STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

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 notify you of changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact Magellan's Pharmacy Support Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 7-1-16

This notice is being sent as a follow-up to clarify upcoming changes to the TennCare PDL, effective July 1, 2016. A copy of the new PDL will be posted July 1, 2016 to https://tenncare.magellanhealth.com. We encourage you to share this information with other TennCare providers. For more details on clinical criteria, please visit: https://tenncare.magellanhealth.com

Effective July 1, 2016, all agents requiring prior authorization must be prescribed by a provider with a Tennessee Medicaid Provider ID. Providers may register at: http://tennessee.gov/tenncare/topic/provider-registration. All prior authorization fax forms will be updated to reflect this new requirement effective 7/1/16. In order to prevent a delay in processing time, please download new PA fax forms at: https://tenncare.magellanhealth.com.

Changes to Prior Authorization Criteria for the PDL effective July 1, 2016

Effective July 1, 2016, prior authorization criteria for agents in the Short Acting Narcotics PDL class will be changed. This will **ONLY** apply to agents which are already subject to prior authorization (non-preferred agents and quantity limit overrides) Existing Prior Authorizations will be honored through the current expiration date. New requests for Prior Authorizations, effective 7/1/16 will include the following:

- Must be prescribed by a provider with a Tennessee Medicaid Provider ID
- Pain agreement required for all PA required agents. For example agreement, please refer to the Opioid and Controlled Substance Agreement document located at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf .
- Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider
- Prior Authorization approval duration: 3 months

Effective July 1, 2016, prior authorization criteria for agents in the Long Acting Narcotics PDL class will be changed. This will **ONLY** apply to agents which are already subject to prior authorization (preferred agents requiring PA, non-preferred agents and quantity limit overrides). Existing Prior Authorizations will be honored through the current expiration date. New requests for Prior Authorizations, effective 7/1/16 will include the following:

- Must be prescribed by a provider with a Tennessee Medicaid Provider ID
- Pain agreement required for all PA required agents. For example agreement, please refer to the Opioid and Controlled Substance Agreement document located at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf .
- Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider
- Prior Authorization approval duration: 3 months
- Established opioid tolerance will be required before approval of opioids with REMS requirements (See chart below)

All prior authorization fax forms will be updated to reflect new requirements effective 7/1/16. In order to prevent a delay in processing time, please download new PA fax forms at: https://tenncare.magellanhealth.com.

Opioids Requiring a Risk Evaluation and Mitigation Strategy (REMS)	
Avinza (morphine sulfate ER capsules)	Kadian(morphine sulfate ER capsules)
Butrans (buprenorphine transdermal system)	MS Contin (morphine sulfate CR tablets)
Dolophine (methadone hydrochloride tablets)	Nucynta ER(tapentadol ER tablets)
Duragesic (fentanyl transdermal system)	Opana ER (oxymorphone HCL ER tablets)
Embeda (morphine sulfate/naltrexone ER capsules)	OxyContin (oxycodone HCL CR tablets)
Exalgo (hydromorphone hydrochloride ER tablets)	Kadian(morphine sulfate ER capsules)

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (D.0 461-EU)	8
Hospice Patient (Exempt from Co-pay)	Patient Residence (D.0 384-4X)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator (D.0 335-2C)	2
Titration Dose Override for the following select drugs/drug classes: oral oncology agents, anticonvulsants, warfarin, low molecular weight heparins, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective 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.	Submission Clarification Code (D.0 42Ø-DK)	2
Titration Dose Override for the following select drugs/drug classes: clozapine/Clozaril®, Suboxone®, Zubsolv® and buprenorphine- will allow up to five prescription fills to process for the same drug within the same calendar month of the initial prescription without the subsequent fills counting against the enrollee's monthly RX limit.	Submission Clarification Code (D.0 42Ø-DK)	6

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program Fax	888-298-4130
Magellan Pharmacy Support Center	866-434-5520
Magellan Clinical Call Center	866-434-5524
Magellan Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

Magellan: https://tenncare.magellanhealth.com
TennCare website: www.tn.gov/tenncare/

Please visit the Magellan TennCare website regularly to stay up-to-date on changes to the pharmacy program.
For additional information or updated payer specifications, please visit the Magellan website at: https://tenncare.magellanhealth.com then click on pharmacy and choose program information from the drop down menu. 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.