



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 First Health's Technical Call Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 01/02/08

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 January 2, 2008 to: www.firsthealth.com. 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: www.firsthealth.com.

Below is a summary of the PDL changes that will be effective January 2, 2008.

- **Central Nervous System: Anticonvulsants**
 - The following agents will become preferred: carbamazepine, immediate release; Carbatrol[®]; Depakote[®]; Depakote ER[®]; Depakote Sprinkles[®]; Dilantin Infatabs[®]; Dilantin Kapseals[®], 30 mg; Equetro[®]; ethosuximide; gabapentin; Gabitril[®]; Keppra[®]; Lamictal[®] tablets; lamotrigine chewable tablets; Lyrica[®]; Neurontin[®] oral solution; phenytoin; Phenytek[®]; primidone; Tegretol-XR[®]; Trileptal[®]; Topamax[®] CC; valproic acid, immediate release capsules and syrup; and zonisamide.
 - The following agents will become non-preferred: Celontin[®]; Depakene[®]; Dilantin-125[®]; Dilantin Kapseals[®], 100 mg; Epitol[®]; Felbatol[®] ST; Gabarone[®]; Lamictal[®] chewable/dispersible tablets; Peganone[®]; Mysoline[®]; Neurontin[®] tablets and capsules; oxcarbazepine; Tegretol[®]; Zarontin[®]; and Zonegran[®].

NOTE:

All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent is noted with a superscripted "CC" and any step therapy

criteria associated with an agent is noted with a superscripted “ST.” Please refer to the document “Prior Authorization Criteria for the PDL” located at: www.firsthealth.com for additional information.

Changes to Prior Authorization Criteria (CC, ST, QL) for the PDL (effective 01-02-08)

- Topamax[®] CC
- Felbatol[®] ST

UPDATE ON GRANDFATHERING

Given that the PBM contract is going out to rebid, current **users of non-preferred anticonvulsant agents will be grandfathered** until a new PBM contract is awarded and cost issues can be re-evaluated.

The **grandfathering of patients on Vytorin[®] will end on 01/01/08**. We strongly encourage prescribers to begin switching patients on Vytorin[®] to a preferred agent or proactively seek prior authorization in an effort to reduce future delays in medication therapy for these patients. Criteria for prior authorization and high-potency statin prior authorization form available at: www.firsthealth.com.

REMINDER TO ALL PHARMACISTS

Participation in the TennCare pharmacy program requires pharmacists to adhere to specific procedures when unresolved point-of sale denials are encountered. Denials for non-preferred medications, step therapy, therapeutic duplication, and quantity limits are subject to the following requirements of the *Grier Consent Decree*.

- Pharmacist must attempt to contact the prescriber or First Health Services to resolve the denial.
- If the pharmacist is unable to resolve the denial and dispense the prescription in full, the pharmacist should complete and provide the patient with the Prior Authorization Required Form (PARF).
- The Prior Authorization Required Form (PARF) explains why the patient is not receiving the prescribed medication or full amount and how a patient may help initiate the prior approval process.
- If the pharmacist contacts the prescriber and he/she indicates that a prior authorization will be initiated (but hasn't been obtained yet), the pharmacist should provide the patient with the Prior Authorization Required Form (PARF).
- If the pharmacist is unsuccessful in reaching the prescriber and resolving the matter, the pharmacist should consider providing an emergency three day supply of the medication in accordance with the procedures listed below:
 - **Emergency Supply: Non-PDL Edits** - claim denied for drug being non-preferred or requiring prior authorization.
 - Pharmacist should determine if an immediate threat of severe adverse consequences exists should the patient not receive an emergency supply.
 - In the pharmacist's judgement, if the dispensing of an emergency supply is warranted, determine the appropriate amount for a three day supply. For unbreakable packages, the full package can be dispensed.
 - Resubmit the adjusted claim to First Health, including the Prior Authorization Type Code of “8” to override the POS denial.
 - Should the claim deny despite the inclusion of the override code, contact the First Health Clinical Call Center at 866-434-5524 for the override, and resubmit the claim.
 - **Emergency Supply: Clinical Edits** – claim denied for Quantity Limit, Drug-Drug Interaction, Therapeutic Duplication, High Dose, etc.
 - Pharmacist should determine if an immediate threat of severe adverse consequences exists should the patient not receive an emergency supply.
 - In the pharmacist's judgement, if the dispensing of an emergency supply is warranted, determine the appropriate amount for a three day supply. For unbreakable packages, the full package can be dispensed.
 - Contact the First Health Clinical call Center at 866-434-5524 for the override, and resubmit the claim.

Prior Authorization Required Forms (“PARF”) are available at:
www.firsthealth.com, OR

Fax On Demand by dialing 866-434-5520, Select options “2”, “1”, “2”, then enter fax number when prompted.

Regardless of whether the patient receives an emergency supply, a Prior Authorization Required Form must be provided whenever the prescribed medication or the quantity ordered is not received.

- o In addition, the pharmacy is responsible for displaying the Emergency Supply and Appeal Notices (orange and green posters written in English and Spanish) describing TennCare enrollees’ right to appeal adverse decisions affecting services and other applicable notices in public areas of their facility(ies) in accordance with TennCare rules, including TennCare Rules 1200-13-13-.11 and 1200-13-14-.12. Posters are available at: www.firsthealth.com

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product / Non-Tamper-Resistant Prescriptions	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL, prescription re-issued as tamper-resistant, 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
Cymbalta® 90mg (Cymbalta® 30 mg and Cymbalta® 60 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 Program Fax	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:

First Health Services: www.firsthealth.com
TennCare website: www.tn.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: www.firsthealth.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 valued participation in the TennCare program.