



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

MEMORANDUM

TO: TennCare Pharmacists
DATE: March 1, 2006
RE: New PDL Updates and Prescriber Last Name Reminder

*This notice is to advise you of information regarding the **TennCare Pharmacy Program**. 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.*

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 04/01/06:

TennCare is continuing the process of reviewing all covered drug classes over a 2 year period. Changes will occur to the PDL and the preferred and non-preferred status of agents as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are taking may now be considered non-preferred agents in the future. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. For medications with existing prior authorizations in place, the PA will remain active through the current expiration date. Also, please note that TennCare will offer grandfathering for select classes as indicated below. Feel free to share this information with all TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit http://tennessee.fhsc.com/Downloads/provider/TNRx_PDL_CC_ST_QLL.pdf.

Below is a summary of PDL changes that will be effective April 1, 2006

- **Immunosuppressants**
 - Previously a non-reviewed class.
 - Azathioprine, cyclosporine, Gengraf[®], and Neoral[®] are preferred.
 - Azason[®], Imuran[®], Cellcept[®], Myfortic[®], Prograf[®], Rapamune[®], and Sandimmune[®] are non-preferred.
 - IMPORTANT! ALL PATIENTS CURRENTLY RECEIVING AN IMMUNOSUPPRESSANT WILL BE GRANDFATHERED INDEFINITELY.
 - ALL TRANSPLANT PATIENTS WILL BE GRANTED PRIOR AUTHORIZATION FOR ANY IMMUNOSUPPRESSANT DRUG. ICD-9 codes for transplant procedures may be written on the prescription, and transmitted to First Health on the prescription claim to bypass the PA requirement.
- **Inhaled Corticosteroids**
 - Asmanex[®] was added to the list of preferred agents.
 - Flovent[®] and Flovent HFA[®] will become non-preferred.
 - Azmacort[®] and QVAR[®] remain preferred, while Aerobid[®], Aerobid-M[®], Pulmicort Turbuhaler[®], and Pulmicort Respules[®] remain non-preferred.

- **Saliva Stimulants**
 - Previously a non-reviewed class.
 - Evoxac[®] and Salagen[®] are non-preferred agents, with Step Therapy criteria that must be met before these agents will be approved.
- **Anti-Ulcer Protectants**
 - Previously a non-reviewed class.
 - Sucralfate and misoprostol are preferred agents.
 - Carafate[®] and Cytotec[®] are non-preferred agents.
- **Combination Products for H. Pylori**
 - Previously a non-reviewed class.
 - Helidac[®] and PrevPac[®] are non-preferred agents, with clinical criteria that must be met before these agents will be approved. The ICD-9 code for *H.pylori* may be utilized to over-ride the PA.
- **Pancreatic Enzymes**
 - Previously a non-reviewed class.
 - For a complete listing of these products, refer to the PDL.
 - Of note, an ICD-9 override will be allowed for CF patients, allowing them to receive non-preferred products without having to obtain a PA.
- **Motility Agents**
 - Previously a non-reviewed class.
 - Metoclopramide is the preferred agent.
 - Reglan[®] is non-preferred.
- **Antispasmodics/Anticholinergics**
 - Previously a non-reviewed class.
 - Atropine sulfate, dicyclomine, glycopyrrolate, hyoscyamine, propantheline, scopolamine, and Atreza[®] are preferred agents.
 - Betyl[®], Cantil[®], Donnamar[®], IB-Stat[®], Pamine[®], Pamine[®] Forte, Pro-Banthine[®], Robinul[®], Robinul[®] Forte, Sal-Tropine[®], Scopace[®], Symax[®] Duotabs, and Transderm-Scop[®] Patch are non-preferred agents.
- **Anti-emetics, Delta-9-THC derivatives**
 - Previously a non-reviewed class.
 - Marinol[®] is non-preferred, with clinical criteria that must be met before it will be approved.
- **Bile Acid Salts**
 - Previously a non-reviewed class.
 - Ursodiol is the preferred agent.
 - Actigall[®], Urso[®], and Urso Forte[®] are non-preferred.
- **5-ASA Derivatives, Rectal**
 - Previously a non-reviewed class.
 - Canasa[®], Rowasa[®] enema, and mesalamine enema are preferred agents.
- **5-ASA Derivatives, Oral**
 - Previously a non-reviewed class.
 - Sulfasalazine, sulfasalazine EC, and Asacol[®] are preferred agents.
 - Azulfidine[®], Azulfidine[®] EN, Colazal[®], Dipentum[®], and Pentasa[®] are preferred agents. (However, Pentasa[®] will be approved for patients with inflammatory bowel disease affecting the small intestine, without requiring trial and failure of a preferred agent.)
- **5-HT4 Receptor Agonists**
 - Previously a non-reviewed class; however, clinical criteria was in place for Zelnorm[®].
 - Zelnorm[®] is a non-preferred agent, with clinical criteria that must be met before it will be approved.

- **5-HT3 Receptor Antagonists**
 - Previously a non-reviewed class.
 - Lotronex[®] is a non-preferred agent, with clinical criteria that must be met before it will be approved.
- **Antidiarrheals**
 - Previously a non-reviewed class.
 - Loperamide and diphenoxylate with atropine are preferred agents.
 - Lomotil[®] and Motofen[®] are non-preferred.
- **Laxatives**
 - To be determined.
- **Anti-emetics, 5-HT3 Antagonists**
 - No changes were made with respect to preferred and non-preferred drugs in this class (Kytril[®] and Zofran[®] remain preferred, and Anzemet[®] and Aloxi[®] remain non-preferred); however the clinical criteria has been updated to more adequately reflect current clinical literature and treatment guidelines.
- **Anti-emetics, NK-1 Antagonists**
 - Emend[®] remains a non-preferred product; however, the clinical criteria has been updated to more adequately reflect the current clinical literature and treatment guidelines.
- **H2-Receptor Antagonists**
 - Cimetidine, ranitidine, and famotidine remain preferred.
 - Nizatidine was moved to non-preferred.
 - Pepcid[®], Tagamet[®], and Zantac[®] remain non-preferred.
 - Clinical criteria is now in place to allow for Zantac[®] syrup in children < 12 years of age.
- **Proton Pump Inhibitors (PPIs)**
 - No changes were made with respect to preferred and non-preferred drugs in this class (Nexium[®], Prevacid[®], and Prilosec OTC[®] remain preferred, whereas omeprazole, Aciphex[®], Prevacid[®] Granules, Prevacid[®] Naprapac, Prilosec[®], Protonix[®], and Zegerid[®] remain non-preferred). However, the clinical criteria has been updated to more adequately reflect current clinical literature and treatment guidelines.
- **Oral Iron Chelators**
 - Previously a non-reviewed class.
 - Exjade[®] is non-preferred with clinical criteria that must be met before it will be approved.
- **Potassium Supplements**
 - Previously a non-reviewed class.
 - Generic potassium supplements are preferred (including potassium chloride and potassium bicarbonate).
 - Branded potassium supplements are non-preferred (including Klor-Con[®], Rum-K[®], Tri-K[®], Micro-K Extencaps[®], K-Lyte[®], Quick-K[®], and Kaon[®]).
- **Potassium Depleters**
 - Previously a non-reviewed class.
 - Sodium polystyrene sulfonate is the preferred agent.
 - SPS[®] and Kayexalate[®] are non-preferred.
- **Zinc Supplements**
 - Previously a non-reviewed class.
 - Zinc sulfate is the preferred agent.
 - Zincate[®] and Mar-Zinc[®] are non-preferred.
- **Vitamin K Products**
 - Previously a non-reviewed class.
 - Mephyton[®] tablets are preferred.

- **Vitamin D / Vitamin D Analogs**
 - Previously a non-reviewed class.
 - Calcitriol and ergocalciferol are preferred agents.
 - Rocaltrol[®], Hectorol[®], Zemplar[®], DHT[®], and Drisdol[®] are non-preferred.
- **Prenatal Vitamins**
 - All over-the-counter and generic prescription prenatal vitamins are preferred.
 - All branded prenatal vitamins are non-preferred.
 - For a complete listing of these products, refer to the PDL.
 - Limited to use in women of child-bearing age.
- **Renal Vitamins**
 - All over-the-counter and generic prescription renal vitamins are preferred.
 - All branded renal vitamins are non-preferred.
 - For a complete listing of these products, refer to the PDL.
- **Fluoride Preparations**
 - These products will only be covered in patients < 21 years of age.
 - All generic products are preferred.
 - All branded products are non-preferred.
 - For a complete listing of these products, refer to the PDL.
- **Multivitamins with Fluoride**
 - These products will only be covered in patients < 21 years of age.
 - All generic products are preferred.
 - All branded products are non-preferred.
 - For a complete listing of these products, refer to the PDL.
- **Folic Acid Preparations**
 - All OTC and generic products are preferred.
 - All branded products are non-preferred.
 - For a complete listing of these products, refer to the PDL.

REMINDER: PRESCRIBER LAST NAME: LIVE APRIL 18, 2006

In order to confirm that a valid prescriber exists for each prescription, the incoming Prescriber Last Name Field (427-DR) will be compared to the Last Name on file in the First Health system, based upon the DEA submitted for that prescriber at POS. Effective **April 18, 2006**, submitting the prescriber's last name will be required to adjudicate a pharmacy claim. In cases where the submitted Prescriber Last Name does not **exactly** match the Last Name on file, the claim will deny with the NCPDP Denial Code "DR – M/I Doctors Last Name". Please ensure all claims submitted for TennCare patients contain the proper information in this field. Please update your system with the correct spelling of the prescriber's name. Providers may need to contact their software vendor to ensure that this field is being transmitted on each claim.

Exceptions:

- A table of exceptions will be created to bypass this edit. This table will consist of DEA numbers for Hospitals, Clinics, and other settings where residents and interns, without unique DEA numbers, practice under the DEA number of the facility.

Please note: Some prescriber names may sound alike or look very similar. When choosing the prescriber, please double check the name to ensure the proper prescriber is adjudicated on the claim. There will be fewer delays in obtaining a refill request for the patient if the proper prescriber is contacted, as well as allowing other processes to operate smoothly.

ICD-9 CODE PRIOR AUTHORIZATION OVERRIDE FOR SELECT AGENTS:

Atypical antipsychotics:

Currently, all atypical antipsychotics require a call to the First Health Services clinical call center for a prior authorization that allow for a “step” into that class. Effective March 1, 2006, pharmacists will be able to enter an ICD-9 code at point-of-sale (POS) for *new* prescriptions for *preferred* atypical antipsychotics, if the diagnosis provided by the prescribing physician is consistent with the published Prior Authorization criteria. This code will allow an override for prior authorization over the NCPDP denial code of “75 - PA Required” if the pharmacist knows the diagnosis or ICD-9 code. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim. Providers who would like to use the ICD-9 codes are directed to contact their software vendor to make sure that the fields indicated are transmitted on the claims. The fields within this segment that will need to be populated include the following:

Field	Field Name	TennCare Values Supported
111-AM	Segment Identification	13= Clinical Segment
491-VE	Diagnosis Code Count	Required when Diagnosis Code is used
492- WE	Diagnosis Code Qualifier	Required when Diagnosis used. 01- ICD9
424-DO	Diagnosis Code	Required when diagnosis is needed for designated drug coverage.

Please review the complete TennCare Payer Specification sheet on the TennCare/First Health website; https://tennessee.fhsc.com/Downloads/provider/TNRx_SXV5_Payer_Spec.pdf. The following atypical antipsychotics are preferred on the TennCare PDL:

-Clozapine -Geodon® -Fazaclo® -Risperdal® -Seroquel®

Respiratory Agents:

Currently, certain respiratory agents require Prior Authorization for specific diagnoses by calling the First Health Services Clinical Call Center. Effective March 1, 2006, providers will be able to enter an ICD-9 code at point-of-sale (POS) for *new* prescriptions for certain respiratory agents. This code will allow an override for prior authorization over the NCPDP denial code of “75 - PA Required,” for specific diagnoses. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim, as stated above. The ICD-9 override code applies to the following respiratory agents:

-Foradil® -Serevent® -Combivent®

Select Agents:

Currently, Sporanox® and its generic, itraconazole, require certain clinical criteria (or diagnoses) to be met before the medication is authorized. Effective March 1, 2006, providers will be able to enter an ICD-9 code at POS for *new* prescriptions for Sporanox®. This code will allow an override for prior authorization over the NCPDP denial code of “75 - PA Required,” for specific diagnoses. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim, as stated above.

Please note that all applicable edits still apply - including but not limited to - drug to drug interactions, PDL edits, quantity limits, and therapeutic duplication. It is our hope this change will make claims processing easier for TennCare providers.

A complete listing of diagnosis codes can be downloaded from the First Health Services / TennCare website at <http://tennessee.fhsc.com>, under “providers,” then “documents.” Choose the document entitled “Appropriate Diagnosis for Prior Authorization Bypass.”

EMERGENCY SUPPLY PROCESS & PRIOR AUTHORIZATION REQUIRED FORMS:

On January 1, 2006, several major changes related to the Grier Consent Decree were implemented. TennCare enrollees are no longer entitled to a 3-day supply of medication (interim supply) every time a prescription is blocked at the point of sale due to a PDL or DUR edit. Instead, a 3-day supply will only be dispensed if the pharmacist determines that the situation represents an emergency (emergency supply). In addition, enrollees will not be permitted to return to the pharmacy and receive the remainder of the supply unless the prescriber has obtained prior authorization or changed the medication to an agent that does not require a prior authorization.

If the prescriber obtains a Prior Authorization (PA) or changes the drug to an alternative not requiring a PA in the same month, the remainder of the prescription and/or substitute prescription will not count toward the limit. **To exempt the remainder of the prescription from the prescription limit once a Prior Authorization is obtained, or to exempt the replacement prescription from counting toward the prescription limit, the value of "5" must be submitted in the Submission Clarification Code (NCPDP field 420-DK) on the incoming claim.** This must be completed within 14 days of the initial emergency supply claim in order for it to adjudicate at point-of-sale.

First Health provided training across the state regarding these new procedures. To view or download the emergency supply process educational materials, information is available at: https://tennessee.fhsc.com/Downloads/provider/TNRx_Workshop_Powerpoint.pdf.

LIST SERVE FOR NOTIFICATIONS REGARDING THE TENNCARE PROGRAM:

TennCare has created a service where any providers who would like to receive notifications regarding the TennCare program can enter their contact information to receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at: <http://www.state.tn.us/tenncare/pharmacy/pharmlistserv.htm>

PHARMACY BONUS CHECKS:

TennCare would like to inform pharmacy providers that the pharmacy bonus checks for the first half of 2005 were sent during the week of January 23. These checks are for claims from January 1, 2005 to June 30, 2005. Please refer to your pharmacy contract for information regarding the pharmacy bonus checks and how the calculations were made. As you are aware from the new pharmacy contract, the pharmacy bonus program has ended but pharmacy bonus checks for the second half of 2005 will be distributed later this year.

TENNCARE PHARMACY CONTRACTS:

The new pharmacy contracts were inserted with the pharmacy remittance advice statements the first week of January, 2006. Please read the contract and return the signed form within the contract in order to provide services for TennCare patients. If you do not receive your pharmacy payment check or remittance advice directly, the pharmacy contract is available online at: https://tennessee.fhsc.com/Downloads/provider/TNRx_Pharmacy_Agreement_2006.pdf

TENNCARE MAC PRICING UPDATE:

Many pharmacy providers have called regarding being paid under cost for some medications. TennCare has updated the MAC drug list on 1-4-06. If you believe a medication is incorrectly MAC'd and you would like to request First Health to investigate whether the pricing is correct on the MAC'd product, you can submit the MAC Inquiry and Price Request Form at:

https://tennessee.fhsc.com/Downloads/provider/TNMAC_researchform.pdf. You may also review the list of MAC products on the TennCare/First Health website at:
<https://tennessee.fhsc.com/secure/providers/mac/default.asp>.

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
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	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
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 Prior Authorization Required 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
First Health Services Outbound Call Center (for patients needing help with PA)	800-639-3957

Helpful TennCare Internet Links:

First Health Services: <http://tennessee.fhsc.com> under “Providers,” then “Documents”
Preferred Drug List (PDL)
Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications
Brand Drugs Counted As Generics
Short List of Medications

TennCare home website
www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under “Providers,” then “Documents.” 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.

Appropriate Diagnosis for Prior Authorization Bypass

ICD-9 code prior authorization over-ride for *preferred* atypical antipsychotics: clozapine, Geodon®, Risperdal®, Seroquel®, Fazacllo®

ICD-9 Code	Diagnosis/Description
	Schizophrenic disorders
295.0	Schizophrenic simplex
295.1	Hebephrenic type schizophrenia
295.2	Catatonic schizophrenia
295.3	Paranoid schizophrenia
295.4	Schizophreniform disorder
295.5	Latent schizophrenia
295.6	Residual schizophrenia
295.7	Schizoaffective disorder
295.8	Other specified types of schizophrenia
295.9	Unspecified schizophrenia
	Episodic Mood disorders
296.0	Bipolar I disorder, single manic episode
296.1	Manic disorder, recurrent episode
296.2	Major depressive disorder, single episode
296.3	Major depressive disorder, recurrent episode
296.4	Bipolar I disorder, most recent episode (or current) manic
296.5	Bipolar I disorder, most recent episode (or current) depressed
296.6	Bipolar I disorder, most recent episode (or current) mixed
296.7	Bipolar I disorder, most recent episode (or current) unspecified
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Bipolar - Other (Bipolar II, Manic -depressive psychosis, mixed type)
296.90	Other and unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
	Delusional disorders
297.0	Delusional disorders - paranoid state, simple
297.10	Delusional disorder
297.20	Paraphrenia
297.30	Shared psychotic disorder
297.80	Other specified paranoid states
297.90	Unspecified paranoid state
298.00	Depressive type psychosis
298.10	Excitative type psychosis
298.2	Psychogenic confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other unspecified reactive psychosis
298.9	Unspecified psychosis
301.20	Schizoid personality disorder

ICD-9 Code	Diagnosis/Description
301.21	Introverted personality
301.22	Schizotypal personality disorder
	Other
292.10	Drug Induced psychotic disorders with hallucinations
293.81	Psychotic disorder with delusions in conditions classified elsewhere
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere
299.9	Childhood type schizophrenia

The following ICD-9 codes should allow for the authorization into the class for the following agents: Foradil®, Serevent®, Combivent®

ICD-9 Code	Diagnosis/Description
496.0	Chronic Obstructive Pulmonary Disease (COPD) Chronic Obstructive Lung Disease Non-specific Lung Disease

The following ICD-9 codes should allow for the authorization into the class for the following agents: Sporanox®

ICD-9 Code	Diagnosis/Description
117.3	Aspergillus
116.0	Blastomycosis
117.5	Cryptococcosis
321.0	Cryptococcal meningitis
115.0	Infection by Histoplasma capsulatum
115.1	Infection by Histoplasma duboisii
115.9	Histoplasmosis, unspecified

Effective April 1, 2006

ICD-9 code prior authorization over-ride for Helidac® and Prevpac®

ICD-9 Code	Diagnosis/Description
041.86	H.pylori infection

ICD-9 code prior authorization over-ride for the following non-preferred medications:

Cellcept® (mycophenolate), Myfortic® (mycophenolate extended release, Prograf® (tacrolimus), and Rapamune® (sirolimus).

ICD-9 Code	Diagnosis/Description
996.85	Bone marrow transplant procedure
996.83	Heart transplant procedure
996.81	Kidney transplant procedure
996.82	Liver transplant procedure
996.86	Lung transplant procedure
996.86	Pancreas transplant procedure

ICD-9 code prior authorization over-ride for the following non-preferred medications: Ku-Zyme®, Ku-Zyme® HP, Viokase® 8 tabs, Kutrase®, Pancrecarb® MS-4, Ultrase®, Creon® 5, Pancrecarb® MS-8, Creon® 10, Ultrase® MT 12, Pancrease® MT 16, Pancrecarb® MS 16, Viokase® 16 tabs, Viokase® powder, Ultrase® MT 18, Pancrease® MT 20, Ultrase® MT 20, Precrease® MT 10, Creon® 20

ICD-9 Code	Diagnosis/Description
277.0	Cystic fibrosis
277.02	Cystic fibrosis with pulmonary manifestations
277.03	Cystic fibrosis with GI manifestations