



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.**

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 04/15/09

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. 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. For medications with existing prior authorizations in place, each PA will remain active through the current expiration date. A copy of the new PDL will be posted April 15, 2009 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 April 15, 2009.

- **Hematologic: Erythropoietin Agents**
 - The following agent will be added as preferred: Epogen^{®CC}, Procrit^{®CC}, Aranesp^{®CC}.
- **CNS Agents: Dopamine Precursor/Dopa Decarboxylase Inhibitors**
 - The following agents will be added as preferred: carbidopa/levodopa, carbidopa/levodopa ER, and carbidopa/levodopa SR.
 - The following agents will be added as non-preferred: Parcopa[®], Sinemet[®], Sinemet CR[®].
- **CNS Agents: COMT Inhibitors**
 - The following agent will be added as preferred: Comtan[®].
 - The following agent will be added as non-preferred: Tasmar[®].
- **CNS Agents: Stalevo[®]**
 - The following agent will be added as preferred: Stalevo[®].
- **CNS Agents: Antiparkinson's Agents: Anticholinergics**
 - The following agents will be added as preferred: benzotropine and trihexyphenidyl.
 - The following agent will be added as non-preferred: Cogentin[®].
- **CNS Agents: Monoamine Oxidase B Inhibitors**
 - The following agents will be added as preferred: selegiline, Azilect[®], and Zelapar[®].
 - The following agents will be added as non-preferred: Eldepryl and Emsam^{®ST, QL}.
- **CNS Agents: Alzheimer's agents: Cholinesterase Inhibitors**
 - The following agents will become preferred: galantamine and Exelon patch^{®QL}. Additionally, the following agents will remain preferred: Aricept[®], Aricept ODT[®], and Exelon[®].

- The following agents will remain non-preferred: Cognex[®], galantamine ER^{QL}, Razadyne[®] and Razadyne ER^{® QL}.
- **CNS Agents: Tricyclic Antidepressants**
 - The following agents will remain preferred: amitriptyline, clomipramine, desipramine, doxepin, imipramine HCl, nortriptyline and trimipramine.
 - The following agents will become non-preferred: amoxapine, and imipramine pamoate. The following agents will remain non-preferred: Anafranil[®], Ascendin[®], Aventyl[®], Elavil[®], Norpramin[®], Pamelor[®], protriptyline, Sinequan[®], Surmontil[®], Tofranil[®], Tofranil PM[®], and Vivactil[®].
 - Current users of amoxapine and imipramine pamoate will be indefinitely grandfathered.
- **CNS Agents: New Generation Antidepressants**
 - The following agents will remain preferred: bupropion SR/XL, bupropion IR/SR/XL, maprotiline, mirtazapine, mirtazapine ODT and trazodone.
 - The following agent will become non-preferred: nefazodone. Additionally, the following agents will remain non-preferred: Desyrel[®], Remeron[®], Remeron[®] soltab, Wellbutrin[®], Wellbutrin SR[®], and Wellbutrin XL[®].
- **CNS Agents: Monoamine Oxidase Inhibitors**
 - The following agents will be added as preferred: Nardil^{® ST, QL}.
 - The following agents will be added as non-preferred: Marplan^{® ST, QL}, Parnate^{® ST, QL}, tranlycypromine^{ST, QL} and Emsam^{® ST, QL}.
- **CNS Agents: Skeletal Muscle Relaxants**
 - The following agents will remain preferred: baclofen, chlorzoxazone, cyclobenzaprine, dantrolene, methocarbamol, orphenadrine, orphenadrine/ASA/caffeine and tizanidine.
 - The following agent will become non-preferred: Dantrium[®]. Additionally, the following agents will remain non-preferred: Amrix[®], carisoprodol, carisoprodol/ASA, carisoprodol/ASA/codeine, Fexmid[®], Flexeril[®], Norflex[®], Parafon Forte[®], Robaxin[®], Skelaxin[®], Soma^{® QL}, Soma Compound^{® QL}, and Zanaflex[®].

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 04-15-09)

- Emsam^{® ST, QL}
- Namenda^{® ST, QL}
- Zolof^{® QL}
- Sertraline^{QL}
- Nardil^{® ST, QL}
- Marplan^{® ST, QL}
- Parnate^{® ST, QL}
- tranlycypromine^{ST, 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: clozapine/Clozaril®, Effexor® XR 225mg (Effexor® XR 75 mg and Effexor® XR 150mg), Cymbalta® 90mg (Cymbalta® 30 mg and Cymbalta® 60 mg) warfarin, low molecular weight heparins, phenytoin, theophylline, Lyrica®, Tegretol® (carbamazepine), Neurontin® (gabapentin), Lamictal® (lamotrigine), Keppra® (levetiracetam), Trileptal® (oxcarbazepine), Banzel®, Depakote® (divalproex sodium), Depakene® (valproic acid), Stavzor®, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), Subutex®, Suboxone® and atypical antipsychotics - 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.	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 Program Fax	888-298-4130
SXC Technical Call Center	866-434-5520
SXC Clinical Call Center	866-434-5524
SXC Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

SXC: <https://tnm.rxportal.sxc.com/rxclaim/portal/preLogin>

TennCare website: www.tennessee.gov/tenncare/

Please visit the SXC / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the SXC website at: <https://tnm.rxportal.sxc.com/rxclaim/portal/preLogin> under “Pharmacist and Prescriber,” then “Program Requirements.” Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.