



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 SXC's Technical Call Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 1/1/10

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 January 1, 2010 to:

<https://tnm.rxportal.sxc.com/rxclaim/TNM/PDLtable.htm>.

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: <https://tnm.rxportal.sxc.com/rxclaim/TNM/CriteriaPDL.pdf>

Below is a summary of the PDL changes that will be effective January 1, 2010.

• **Analgesics: NSAIDs:**

- The following agent will be added as preferred: meloxicam. Additionally, the following agents will remain as preferred: Arthrotec[®], diclofenac potassium, diclofenac sodium, etodolac, etodolac ER, flurbiprofen, ibuprofen, indomethacin, ketorolac, ketoprofen, ketoprofen ER, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac.
- The following agents will be added as non-preferred: mefenamic acid, naproxen sodium ER, tolmetin, and Zipsor[®]. Additionally, the following agents will remain non-preferred: Anaprox[®], Anaprox[®] DS, Cataflam[®], Clinoril[®], Daypro[®], EC-Naprosyn[®], Feldene[®], fenoprofen, Flector[®], Indocin[®], indomethacin ER, Meclofen[®], Mobic[®], Nalfon[®], Naprelan[®], Naprosyn[®], Ponstel[®], Voltaren[®], Voltaren[®] Gel, Voltaren[®] XR.

• **Analgesics: Short-Acting Narcotics:**

- The following agents will be added as preferred: Co-gesic[®], Endocet[®], Endodan[®], Hydrocet[®], Hydrogesic[®], Ibudone[®], Margesic[®], Meperitab[®], Polygesic[®], Stagesic[®], Trezix[®], Vanacet[®], Vicodin[®] HP. Additionally, the following agents will remain preferred: codeine, codeine/APAP, codeine/APAP/caffeine/butalbital, codeine/ASA/caffeine/butalbital, hydrocodone/APAP, hydrocodone/ibuprofen, hydromorphone, meperidine, morphine IR, oxycodone, oxycodone/APAP, oxycodone/ASA, oxycodone/ibuprofen, propoxyphene, propoxyphene/APAP, propoxyphene napsylate/APAP, Reprexain[®].
- The following agents will be added as non-preferred: Primalev[®], Roxicet[®], Xolox[®], ZerLor[®]. Additionally, the following agents will remain non-preferred: Balacet[®], Capital with Codeine[®], Combunox[®], Cocet[®], Darvon[®], Darvon-N[®], Darvocet[®], Darvocet-N[®], Demerol[®], Dilaudid[®], Fioricet[®] with Codeine, Fiorinal[®] with Codeine, Hycet[®], Lorcet[®], Lortab[®], Maxidone[®], Magnacet[®], Norco[®], Nucynta[™], Opana[®], OxyIR[®], Panlor[®] DC, Panlor[®] SS, Percocet[®], Percodan[®], Roxanol[®], Roxicodone[®], Tylenol[®] with Codeine, Tylox[®], Vicodin[®], Vicoprofen[®], Vopac[®], Xodol[®], Zamicet[®], Zydone[®].

• **Gastrointestinal Agents: Chloride Channel Activators:**

- The following agent will remain non-preferred: Amitiza[®].

• **Dermatologic Agents: Topical Steroids:**

- The following agents will remain preferred: alclomethasone, Alphatrex[®], amcinonide, Apexicon[®], betamethasone dipropionate, augmented betamethasone dipropionate, betamethasone valerate, Beta-Val[®], clobetasol, clobetasol emollient base, Cormax[®], desonide, diflorasone, fluocinolone, fluocinonide, fluocinonide emulsified base, fluticasone, halobetasol, Hycort[®], hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, mometasone, and triamcinolone.
- The following agents will become non-preferred: desoximetasone and prednicarbate. Additionally, the following agents will remain non-preferred: Aclovate[®], Apexicon E[®], Capex[®], Clobex[®], Cloderm[®], Cordran[®], Cutivate[®], Denma-Smooth/FS[®], Dermatop[®], Desonate[®], Desowen[®], Diprolene[®], Diprolene AF[®], Elocon[®], Halog[®], Kenalog[®], LoKara[®], Luxiq[®], Nucort[®], Olux[®], Olux/Olux E[®], Olux-E[®], Pandel[®], Temovate E[®], Texacort[®], Topicort[®], Topicort LP[®], Ultravate[®], Westcort[®], Verdeso[®], and Vanos[®].

- **Dermatologic Agents: Topical Retinoids:**
 - The following agent will become preferred: Epiduo[®]. Additionally, the following agents will remain preferred: Avita[®], Tazorac[®], and tretinoin.
 - The following agents will remain non-preferred: Atralin[®] CC, Differin[®] CC, Retin-A[®] CC, Retin-A Micro[®] CC, Tretin-X[®] CC, and Ziana[®] CC.
- **Dermatologics: Topical Antineoplastics:**
 - The following agents will remain preferred: fluorouracil, Carac[®], Fluoroplex[®], Panretin[®], Solaraze[®], and Targretin[®].
 - The following agent will become non-preferred: Efudex[®] 5% cream. Additionally, the following agents will remain non-preferred: Efudex[®] 2% solution, and Efudex[®] 5% solution.

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 “Drug Criteria Listing” located at:

<https://tnm.rxportal.sxc.com/rxclaim/TNM/CriteriaPDL.pdf> for additional information.

Changes to Prior Authorization Criteria (CC, ST, QL) for the PDL (effective 1-1-10)

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| ○ Amitiza [®] CC, QL | ○ Endocet [®] QL | ○ Propoxyphene/APAP ^{QL} |
| ○ Arthrotec [®] CC | ○ Endodan [®] QL | ○ Propoxyphene napsylate/APAP ^{QL} |
| ○ Atralin [®] CC | ○ Epiduo [®] CC | ○ Retin-A [®] CC |
| ○ Avita [®] CC | ○ Fioricet [®] with Codeine ^{QL} | ○ Retin-A Micro [®] CC |
| ○ Balacet [®] QL | ○ Fiorinal [®] with Codeine ^{QL} | ○ Roxanol [®] QL |
| ○ Capital with Codeine [®] QL | ○ Flector [®] CC, QL | ○ Roxicet [®] QL |
| ○ Celebrex [®] ST, QL | ○ Hydrocet [®] QL | ○ Stagesic [®] QL |
| ○ Cocet [®] QL | ○ Hydrogesic [®] QL | ○ Synalgos-DC [®] QL |
| ○ Codeine ^{QL} | ○ Hydromorphone ^{QL} | ○ Tazorac [®] CC |
| ○ Codeine/APAP ^{QL} | ○ Ibudone [®] QL | ○ Tretin-X [®] CC |
| ○ Codeine/APAP/caffeine/butalbital ^{QL} | ○ Lidoderm [®] CC | ○ Trezix [®] QL |
| ○ Codeine/ASA/caffeine/butalbital ^{QL} | ○ Margesic [®] QL | ○ tretinoin ^{CC} |
| ○ Cogesic [®] QL | ○ Meperitab [®] QL | ○ Tylenol [®] with Codeine ^{QL} |
| ○ Combunox [®] QL | ○ Morphine IR ^{QL} | ○ Vanacet [®] QL |
| ○ Darvon [®] QL | ○ Nucynta ^{TM, QL} | ○ Vicodin HP [®] QL |
| ○ Darvon-N [®] QL | ○ Opana [®] QL | ○ Voltaren [®] Gel ^{CC} |
| ○ Darvocet [®] A500 ^{QL} | ○ Panlor [®] DC ^{QL} | ○ Vopac [®] QL |
| ○ Darvocet-N [®] QL | ○ Panlor [®] SS ^{QL} | ○ Xolox [®] QL |
| ○ Differin [®] CC | ○ Polygesic [®] QL | ○ ZerLor [®] QL |
| ○ Dilaudid [®] QL | ○ Primalev [®] QL | ○ Ziana [®] CC |
| ○ Empirin with Codeine [®] QL | ○ Propoxyphene ^{QL} | |

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
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
Titration Dose Override for the following select drugs/drug classes: anticonvulsants, warfarin, low molecular weight heparins, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), atypical antipsychotics, Vivaglobin [®] , Suboxone [®] , Subutex [®] - process second Rx for the same drug within 21 days of initial Rx with an override code to avoid the second Rx 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
SXC Technical Call Center	866-434-5520
SXC Clinical Call Center	866-434-5524
SXC Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

SXC: <https://tnm.rxportal.sxc.com/rxclaim/portal/preLogin>

TennCare website: www.tennessee.gov/tenncare/

Please visit the SXC / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the SXC website at: <https://tnm.rxportal.sxc.com/rxclaim/portal/preLogin> under "Pharmacist and Prescriber," then "Program Requirements." 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.