



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 01/01/09

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, 2009 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>

PDL CHANGES EFFECTIVE 1/1/09

- **Endocrine and Metabolic Agents: Thiazolidinediones**
 - The following agent will remain preferred: Actos[®] ST, QL. In addition, Avandia[®] ST, QL will become preferred.
- **Endocrine and Metabolic Agents: Thiazolidinedione Combination Products**
 - The following agents will remain preferred: Actoplus Met[®] ST, QL, Duetact[®] ST, QL. In addition, Avandamet[®] ST, QL and Avandaryl[®] ST, QL will become preferred.
- **Endocrine and Metabolic Agents: Incretin Mimetics**
 - The following agent will become non-preferred: Byetta[®] CC, QL.
- **CNS Agents: Mood Stabilizers**
 - The following agents will become preferred: lithium carbonate, lithium carbonate SA, and lithium citrate.
 - The following agents will become non-preferred: Eskalith[®] and Lithobid[®].
- **CNS Agents: Anti-Anxiety Agents, Non-Benzodiazepine**
 - The following agents will become preferred: buspirone tablets (5, 7.5, 10 and 15 mg tabs).
 - The following agents will become non-preferred: Buspar[®], Buspar Dividose[®], buspirone 30 mg tabs, and meprobamate.
 - Current users of meprobamate will be indefinitely grandfathered.
- **CNS Agents: Ergotamine Derivatives**
 - The following agent will become preferred: Ergomar[®] QL.
 - The following agent will become non-preferred: Migranal[®] QL.
 - Current users of Migranal[®] will be indefinitely grandfathered.
- **CNS Agents: Headache Combinations**
 - The following agents will become preferred: butalbital/APAP/caffeine/codeine, butalbital compound, butalbital/ASA/caffeine/codeine, and ergotamine/caffeine.
 - The following agents will become non-preferred: Ascomp[®] with codeine, Cafergot[®], Fioricet[®] with codeine, Fiorinal[®] with codeine, Phrenilin with caffeine and codeine[®] and Migergot[®].
- **CNS Agents: Cholinergic Muscle Stimulants**
 - The following agents will become preferred: Mestinon[®] syrup, Mestinon ER[®] 180 mg tabs, and pyridostigmine.
 - The following agents will become non-preferred: Mestinon[®] 60 mg tabs, Mytelase[®], and Prostigmin[®].
- **CNS Agents: Agents for ALS**
 - The following agent will become preferred: Rilutek[®].

LOW-UTILIZATION CLASSES

The following drug classes are considered “low-utilization” because the state spent less than \$10,000 and had less than 100 claims in one year. These classes were reviewed at the August PAC meeting and will be added to the PDL effective 1/1/09. For additional information on preferred and non-preferred agents in these categories, please refer to the 1/1/09 PDL.

- Peripheral Vasodilators
- Decarboxylase Inhibitors
- Drugs to Treat Hereditary Tyrosinemia
- Vaginal/Cervical Care and Treatment Agents
- Vaginal Sulfonamides
- Artificial Tears/Ophthalmic Lubricants
- Eye Vasoconstrictors
- Nasal Vasoconstrictors
- Drugs to Treat Gaucher’s Disease
- Amebicides

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) EFFECTIVE 1/1/09

- Byetta[®] ^{CC, QL}
- Januvia[®] ^{CC, QL}
- Janumet[®] ^{CC, QL}
- Symlin[®] ^{CC}
- Vusion[®] ^{CC}
- Ergomar[®] ^{QL}
- Migranal[®] ^{QL}
- Zylet[®] ^{CC}
- Cymbalta[®] ^{CC, QL}
- Astelin[®] ^{QL}
- Papaverine^{CC}

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: clozapine/Clozaril [®] , Effexor [®] XR 225mg (Effexor [®] XR 75 mg and Effexor [®] XR 150mg), Cymbalta [®] 90mg (Cymbalta [®] 30 mg and Cymbalta [®] 60 mg) warfarin, low molecular weight heparins, phenytoin, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), and atypical antipsychotics - 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.