



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

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 share the information with other providers who may be affected by these changes.

PREFERRED DRUG LIST (PDL) CHANGES FOR TENNCARE EFFECTIVE 10/01/10

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. Many of the changes listed below are a result of new contractual opportunities offered through our pharmacy benefit vendor, SXC Health Solutions. 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. Current users of selected products that will be changing to non-preferred status will be grandfathered as specified below. A copy of the new PDL will be posted October 1, 2010 to: <https://tnm.rxportal.sxc.com/rxclaim/TNM/TennCarePDL.pdf>.

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 October 1, 2010. Please note that the following summary only lists drugs for which the PDL status will change effective October 1, 2010 – for drugs not listed, the PDL status will remain the same.

ANTI-INFECTIVE AGENTS		
Antivirals, Herpes		
Product	Current PDL Status	PDL Status Effective 10/1/10
valacyclovir ^{QL}	Non-Preferred	Preferred
Valtrex ^{® QL}	Preferred	Non-preferred
CARDIOVASCULAR AGENTS		
High Potency Statins		
Product	Current PDL Status	PDL Status Effective 10/1/10
Lipitor ^{® QL}	Non-Preferred	Preferred
Crestor ^{® QL}	Preferred	Non-Preferred, grandfathered until 12/1/10
Low Potency Statins		
Product	Current PDL Status	PDL Status Effective 10/1/10
Advicor ^{® QL}	Preferred	Non-Preferred, grandfathered until 12/1/10
Cholesterol Absorption Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/10
Zetia ^{® ST, QL}	Preferred	Non-Preferred, prior authorizations will remain in place for current users.
Pulmonary Arterial Hypertension Agents		
Product	Current PDL Status	PDL Status Effective 10/1/10
Adcirca ^{™ CC}	Non-Preferred	Preferred

CARDIOVASCULAR AGENTS (continued)

Angiotensin Receptor Blockers		
Product	Current PDL Status	PDL Status Effective 10/1/10
Benicar [®] ST, QL	Non-Preferred	Preferred
Avapro [®] ST, QL	Preferred	Non-Preferred, grandfathered until 1/1/11
Micardis [®] ST, QL	Preferred	Non-Preferred, grandfathered until 1/1/11

Angiotensin Receptor Blockers		
Product	Current PDL Status	PDL Status Effective 10/1/10
Benicar HCT [®] ST, QL	Non-Preferred	Preferred
Avalide [®] ST, QL	Preferred	Non-Preferred, grandfathered until 1/1/11
Micardis HCT [®] ST, QL	Preferred	Non-Preferred, grandfathered until 1/1/11

Lipotropics Fibrin Acid Derivatives		
Product	Current PDL Status	PDL Status Effective 10/1/10
Fenofibrate ^{CC}	Non-Preferred	Preferred

DERMATOLOGIC AGENTS

Topical Antibiotic Agents for Acne		
Product	Current PDL Status	PDL Status Effective 10/1/10
Duac [®] QL	Preferred	Non-preferred

CENTRAL NERVOUS SYSTEM AGENTS

Anticonvulsants		
Product	Current PDL Status	PDL Status Effective 10/1/10
carbamazepine ER	Non-Preferred	Preferred
oxcarbazepine	Non-Preferred	Preferred
Tegretol XR [®] 200 & 400mg	Preferred	Non-Preferred
Trileptal [®]	Preferred	Non-Preferred

Antihyperkinesia Agents		
Product	Current PDL Status	PDL Status Effective 10/1/10
Concerta [®] QL	Preferred	Non-Preferred, grandfathered until 1/1/11
Focalin XR [®] QL	Preferred	Non-Preferred, grandfathered until 1/1/11
Metadate CD [®] QL	Preferred	Non-Preferred, grandfathered until 1/1/11
Ritalin LA [®] QL	Preferred	Non-Preferred, grandfathered until 1/1/11

MS Agents: Potassium Channel Blockers		
Product	Current PDL Status	PDL Status Effective 10/1/10
Ampyra [®] QL		Preferred

Anti-Migraine: 5HT1 Agonists		
Product	Current PDL Status	PDL Status Effective 10/1/10
sumatriptan tablets ^{QL}	Non-Preferred	Preferred
sumatriptan injection ^{QL}	Non-Preferred	Preferred
Imitrex tablets [®] QL	Preferred	Non-Preferred
Imitrex injectible [®] QL	Preferred	Non-preferred

ENDOCRINE & METABOLIC AGENTS

Diabetes: Insulins		
Product	Current PDL Status	PDL Status Effective 10/1/10
Humalog [®] products	Non-Preferred	Preferred
Humulin [®] products	Non-Preferred	Preferred
Novolog [®] product	Preferred	Non-Preferred, grandfathered until 1/1/11
Novolin [®] products	Preferred	Non-Preferred, grandfathered until 1/1/11

ENDOCRINE & METABOLIC AGENTS (continued)

Incretin Mimetics		
Product	Current PDL Status	PDL Status Effective 10/1/10
Byetta ^{® CC, QL}	Non-Preferred	Preferred

DPP-4 Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/10
Januvia ^{® CC, QL}	Non-Preferred	Preferred
Janumet ^{® CC, QL}	Non-Preferred	Preferred
Onglyza ^{® CC, QL}	Non-Preferred	Preferred

Growth Hormones		
Product	Current PDL Status	PDL Status Effective 10/1/10
Norditropin ^{® CC}	Preferred	Non-Preferred, grandfathered until 12/1/10
Nutropin ^{® CC}	Preferred	Non-Preferred, grandfathered until 12/1/10
Nutropin AQ ^{® CC}	Preferred	Non-Preferred, grandfathered until 12/1/10
Serostim ^{® CC}	Preferred	Non-Preferred, grandfathered until 12/1/10

DIABETIC SUPPLIES

Diabetic Supplies: Blood Glucose Test Strips & Blood Glucose Meters		
Product	Current PDL Status	PDL Status Effective 10/1/10
Abbott Diabetes Care Products ^{QL}	Non-Preferred	Preferred
Bayer Healthcare Products ^{QL}	Preferred	Non-Preferred
Roche Diagnostics Products ^{QL}	Preferred	Non-Preferred

GASTROINTESTINAL AGENTS

H2 Receptor Antagonists		
Product	Current PDL Status	PDL Status Effective 10/1/10
ranitidine capsules	Preferred	Non-Preferred; Please note, ranitidine tablets will remain preferred

Proton Pump Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/10
Dexilant ^{® QL}	Non-Preferred	Preferred
Prevacid Solutabs ^{® CC, QL}	Non-Preferred	Preferred
Nexium ^{® QL}	Preferred	Non-preferred

Respiratory Agents

Beta-Agonists: Short Acting MDI		
Product	Current PDL Status	PDL Status Effective 10/1/10
Ventolin HFA ^{® QL}	Preferred	Non-Preferred

Orally Inhaled Steroids		
Product	Current PDL Status	PDL Status Effective 10/1/10
Aerobid ^{® QL}	Non-Preferred	Preferred
Aerobid M ^{® QL}	Non-Preferred	Preferred
Pulmicort Flexhaler ^{® QL}	Preferred	Non-Preferred, grandfathered until 11/1/10

OPHTHALMIC AGENTS

Ophthalmic Alpha 2 Agonists		
Product	Current PDL Status	PDL Status Effective 10/1/10
brimonidine 0.15%	Preferred	Non-Preferred

Ophthalmic Antibiotics		
Product	Current PDL Status	PDL Status Effective 10/1/10
Zymar [®]	Non-Preferred	Preferred
Vigamox [®]	Preferred	Non-Preferred

OPHTHALMIC AGENTS (continued)

Ophthalmic Antihistamines		
Product	Current PDL Status	PDL Status Effective 10/1/10
Bepreve ^{® QL}	Non-Preferred	Preferred
Elestat ^{® QL}	Preferred	Non-Preferred, grandfathered until 11/1/10
Pataday ^{® QL}	Preferred	Non-Preferred, grandfathered until 11/1/10

Ophthalmic NSAIDs		
Product	Current PDL Status	PDL Status Effective 10/1/10
Nevanac ^{® ST}	Preferred	Non-Preferred

RENAL & GENITOURINARY

Urinary Tract Antispasmodics		
Product	Current PDL Status	PDL Status Effective 10/1/10
Toviaz ^{® QL}	Non-Preferred	Preferred
Sanctura XR ^{® QL}	Preferred	Non-Preferred, grandfathered until 11/1/10

Phosphorus Depleters		
Product	Current PDL Status	PDL Status Effective 10/1/10
Eliphos [™]	Non-Preferred	Preferred
Renvela [®] tablets	Non-Preferred	Preferred
Renagel [®]	Preferred	Non-Preferred

Androgen Hormone Inhibitors		
Product	Current PDL Status	PDL Status Effective 10/1/10
Finasteride ^{® QL}	Non-Preferred	Preferred
Proscar ^{® QL}	Preferred	Non-Preferred

Alpha Blockers for BPH		
Product	Current PDL Status	PDL Status Effective 10/1/10
Tamsulosin ^{® QL}	Non-Preferred	Preferred
Uroxatral ^{® QL}	Preferred	Non-Preferred, grandfathered until 11/1/10

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," any step therapy criteria associated with an agent are noted with a superscripted "ST," and any quantity limits associated with an agent are noted with a superscripted "QL."

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

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|---|---|--|
| ○ Actiq ^{® CC, QL} | ○ Embeda ^{® CC, QL} | ○ Opana ER ^{® CC, QL} |
| ○ Ampyra ^{™ QL} | ○ Exalgo ^{® CC, QL} | ○ Oramorph SR ^{® CC, QL} |
| ○ Androderm ^{® CC} | ○ fentanyl lozenge ^{CC, QL} | ○ oxycodone SR ^{CC, QL} |
| ○ AndroGel ^{® CC} | ○ fentanyl patch ^{CC, QL} | ○ Oxycontin ^{® CC, QL} |
| ○ Android ^{® CC} | ○ Fentora ^{® CC, QL} | ○ pentazocine/APAP ^{CC, QL} |
| ○ Androxy ^{® CC} | ○ Floxin otic ^{® QL} | ○ pentazocine/naloxone ^{CC, QL} |
| ○ Arthrotec ^{® CC, QL} | ○ Kadian ^{® CC, QL} | ○ Prevacid Solutabs ^{® CC, QL} |
| ○ Avinza ^{® CC, QL} | ○ methadone ^{CC, QL} | ○ Talacen ^{® CC, QL} |
| ○ Byetta ^{® CC, QL} | ○ Methadose ^{® CC, QL} | ○ Talwin NX ^{® CC, QL} |
| ○ butorphanol nasal spray ^{CC, QL} | ○ Methitest ^{® CC} | ○ Testim ^{® CC} |
| ○ Cetraxal ^{® QL} | ○ morphine sulfate SA ^{CC, QL} | ○ Testred ^{® CC} |
| ○ Cipro HC ^{® QL} | ○ MS Contin ^{® CC, QL} | ○ Vimovo ^{® CC, QL} |
| ○ Dolophine ^{® CC, QL} | ○ ofloxacin otic ^{QL} | ○ Victoza ^{® CC, QL} |
| ○ Duragesic ^{® CC, QL} | ○ Onsolis ^{® CC, QL} | |

Additional TennCare Changes Effective 10-1-10:

- Step Therapy requirements will be removed from the Proton Pump Inhibitor Class.
- ALL prior authorization (PA) requests for long-acting narcotics must be submitted via the designated SXC fax form. Forms are available at: <https://tnm.providerportal.sxc.com/rxclaim/TNM/PAs.htm>