



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.**

This notice is being sent to summarize the upcoming PDL changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 8/01/07:

TennCare is continuing the process of reviewing all covered drug classes. Changes may occur to the PDL 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 August 1, 2007 to 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.

Below is a summary of PDL changes that will be effective August 1, 2007:

- **Endocrine and Metabolic Agents: Agents for Acromegaly (new to PDL)**
 - Octreotide will become preferred
 - Sandostatin[®] and Somavert[®] will become non-preferred

Please note, all recipients currently on Somavert[®] will be indefinitely grandfathered.
- **Endocrine and Metabolic Agents: Anabolic Steroids^{Class CC} (new to PDL)**
 - Anadrol^{®CC}, Oxandrin^{®CC} and oxandrolone^{CC} will become non-preferred
- **Endocrine and Metabolic Agents: Androgens (new to PDL)**
 - Androderm[®] patch, AndroGel[®] 1% gel, Testim[®] 1% gel and Striant[®] buccal system will become preferred
 - Android[®], Androxy[®], Methitest[®] and Testred[®] will become non-preferred
- **Endocrine and Metabolic Agents: Growth Hormone^{Class CC} (new to PDL)**
 - Genotropin^{®CC}, Norditropin^{®CC}, Saizen^{®CC} and Serostim^{®CC} will become preferred
 - Humatrope^{®CC}, Nutropin^{®CC}, Nutropin AQ^{®CC}, Omnitrope^{®CC}, Tev-Tropin^{®CC} and Zorbtive^{®CC} will become non-preferred

Please note: growth hormone products will be grandfathered until 2/1/08; however, physicians and pharmacies are encouraged to begin transitioning their patients over to a preferred product as soon as possible, in order to avoid interruptions in therapy after the grandfathering period is closed.

- **Endocrine and Metabolic Agents: Insulin-Like Growth Factor-1 (IGF-1) Hormones** ^{Class CC} (new to PDL)
 - Increlex^{® CC} will become preferred
- **Endocrine and Metabolic Agents: Luteinizing-Hormone Releasing Hormone (LHRH) Agents** (new to PDL)
 - Lupron[®] (subcutaneous only) and Synarel[®] will become preferred
- **Immunologic Agents: Disease Modifying Anti-Rheumatic Drugs (DMARDs)** (new to PDL)
 - Methotrexate, hydroxychloroquine, leflunomide, sulfasalazine and Ridaura[®] will become preferred
 - Arava[®], Azulfidine[®], Cuprimine[®], Depen[®], gold sodium thiomalate, Myochrisine[®], penicillamine, Plaquenil[®], Rheumatex[®], and Trexall[®] will become non-preferred

Please note: all recipients currently using a non-preferred DMARD for which there is not a preferred generic equivalent will be indefinitely grandfathered.
- **Immunologic Agents: Immunomodulators** ^{Class CC}
 - Raptiva^{® CC} will become non-preferred
 - Enbrel^{® CC} and Humira^{® CC} will remain preferred
 - Kineret^{® CC} will remain non-preferred

Please note, all recipients currently on Raptiva[®] will be indefinitely grandfathered.

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 08-01-07):

- Genotropin^{® CC}
- Norditropin^{® CC}
- Saizen^{® CC}
- Serostim^{® CC}
- Humatrope^{® CC}
- Nutropin^{® CC}
- Nutropin AQ^{® CC}
- Omnitrope^{® CC}
- Tev-Tropin^{® CC}
- Zorbtive^{® CC}
- Increlex^{® CC}
- Anadrol^{® CC}
- Oxandrin^{® CC}
- oxandrolone^{CC}
- Raptiva^{® CC}
- Enbrel^{® CC}
- Humira^{® CC}
- Kineret^{® CC}

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

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 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

TennCare website: 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 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 valued participation in the TennCare program.