



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

**PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 07/02/08**

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 July 2, 2008 to: [www.firsthealth.com](http://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](http://www.firsthealth.com)

**Below is a summary of the PDL changes that will be effective July 2, 2008.**

- **Respiratory Agents: Beta<sub>2</sub> Agonists, Oral**
  - The following agents will become preferred: albuterol, albuterol ER and terbutaline.
  - The following agents will become non-preferred: metaproterenol, Brethine<sup>®</sup>, Proventil<sup>®</sup> and VoSpire ER<sup>®</sup>
- **Respiratory Agents: Xanthine Derivatives**
  - The following agent will become preferred: aminophylline, Elixophyllin<sup>®</sup>, Theo-24<sup>®</sup>, theophylline IR and theophylline ER
  - The following agents will become non-preferred: Theocap<sup>®</sup>, Theochron<sup>®</sup>, Theo-Dur<sup>®</sup> and Uniphyl<sup>®</sup>.
- **Respiratory Agents: Mast Cell Stabilizers**
  - The following agents will become preferred: cromolyn<sup>QL</sup> and Intal<sup>®</sup> MDI<sup>QL</sup>
  - The following agents will become non-preferred: Intal<sup>®</sup> nebulizer solution<sup>QL</sup>

**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](http://www.firsthealth.com) for additional information.

### **Changes to Prior Authorization Criteria (CC, ST, QL) for the PDL Effective 07/02/08**

- Aciphex<sup>®</sup> ST, QL
- Advair HFA<sup>®</sup> CC, QL
- Advair Diskus<sup>®</sup> CC, QL
- Anzemet<sup>®</sup> CC, QL
- Aranesp<sup>®</sup> CC
- Cardura XL<sup>®</sup> QL
- cromolyn<sup>®</sup> QL
- Emend<sup>®</sup> CC, QL
- Epogen<sup>®</sup> CC
- granisetron<sup>®</sup> CC, QL
- Intal<sup>®</sup> QL
- Intal<sup>®</sup> MDI QL
- Kytril<sup>®</sup> CC, QL
- Kytril<sup>®</sup> solution<sup>®</sup> CC, QL
- Nexium<sup>®</sup> ST, QL
- omeprazole<sup>®</sup> ST, QL
- ondansetron<sup>®</sup> CC, QL
- pantoprazole<sup>®</sup> ST, QL
- Prevacid<sup>®</sup> ST, QL
- Prevacid SoluTabs<sup>®</sup> ST, QL
- Prevacid NapraPAC<sup>®</sup> ST, QL
- Prilosec<sup>®</sup> ST, QL
- Prilosec OTC<sup>®</sup> ST, QL
- Procrit<sup>®</sup> CC
- Protonix<sup>®</sup> ST, QL
- Symbicort<sup>®</sup> CC, QL
- Zegerid<sup>®</sup> ST, QL
- Zofran<sup>®</sup> CC, QL
- Zofran<sup>®</sup> ODT<sup>®</sup> CC, QL
- Zofran<sup>®</sup> solution<sup>®</sup> CC, QL

### **PRIOR AUTHORIZATION REQUIRED FORMS (PARF) REMINDER FOR PHARMACISTS:**

Participation in the TennCare pharmacy program requires pharmacists to adhere to specific procedures when unresolved point-of sale denials are encountered. Denials for non-preferred medications, step therapy, therapeutic duplication and quantity limits are subject to the following requirements of the revised *Grier Consent Decree*.

- Pharmacist must attempt to contact the prescriber or First Health Services to resolve the denial.
  - If the pharmacist is unable to resolve the denial and dispense the prescription in full, the pharmacist should complete and provide the patient with the Prior Authorization Required Form (PARF).
  - The Prior Authorization Required Form (PARF) explains to the patient the reason they are not receiving the prescribed medication or full amount and how a patient may help initiate the prior approval process.
  - If the pharmacist contacts the prescriber and he/she indicates that a prior authorization will be initiated (but has not been obtained yet), the pharmacist should also provide the patient with the Prior Authorization Required Form (PARF).
  - If the pharmacist is unsuccessful in reaching the prescriber and resolving the matter, the pharmacist should consider providing an emergency three day supply of the medication. Additional information regarding the Emergency Supply process can be found at [www.firsthealth.com](http://www.firsthealth.com).
- ❖ **Regardless of whether the patient receives an emergency supply a Prior Authorization Required Form must be provided whenever the prescribed medication or the quantity ordered is not received.**

- Prior Authorization Required Forms (“PARF”) are available at: [www.firsthealth.com](http://www.firsthealth.com). **OR** Fax On Demand by dialing 866-434-5520, Select options “2”, “1”, “2”, then enter fax number when prompted.

**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](http://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 ( <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 valued participation in the TennCare program.**