



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 should you have additional questions.

Preferred Drug List (PDL) for TennCare Effective 12/1/05:

TennCare began the process of updating the Preferred Drug List (PDL) on July 1, 2005. As new therapeutic classes have been reviewed, changes have occurred to the PDL. As a result of these changes, some medications your patients are taking may now be considered non-preferred agents. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. To make this transition easier for your patients, TennCare will grandfather the following lists of medications that are being removed from the PDL. **However, if there is an existing prior authorization in place for that medication, the PA will remain active through the current expiration date. Please attempt to process prescriptions for these medications as your patients may have previous Prior Authorizations in place for these medications.** Please feel free to share the information with all TennCare providers. The individual changes to the PDL are listed below with the changes outlined to make switching to a PDL drug easier for your patients.

- **Skeletal Muscle Relaxants**
 - Carisoprodol and carisoprodol combination products moved to non-preferred
 - Please consider a tapering schedule when switching patients from carisoprodol
 - Dantrium® and dantrolene moved to preferred agents
- **Anti-Platelet Agents**
 - Aggrenox® moved to preferred
 - Persantine® and Ticlid® moved to non-preferred
 - Ticlopidine (generic of Ticlid®) will remain a preferred product
 - Cilostazol (generic of Pletal®) and dipyridamole (generic of Persantine®) were added as preferred agents (not previously on PDL)
 - Pletal® will be a non-preferred agent (not previously on PDL)
- **Oral Estrogens**
 - Previously classified in "Estrogen Agents and Estrogen/Progestin Combination"
 - Estradiol, Cenestin®, and Premarin® remain preferred
 - Ortho-Est® remains non-preferred
 - Estrace® is preferred subject to DAW1 (previously not on the PDL)
 - Menest® and Ogen® moved to preferred
 - Estropipate and Gynodiol® will be preferred (previously not on the PDL)

- **Transdermal Estrogens**
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Climara® remains preferred
 - Estraderm® moved to preferred (previously non-preferred)
 - Estradiol transdermal patch and Estradiol TDS (generics for certain strengths of Climara®) moved to preferred (previously not on the PDL)
 - Menostar® moved to non-preferred (previously not on the PDL)
 - Vivelle® and Vivelle-Dot® moved to preferred
 - Alora® moved to preferred (previously not on the PDL)
 - Estrogel® moved to non-preferred (previously not on the PDL)

- **Vaginal Estrogens**
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Vagifem® and Estrace® cream moved to preferred (previously not on the PDL)
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Femring® and Estring® moved to non-preferred (previously not on the PDL)
 - Both Femring® and Estring® are subject to criteria for use (failure or contraindication to two preferred vaginal estrogen products)

- **Oral Progestins**
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Medroxyprogesterone (generic of Provera®) and Provera® are preferred agents
 - Prometrium® is preferred (previously not on the PDL)
 - Norethindrone acetate and Aygestin® are preferred agents (previously not on the PDL)

- **Oral Estrogen/Progestin Combinations**
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Premphase® and Prempro® remain preferred agents
 - FemHRT® and Activella® moved to preferred
 - Prefest® is preferred (previously not on the PDL)

- **Transdermal Estrogen/Progestin Combinations**
 - Previously classified in “Estrogen Agents and Estrogen/Progestin Combination”
 - Combipatch® moved to preferred
 - ClimaraPro® is non-preferred (previously not on the PDL)

New Agents Reviewed*:

- BiDil®^{CC}
- Byetta®^{CC}
- Symlin®^{CC}
- Levemir® is FDA approved but not yet marketed. It will be non-preferred within the Basal Insulin Analog class on the PDL upon market entry pending further review.
- Exubera®^{CC}
- Rozerem® : will be non-preferred within the Sedative Hypnotic class on the PDL with a quantity limit of one a day.
- Xyrem®^{CC}

***All of the aforementioned new agents are non-preferred. Any clinical criteria associated with an agent are noted with a superscripted “CC”. Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.**

Medications that will be Grandfathered Indefinitely:

The following list of medications will be grandfathered indefinitely for **current** users:

Abilify®, Clozaril®, Risperdal-M®, Risperdal Consta®, Zyprexa®, Zyprexa Zydis®, Zoloft®, Cymbalta®, Symbyax®, Actos®, Avandia®, Atacand®, Avapro®, Benicar®, Micardis®, Teveten®, Coreg®, Travatan®, Xalatan®, and Ticlid®. However, if a patient presents with a prescription that results in a change in therapy, prior authorization will be required.

Grandfathered Medications for Which Coverage Is Expiring on 12/31/05

SKELETAL MUSCLE RELAXANTS

CARISOPRODOL	CARISOPRODOL/ASA
CARISOPRODOL/ASA/CODEINE	

ANTI-PLATELET AGENTS

PERSANTINE®

ORAL ESTROGENS

ORTHO-EST®

INTRA-VAGINAL ESTROGEN RINGS

ESTRING®	FEMRING®
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TRANSDERMAL ESTROGEN PRODUCTS

ESTROGEL®	MENOSTAR®
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TRANSDERMAL ESTROGEN/PROGESTIN COMBINATIONS

CLIMARA PRO®

Important Pharmacy Check Notice:

Veteran's day will be observed on Friday, November 11, 2005 by the state and federal government. Therefore, the pharmacy checks and remittance advice statements will not be sent out on that Friday as usual. The pharmacy checks will be mailed on Monday, November 14, 2005. Pharmacy providers should expect their payment checks to arrive later in the week than usual. We apologize for any inconvenience this may cause.

Upcoming Pharmacy Programs:

First Health Services will be conducting a pharmacy information seminar in four cities across Tennessee. The program will focus on the changes in the TennCare system for January 1, 2006. These programs will be held in Knoxville, Chattanooga, Nashville, and Memphis. More information, including locations and time, will be coming soon. Once the final program sites are established, the information will be included with the pharmacy payment checks.

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)
www.firsthealth.com
 Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications
www.firsthealth.com
 Brand Drugs Counted As Generics
www.firsthealth.com
 Short List of Medications (updated 11-1-05)
www.firsthealth.com
 First Health/TennCare home website
www.firsthealth.com
 TennCare home website
www.tn.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 www.firsthealth.com.

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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.