



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.

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 04/01/08

TennCare is continuing the process of reviewing all covered drug classes. Changes to the PDL may occur 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 these medications that switching to preferred products will decrease delays in receiving their medications. For medications with existing prior authorizations in place, each PA will remain active through the current expiration date. A copy of the new PDL will be posted April 1, 2008 to: www.firsthealth.com. We encourage you to share this information with other 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 the PDL changes that will be effective April 1, 2008.

- **Respiratory Agents: Minimally Sedating Antihistamines**
 - The following agents will remain preferred: loratadine^{QL}, loratadine/pseudoephedrine^{QL}. In addition, OTC cetirizine^{QL} will become preferred.
 - The following agents will remain non-preferred: Allegra^{CC, QL}, Allegra-D 12 Hour^{QL}, Allegra-D-24 Hour^{QL}, Claritin^{QL}, Claritin-D 12 Hour^{QL}, Claritin-D 24 Hour^{QL}, Claritin Reditabs^{QL}, Clarinex^{CC, QL}, Clarinex-D 12 Hour^{QL}, Clarinex-D 24 Hour^{QL}, Clarinex Reditabs^{QL}, Semprex D^{QL}, fexofenadine^{QL}, Zyrtec^{QL}, Zyrtec-D^{QL}, Xyzal^{QL}
- **Respiratory Agents: Non-Narcotic Antitussives**
 - The following agent will become preferred: benzonatate^{CC}
 - The following agents will become non-preferred: Tessalon^{CC} and Tessalon Perles^{CC}.
- **Respiratory Agents: Mucolytics**
 - The following agents will become preferred: acetylcysteine and Pulmozyme^{CC, QL}
 - The following agents will become non-preferred: Mucomyst[®]
- **Central Nervous System Agents: Sedative Hypnotics**
 - The following agents will remain preferred: chloral hydrate^{QL} and Lunesta^{QL}. In addition zolpidem^{QL} will become preferred.
 - The following agents will remain non-preferred: Ambien^{QL}, Ambien CR^{QL}, Rozerem^{CC, QL}, Somnote^{QL}, and Sonata^{QL}.

- **Central Nervous System Agents: Antihyperkinesis Agents**
 - The following agent will be added as preferred: dexmethylphenidate
 - The following agent will become non-preferred: Focalin®

NOTE:

All of the aforementioned 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” and any step therapy criteria associated with an agent are noted with a superscripted “ST.” Please refer to the document “Prior Authorization Criteria for the PDL” located at: www.firsthealth.com for additional information.

Changes to Prior Authorization Criteria (CC, ST, QL) for the PDL Effective 04/01/08

- Astelin®^{QL}
- benzonatate^{CC}
- Tessalon®^{CC}
- Tessalon Perles®^{CC}
- Pulmozyme®^{CC, QL}
- zolpidem^{QL}
- Ambien®^{QL}
- Rozerem®^{CC, QL}
- Somnote®^{QL}
- Foradil®^{ST, QL}
- Serevent Diskus®^{ST, QL}
- Brovana®^{CC, QL}
- Perforomist™^{CC, QL}
- Xolair®^{CC}
- Synagis®^{CC}
- Provigil®^{CC}
- Strattera®^{CC}

Additions to Auto-Exemption List Effective 02/01/08

- Ipratropium inhalation solution

ICD-9 CODE PRIOR AUTHORIZATION OVERRIDE FOR SELECT AGENTS: In an effort to assist prescribers and providers, prior authorization requirements can be bypassed for certain medications when specific medical conditions exist. A complete list of these specific medications and diagnoses can be found at www.firsthealth.com

Pharmacists are able to enter an ICD-9 code at point-of-sale (POS). If the diagnosis provided by the prescribing physician is consistent with the published prior authorization criteria, this code will allow for an override of the NCPDP denial code of “75 -PA required”. To enable this functionality, providers will need to include the clinical segment (NCPDP segment 13) on the incoming claim. Providers who would like to use the ICD-9 codes are directed to contact their software vendor to make sure that the fields indicated are transmitted on the claims. The fields within this segment that will need to be populated include the following:

Field	Field Name	TennCare Values Supported
111-AM	Segment Identification	13 = Clinical Segment
491-VE	Diagnosis Code Count	Required when Diagnosis Code is used
492-WE	Diagnosis Code Qualifier	Required when Diagnosis used. 01 -ICD9
424-DO	Diagnosis Code	Required when diagnosis is needed for designated drug coverage.

Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. **Please note all applicable edits will still apply (i.e. drug-drug interactions, quantity limits, therapeutic duplication, etc.).**

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product / Non-Tamper-Resistant Prescriptions	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL, prescription re-issued as tamper-resistant, 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
Abilify [®] , Arixtra [®] , Citalopram, Clozapine, Cymbalta [®] , Effexor XR [®] , FazaClo ODT [®] , Fluoxetine, Fluvoxamine, Fragmin [®] , Geodon [®] , Innohep [®] , Invega [®] , Lovenox [®] , Paroxetine, Phenytoin, Risperdal [®] , Seroquel [®] , Seroquel XR [®] , Sertraline, Theophylline, Venlafaxine, Warfarin, and Zyprexa [®] (process second prescription in the month with an override code to avoid counting twice). Two co-pays may 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.
