



**BlueCross BlueShield
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TennCareSM Select

<p style="text-align: center;">Important TennCare Eligibility and Benefit Changes</p>

July 1, 2005

The State of Tennessee Bureau of TennCare is implementing several benefit and eligibility changes based on its TennCare Reform.

Enclosed you will find important information provided by the Bureau of TennCare for providers concerning these changes affecting your BlueCare and TennCareSelect patients. The high level summary of changes is below. Please review the attached detailed explanations closely to evaluate the impact on your patients.

Benefit Changes Effective August 1, 2005

- Non-covered Services for TennCare Adults (defined as 21 and older in both Medicaid and Standard)
- Elimination of Pharmacy Benefits for TennCare Standard Adults and Non-pregnant Adult Medically Needy
- Prescription Limits and What You Can Do to Assist Patients
- Pharmacy Co-pay

Eligibility Changes

- Closed Enrollment for TennCare Standard and Non-pregnant Adult Medically Needy (as of April 29, 2005)
- Loss of Coverage for TennCare Standard and Non-pregnant Adult Medically Needy

Also enclosed is a current list (as of June, 21, 2005) of drugs and supplies that do not count toward a member's monthly drug limit. This list is subject to change. Updates to the list can be viewed on the TennCare Pharmacy Benefits Manager, First Health Services Corporation, or TennCare Web sites at <https://tennessee.fhsc.com> or <http://www.tennessee.gov/tenncare/pdlinfom.htm>. Revisions/updates to this or other TennCare Reform changes will be available on the Provider page of the BlueCross BlueShield of Tennessee Web site, www.bcbst.com.

Providers may contact First Health Services Corporation with questions on changes to the TennCare Pharmacy program by calling 1-866-434-5520.

Thank you for your continued support of the TennCare Program.

Enclosure

Benefits are administered by Volunteer State Health Plan, Inc., a licensed HMO affiliate of BlueCross BlueShield of Tennessee, Inc.

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Important Information for Providers Concerning Changes to the TennCare Program

ELIGIBILITY CHANGES:

Closed Enrollment

On April 29, 2005 enrollment was closed into the TennCare Standard program (the waiver/expansion population). The only exception is that children under age 19 can still “roll over” from Medicaid to TennCare Standard if they meet the eligibility requirements for TennCare Standard.

Also on April 29, 2005, the non-pregnant adult Medically Needy (also called “Spend Down”) category was closed. The Medically Needy program remains open for children up to age 21 and pregnant women who meet the eligibility requirements.

All other TennCare Medicaid categories remain open to new enrollment.

Loss of TennCare Coverage

The following groups of TennCare enrollees will be losing their TennCare coverage:

1. TennCare Standard Adults (defined for this purpose as 19 or older). This includes:
 - a. Uninsureds
 - b. Uninsurables (also called “Medically Eligibles”)
 - c. Waiver duals (meaning people who are eligible for TennCare and Medicare but not Medicaid)
2. Medically Needy adults (defined as 21 or older) who are not pregnant

Group #1 above, received a notice in early June explaining that they had 30 days to provide information to the Department of Human Services (DHS) to help determine if they might qualify for one of the Medicaid categories that continues to be open to new enrollment. If they do not respond in the time frame or are found not to qualify for Medicaid, this group will receive a second notice informing them that they will lose coverage in 20 days. Special outreach is occurring to the Seriously and/or Persistently Mentally Ill (SPMI) population and “good cause” extensions to the 30 days to provide information to DHS may be granted to these enrollees or others in special circumstances. If you have patients with questions about the disenrollment process, please refer them to their local DHS office or to the DHS Family Assistance Center at 1-866-311-4287.

Group #2 above will lose their TennCare coverage when their current period of eligibility ends unless they qualify for another open Medicaid eligibility category at that time. Eligibility in the Medically Needy category is granted for 12 months at a time. As a result, the enrollees in this category will lose their coverage in the Medically Needy category over the course of the next year, depending on when they were granted their 12 months of coverage.

BENEFIT CHANGES EFFECTIVE AUGUST 1, 2005:

Non-Covered Services

- **Who** - TennCare adults (defined as 21 and older in both Medicaid and Standard)
- **Description** – The following services will no longer be covered for adults:
 - Dental Services
 - Methadone Clinic Services
 - Private Duty Nursing – except that medically necessary private duty nursing for patients on ventilators will still be covered as a component of ventilator services
 - Over the Counter (OTC) Drugs – except that prenatal vitamins for pregnant women and any OTC drug designated as “preferred” on the Preferred Drug List (PDL) will still be covered
 - Convalescent Care Services
 - Sitter Services

Elimination of Pharmacy Benefit

- **Who** -
 - TennCare Standard Adults (defined for this purpose as 21 or older). This includes:
 - Uninsureds
 - Uninsurables
 - Waiver duals
 - Medically Needy (spend down) adults (defined as 21 or older) who are not pregnant or not in long term care.
- **Description** - Enrollees age 21 and over who will be losing their TennCare coverage as a part of reform will no longer have coverage for prescription drugs except that Medically Needy enrollees in long term care will continue to have an unlimited pharmacy benefit until they lose eligibility.

Prescription Limit

- **Who** –TennCare Medicaid adults (defined as 21 or older) who are not in an institution or Home and Community Based Services (HCBS) waiver will be subject to a monthly prescription limit. Exception – as noted above, non-pregnant Medically Needy adult enrollees who are not in an institution or HCBS waiver will have no pharmacy benefit.
- **Description** -
 - Every calendar month the affected enrollees will be limited to 5 prescriptions and/or refills, of which no more than 2 can be brand names
 - TennCare has developed a list of medications, commonly referred to as the “Short List”, that do not count towards the prescription limit and that will continue to be available to the enrollee after the limit has been hit. Please see attached “Short List”.
 - The “Short List” is applicable *only* to persons who have pharmacy coverage with a monthly limit. Persons who have no pharmacy coverage pending disenrollment may not obtain drugs on the short list.

- The pharmacy Point-of-Sale system (POS) will recognize Short List drugs and assure that they are not counted toward the limit.
- The POS system will also enable the pharmacist to determine when a claim is denied because of the prescription limit.
- Pharmacies may bill enrollees for prescriptions over the prescription limit; however, the pharmacy should always attempt to process the prescription and receive the “over the limit” denial before billing the patient.
- In rare circumstances, the TennCare PDL may list only brand name drugs as preferred agents in a drug class in which generic drugs are available. In such cases, the preferred brands will be treated like generics in that they will not count toward the 2 brand per month limit and they will not carry the brand co-pay (see below).

Pharmacy Co-pay

- **Who –**
 - TennCare Medicaid adults (defined as 21 or older) who have a pharmacy benefit and who are not in an institution or HCBS waiver. Exceptions:
 - Pregnant women
 - People receiving hospice care
 - TennCare Standard Children at or above 100% of the federal poverty level

Note: Pregnant women and people receiving hospice care will need to self-declare at the pharmacy in order to be exempt from the co-pay.

- **Description -**
 - Brand name medications will have a \$3.00 copay per prescription
 - Generic medications will have no co-pay
 - Family planning drugs will not be subject to the co-pay
 - The pharmacy POS system will determine the co-pay based on the above rules
 - Enrollees cannot be denied services for failure to make a co-pay

WHAT YOU CAN DO TO ASSIST PATIENTS SUBJECT TO PRESCRIPTION LIMITS:

1. Coordinate with other providers serving the patient to identify all medications the patient is on and to determine if all continue to be needed.
2. Whenever possible, prescribe generic drugs.
3. Keep a copy of the Short List in your office (and check the First Health or TennCare website at <https://tennessee.fhsc.com> or www.tennessee.gov/tenncare/pdlinf.htm regularly for updates so that you are aware and can advise your patients of drugs that don't count toward the 5 prescription limit.
4. Remind your pregnant patients to let the pharmacist know they are pregnant so they won't be subject to co-pays.

5. Remind your hospice patients to let the pharmacist know they are receiving hospice care so they won't be subject to co-pays.
6. If your patient requires more than 5 drugs or 2 brands per month, advise them to consult with their pharmacist to obtain assistance identifying the most expensive drugs to submit to TennCare for payment.

Please contact the First Health provider line at 866-434-5520 with any questions concerning these changes in the TennCare pharmacy program.

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.

Pharmacy Short List as of June 21, 2005

This is a current list of the drugs and supplies that do not count toward an enrollee's monthly drug limit. This list will change. If you have questions about a drug or supply, go to <https://tennessee.fhsc.com/> or www.tennessee.gov/tenncare/pdinfo.htm to see the most current copy of this list.

Clotting Factors

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Factor VIIa, recombinant	Novoseven		Antihemophilic Factor, Human	Alphanate, Hemofil-M, Humate-P, Koate, Melate, Monarc-M, Monoclate-P, Nybcen, Profilate
Antihemophilic Factor, Human Recombinant	Advate, Bioclote, Genarc, Helixate, Kogenate, Recombinate, Refacto		Factor IX Human Recombinant	Benefix
Anti-Inhibitor Coagulant Complex	Autoplex T, Feiba VH Immuno		Factor IX Complex Human	Bebulin, Konyne, Profilnine, Proplex
Antihemophilic Factor/ von Willebrand Factor Complex	Humate-P		Factor IX	Alphanine, Mononine

Iron Preparations

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Iron Dextran Complex	DexFerrum, Imferon, Infed, Proferdex		Sodium ferric gluconate complex / sucrose	Ferrlecit
Iron Sucrose Complex	Venofer			

Hematopoietic Agents

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Epoetin alfa, recombinant	Epogen / Procrit		Pegfilgrastim	Neulasta
Darbepoetin alfa	Aranesp		Sargramostim	Leukine / Prokine
Filgrastim	Neupogen		Oprelvekin	Neumega

Dialysis Medications

GENERIC NAME	BRAND NAME
Calcium acetate	PhosLo
Sevelamer	Renagel
Sodium polystyrene sulfonate	Kayexalate, Kionex, Marlexate, SPS
Lanthanum carbonate	Fosrenol
Calcium acetate/ magnesium carbonate	MagneBind
FA / Vitamin B complex with C	B-Plex, DexFol, Dailyvite, Diatx, Folbee Plus, Formula B, Full Spectrum, Larobec, NeoVite, NephroVite, Nephrocaps, Nephrolan, Nephronex, renaVite, renal caps, Renal Multivitamin Formula Forte, Renaphro

Anti-Virals

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Saquinavir mesylate	Invirase		Stavudine (d4T)	Zerit
Saquinavir	Fortovase		Zalcitabine (ddC)	Hivid
Ritonavir	Norvir		Zidovudine (AZT)	Retrovir
Indinavir sulfate	Crixivan		Abacavir sulfate	Ziagen
Nelfinavir mesylate	Viracept		Emtricitabine	Emtriva
Fosamprenavir calcium	Lexiva		Lamivudine/Zidovudine	Combivir
Amprenavir	Agenerase		Abacavir/Lamivudine/Zidovudine	Trizivir
Atazanavir sulfate	Reyataz		Abacavir / Lamivudine	Epzicom
Ritonavir / Lopinavir	Kaletra		Emtricitabine / Tenofovir	Truvada
Tenofovir disoproxil fumarate	Viread		Nevirapine	Viramune
Didanosine (ddI)	Videx		Delavirdine mesylate	Rescriptor
Lamivudine (3TC)	Epivir		Efavirenz	Sustiva
Foscarnet	Foscavir		Valganciclovir	Valcyte
Ganciclovir (DHPG)	Cytovene (PO + IV)		Enfuvirtide	Fuzeon
Cidofovir	Vistide		Ganciclovir	Vitrasert
Fomivirsen	Vitravene			

Pharmacy Short List as of June 21, 2005

Flu Vaccine

GENERIC NAME	BRAND NAME
Influenza	Fluvirin, FluMist, Fluogen, Flushield, Fluzone, Flu-Imune

Hepatitis C

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Peg-interferon alfa-2a	Pegasys		Interferon alfacon-1	Infergen
Peg-interferon alfa-2b	PEG-Intron		Interferon alfa-2a	Roferon-A
Ribavirin	Copegus, Rebetrol, Ribasphere		Interferon alfa-2b	Intron A
Ribivirin / Interferon alfa-2b	Rebetron			

Anti-tubercular Agents

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Isoniazid	INH, Isohydrazide, Laniazid, Niazid, Nydrazid, Panazid, Teebaconin, Tubizid, Niazid-B6, P-I_N Forte		Aminosalicic acid	Teebaconin with Vitamin B6, Parasal, PAS, Teebacin, Paser
Rifabutin	Mycobutin		Rifampin / Isoniazid	Rifamate
Pyrazinamide	Pyrazinamide		Rifampin / Pyrazinamide / Isoniazid	Rifater
Ethambutol	Myambutol		Rifampin	Rifadin, Rimactane
Ethionamide	Trecator-SC		Cycloserine	Seromycin Pulvules
Rifapentine	Priftin		Capreomycin	Capastat Sulfate
Streptomycin sulfate	Streptomycin Sulfate			

Long acting Antipsychotics

GENERIC NAME	BRAND NAME
Haloperidol decanoate	Haldol Decanoate
Fluphenazine decanoate	Prolixin Decanoate

Antiparkinsonian Agent

GENERIC NAME	BRAND NAME
Benzotropine	Cogentin

Immunosuppressives

GENERIC NAME	BRAND NAME		GENERIC NAME	BRAND NAME
Azathioprine	Azasan, Imuran		Sirolimus	Rapamune
Mycophenolate	Cellcept, Myfortic		Basiliximab	Simulect
Cyclosporine	Sandimmune, Gengraf, Neoral, Sangcya		Daclizumab	Zenapax
Tacrolimus (FK506)	Prograf		Muromonab-CD3	Orthoclone OKT3

Other covered items:

Glucose regulating and monitoring agents – Test strips; Lancets; Alcohol Pads; Glucose Control Solution; Meters; Syringes

Prenatal vitamins - Brands such as Prenate, Zenate, etc.

Asthma Supplies - Spacers and NaCl for inhalation

Large Volume Parenterals - Coded by large volume fluid for quantities > 500ml, any additive will be covered.

(Generic Name: Dextrose; Lactated Ringers; Sodium Chloride; Sterile Water)

Total Parenteral Nutrition (TPN) - Coded by Amino Acid, all additives will be covered

Heplock - Heplock of 10u/ml or 100u/ml

Saline Flush - Coded up to 30cc vials

Pharmacy Short List as of June 21, 2005

Antineoplastics

GENERIC NAME	BRAND NAME	GENERIC NAME	BRAND NAME
Chlorambucil	Leukeran	Hydroxyurea	Droxia, Hydrea, Mylocel
Cyclophosphamide	Cytoxan, Neosar	Temozolomide	Temodar
Ifosfamide	Ifex	Estramustine phosphate sodium	Emcyt
Mesna	Mesnex	Testolactone	Teslac
Mechlorethamine	Mustargen	Streptozocin	Zanosar
Melphalan (L-PAM)	Alkeran	Bleomycin	Blenoxane
Uracil Mustard	Uracil Mustard	Dactinomycin (Actinomycin D)	Cosmegen
Carmustine (BCNU)	BiCNU, Gliadel	Mitomycin (MTC)	Mutamycin
Cetuximab	Erbix	Plicamycin	Mithracin
Lomustine	CeeNU	Daunorubicin	Cerubidine
Busulfan	Busulfex, Myleran	Daunorubicin citrate liposomal	DaunoXome
Altretamine	Hexalen	Doxorubicin	Adriamycin, Rubex
Thiotepa (TSPA)	Thioplex	Doxorubicin, liposomal	Doxil
Carboplatin	Paraplatin	Ibritumomab tiuxetan	Zevalin
Cisplatin	Platinol	Epirubicin	Ellence
Oxaliplatin	Eloxatin	Idarubicin	Idamycin PFS
Paclitaxel	Onxol, Abraxane, Taxol	Valrubicin	Valstar
Docetaxel	Taxotere	Dacarbazine	DTIC-Dome
Teniposide (VM-26)	Vumon	Etoposide (VP-16-213)	Toposar, VePesid, Etopophos
Anastrozole	Arimidex	Pegaspargase	Oncaspar
Letrozole	Femara	Mitoxantrone	Novantrone
Exemestane	Aromasin	Procabazine	Matulane
Asparaginase	Elspar	Irinotecan	Camptosar
Methotrexate	Mexate, Trexall, Abitrexate, Folex	Topotecan	Hycamtin
Pemetrexed	Alimta	Aldesleukin (Interleukin-2)	Proleukin
Capecitabine	Xeloda	BCG Vaccine	TheraCys, TICE BCG
Gemcitabine hydrochloride	Gemzar	Denileukin difitox	Ontak
Cytarabine, conventional	Cytosar-U, Tarabine PFS	Levamisole	Ergamisol
Cytarabine, liposomal	DepoCyt	Tretinoin	Vesanoid
Fluorouracil	Adrucil	Bexarotene	Targretin
Floxuridine	FUDR	Alitretinoin	Panretin
Clofarabine	Clolar	Mitotane	Lysodren
Cladribine (CdA)	Leustatin	Porfimer sodium	Photofrin
Fludarabine Phosphate	Fludara	Talc Powder, sterile	Sclerosol
Mercaptopurine (6-MP)	Purinethol	Abarelix	Plenaxis
Pentostatin (DCF)	Nipent	Gallium nitrate	Ganite
Thioguanine (TG)	Tabloid	Arsenic trioxide	Trisenox
Leuprolide	Eligard, Lupron, Viadur	Azacitidine	Vidaza
Goserelin acetate	Zoladex	Vinblastine	Velban, Velsar
Triptorelin pamoate	Trelstar	Vincristine	Oncovin, Vincasar PFS
Strontium-89 chloride	Metastron	Vinorelbine tartrate	Navelbine
Samarium SM 153 lexidronam	Quadramet	Bicalutamide	Casodex
Amifostine	Ethylol	Flutamide	Eulexin
Dexrazoxane	Zinecard	Nilutamide	Nilandron
Erlotinib	Tarceva	Tamoxifen citrate	Nolvadex
Leucovorin	Wellcovorin	Toremifene Citrate	Fareston
Rituximab	Rituxan	Fulvestrant	Faslodex
Bevacizumab	Avastin	Trastuzumab	Herceptin
Imatinib mesylate	Gleevec	Gemtuzumab ozogamicin	Mylotarg
Gefitinib	Iressa	Alemtuzumab	Campath
Bortezomib	Velcade	Tositumomab	Bexxar