

From the Bureau of TennCare
12.1.10

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 1/1/11

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. A copy of the new PDL will be posted January 1, 2011 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, 2011.

[CC=Subject to specific clinical criteria; ST=Subject to specific step therapy criteria; QL=Subject to quantity limits]

- **Smoking Cessation Agents - coverage for pregnant recipients only**
 - The following agents will be added as preferred: bupropion sustained release^{CC, QL}, nicotine polarix gum^{CC}, and nicotine polarix lozenge^{CC}.
 - The following agents will be added as non-preferred: Chantix^{® CC, QL}, Committ^{® CC}, Nicoderm CQ^{® CC}, Nicorette^{® gum}^{CC}, nicotine transdermal patch^{CC}, Nicotrol^{® inhaler}^{CC}, Nicotrol^{® nasal spray}^{CC}, and Zyban^{® CC, QL}. Of note, coverage of this class for pregnant women is a requirement of the Patient Protection and Affordable Care Act (PPACA).

- **Anticonvulsants:**
 - The following agents will remain preferred: carbamazepine, carbamazepine ER, Carbatrol[®], Dilantin^{® 30mg}, Dilantin Infatab[®], divalproex, divalproex ER, Epitol[®], ethosuximide, Equetro[®], gabapentin, Keppra XR[®], lamotrigine, levetiracetam, oxcarbazepine, Phenytek[®], phenytoin, Tegretol XR^{® 100mg}, topiramate, valproic acid, Vimpat^{® CC}, and zonisamide.
 - The following agents will become non-preferred: Banzel[®], Gabitril[®], Lamictal XR[®], Lamictal ODT^{® CC}, Lyrica^{® CC}, Neurontin solution^{® CC}, and Sabril^{® CC}. Additionally, the following agents will remain non-preferred: Celontin[®], Depakene[®], Depakote[®], Depakote ER[®], Dilantin-125[®], Dilantin^{® 100mg}, Felbatol[®], Keppra[®], Lamictal[®], Mysoline[®], Neurontin[®], Peganone[®], Tegretol[®], Tegretol^{® 200mg & 400mg}, Topamax[®], Trileptal[®], Zarontin[®], and Zonegran[®].

Additional Anticonvulsant Changes:

- The following agent will become non-preferred effective 2/1/11: Stavzor[®].

NOTE: Current users of agents moving to non-preferred (Banzel[®], Gabitril[®], Lamictal ODT[®], Lamictal XR[®], Lyrica[®], Neurontin[®] solution, Sabril[®] and Stavzor[®]) will be indefinitely grandfathered via a 60 day look back.

- **Immunosuppressants:**

- The following agents will be added as preferred: cyclosporine microemulsion, mycophenolate mofetil, and tacrolimus. Additionally, the following agents will remain preferred: azathioprine, cyclosporine, and Gengraf[®].
- The following agent will become non-preferred: Neoral^{® CC}. Additionally, the following agents will remain non-preferred: Azasan^{® CC}, CellCept^{® CC}, Imuran^{® CC}, Myfortic^{® CC}, Prograf^{® CC}, Rapamune^{® CC}, Sandimmune^{® CC}, and Zortress^{® CC}.

NOTE: Pharmacies may bypass the prior authorization requirement for transplant recipients by submitting an ICD-9 override code.

- **Ophthalmic Beta Blockers:**

- The following agents will remain as preferred: betaxolol, carteolol, levobunolol, metipranolol, and timolol maleate.
- The following agent will become non-preferred: Betoptic-S[®]. Additionally, the following agents will remain non-preferred: Betagan[®], Betimol[®], Istalol[®], Optipranolol[®], timolol gel forming solution, Timoptic[®], Timoptic XE[®], and Timolol GFS[®].

- **Ophthalmic Alpha Agonists:**

- The following agents will remain as preferred: Alphagan P[®] and brimonidine 0.2%.
- The following agent will become non-preferred: apraclonidine. Additionally, the following agents will remain non-preferred: brimonidine 0.15% and Iopidine[®].

- **Ophthalmic Mydriatics & Mydriatic Combinations:**

- The following agent will become preferred: Atropine-Care[®]. Additionally, the following agents will remain preferred: atropine, cyclopentolate, tropicamide.
- The following agents will become non-preferred: AK-pentolate[®], Murocoll-2[®], Isopto Homotrop[®], and Tropicacyl[®]. Additionally, the following agents will remain non-preferred: Cyclogyl[®], Cyclomydril[®], Isopto Atropine[®], Isopto Hyoscine[®], and Mydriacyl[®].

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 01-01-11)

- Azasan[®] CC
- bupropion^{SR} CC, QL
- Chantix[®] CC, QL
- CellCept^{CC}
- Combigan[®] CC
- Committ[®] CC
- Elidel[®] ST
- Felbatol[®] CC
- Immuran[®] CC
- Lyrica[®] CC
- Myfortic[®] CC
- Neoral[®] CC
- Neurontin solution[®] CC
- Nicoderm CQ[®] CC
- nicotine polarix gum^{CC}
- nicotine polarix lozenge^{CC}
- nicotine transdermal patch^{CC}
- Nicorette[®] gum^{CC}
- Nicotrol[®] inhaler^{CC}
- Nicotrol[®] nasal spray^{CC}
- Prograf[®] CC
- Protopic[®] ST
- Rapamune[®] CC
- Sabril[®] CC
- Sandimmune[®] CC
- Vimpat[®] CC
- Zortress[®] CC
- Zyban[®] CC, 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	Submission Clarification Code (42Ø-DK)	2

<p>Norepinephrine Reuptake Inhibitors (SNRIs), atypical antipsychotics (except clozapine/Clozaril®), Hizentra®, Vivaglobin® - 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.</p>		
<p>Titration Dose Override for the following select drugs/drug classes: clozapine/Clozaril®, Suboxone®, and Subutex®- will allow up to four prescription fills to process for the same drug within a month of the initial prescription without the subsequent fills counting against the enrollee's monthly RX limit. Two-co pays will apply.</p>	<p>Submission Clarification Code (42Ø-DK)</p>	<p>6</p>