



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.

With a number of changes that will directly impact providers being implemented for the *TennCare Program*, this notice is being sent as a reminder of those changes. 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.

Drug to Inferred Disease Edits:

In order to reduce the risk of recipients receiving prescription therapy that may be contraindicated to their disease state, effective December 15, 2005, specific medication(s) that are deemed inappropriate when used concurrently with an inferred disease will begin to deny at point of sale (POS).

Currently the edit for Drug to Inferred Disease is implemented as a soft edit message on all drug to inferred disease edits identified by First Data Bank. These soft edit messages will continue; however, specific interacting drugs have been chosen to deny at POS. The interacting medications chosen to deny have been chosen based on supporting clinical literature.

The current edits for implementation on December 15, 2005 include the following disease states and drugs:

Estrogen agents used concurrently with anti-estrogen agents
Estrogen (postmenopausal agents) used concurrently with prenatal vitamins
Agents used for orthostatic hypotension (Florinef® and ProAmatine®) used concurrently with antihypertensive agents
Agents used for dry eyes (Restasis®) and agents with a high side-effect profile to cause dry eyes (ie specific anticholinergic agents)
Irritable bowel syndrome (IBS) agents used for diarrhea predominant IBS (Lotronex®) and concurrent laxatives/cathartic use
Irritable bowel syndrome (IBS) agents used for constipation predominant IBS or idiopathic constipation (Zelnorm®) and concurrent use of known constipating agents (ie verapamil, anticholinergics)
Appetite stimulants used concurrently with appetite suppressant agents
CNS stimulants used concurrently with sedative-hypnotic agents
Anticoagulant/antiplatelet agents used concurrently with hemostatic agents
Agents that should be used cautiously in recipients with chronic renal insufficiency or renal failure (ie magnesium related compounds, meperidine, HCTZ)
Agents that should be used cautiously in patients with hepatic dysfunction.

When an interaction is identified, the claim will deny with the NCPDP denial code of 75 “Prior Authorization Required- Drug–Inferred Disease, Call 866-434-5524”. To obtain a prior authorization, the provider will be requested to call the First Health Clinical Call Center at 866-434-5524 or fax at 866-434- 5523.

Please note that this edit, and all other applicable implemented edits – including but not limited to – quantity limits, PDL edits, therapeutic duplication and clinical criteria also still apply.

Guide for TennCare Pharmacies: Override Codes

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Grier 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Grier (Rx NOT changed to PDL product, remainder of Rx, i.e. up to 28 day supply) to avoid counting against script limit twice	Prior Authorization Type Code (461-EU)	1
Grier (Rx CHANGED to PDL after 3-day supply already dispensed)	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
Grier (Non-PDL C-II Product Override or LTC override for refills)	Submission Clarification Code (42Ø-DK)	7
Clozapine / Clozaril® (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor® 225mg (Effexor® XR 75 mg and Effexor® XR 150 mg) – process second rx with an override code to avoid the second fill 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 Fax (to reorder Drugstore Notice Forms)	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:

Preferred Drug List (PDL)
https://tennessee.fhsc.com/Downloads/provider/TNRx_PDLquicklist_20051201.pdf
 Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications
http://tennessee.fhsc.com/Downloads/provider/TNRx_PDL_CC_ST_QLL.pdf
 Brand Drugs Counted As Generics
https://tennessee.fhsc.com/Downloads/provider/TNRx_Branded_Drugs_Classified_as_Generics.pdf
 Short List of Medications (updated 11-1-05)
https://tennessee.fhsc.com/Downloads/provider/TNRx_Short_List_20051101.pdf
 First Health/TennCare home website
<http://tennessee.fhsc.com>
 TennCare home website
<http://www.tennessee.gov/tenncare/>

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the PDL. The PDL can be found at https://tennessee.fhsc.com/Downloads/provider/TNRx_newPDLquicklist.pdf. Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your participation in the TennCare program and your commitment to assist your patients as we implement the reforms necessary to bring program costs in line with available funding.