC, QL</sup> will remain non-preferred

**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 is noted with a superscripted “CC” and any step therapy criteria associated with an agent is noted with a superscripted “ST”. Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.

**Changes to the CC, ST, QL for the PDL (effective 05-15-07):**

- Pravachol<sup>®</sup> - Removal of clinical criteria
- Omacor<sup>® ST</sup> – New Step Therapy
- Nimotop<sup>® CC</sup> – New Clinical Criteria

**MULTI-INGREDIENT COMPOUNDING**

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 please read the Multi-Ingredient Compound Billing Instructions document on the TennCare/First Health website at:

[www.firsthealth.com](http://www.firsthealth.com)

**TENNCARE LIST SERVICE**

TennCare List Service 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
Cover Tennessee and Health Options Hotline	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program ( <b>members 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...

<b>Thank you for your valued participation in the TennCare program.</b>
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