



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 this notice to any provider who may be affected by these 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 07/01/09

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 (PAs) in place, each PA will remain active through the current expiration date. A copy of the new PDL will be posted July 1, 2009 to:

<https://tnm.rxportal.sxc.com/rxclaim/TNM/PDLtable.htm>. The individual changes to the PDL are listed below.

Below is a summary of the PDL changes that will be effective July 1, 2009.

- **HIV Antivirals: Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)**
 - The following agents will be added as preferred: didanosine capsules^{QL}, Emtriva^{® QL}, Epivir^{® QL}, stavudine^{QL}, Videx[®] solution^{QL}, Viread^{® QL}, Ziagen^{® QL}, and zidovudine^{QL}.
 - The following agents will be added as non-preferred: Retrovir^{® QL}, Videx[®] capsules^{QL} and Zerit^{® QL}.
 - Current users of non-preferred products will be grandfathered for 90 days.
- **HIV Antivirals: Protease Inhibitors**
 - The following agents will be added as preferred: Aptivus^{® ST, QL}, Invirase^{® QL}, Lexiva^{® QL}, Kaletra^{® QL}, Norvir^{® QL}, Prezista^{® QL}, Reyataz^{® QL} and Viracept^{® QL}.
 - The following agent will be added as non-preferred: Crixivan^{® QL}.
 - Current users of Aptivus[®] and non-preferred agents will be indefinitely grandfathered.
- **HIV Antivirals: Non-nucleoside Reverse Transcriptase Inhibitors**
 - The following agents will be added as preferred: Intelence^{® ST, QL}, Sustiva^{® QL} and Viramune^{® QL}.
 - The following agent will be added as non-preferred: Rescriptor^{® QL}.
 - Current users of Intelence[®] and non-preferred agents will be indefinitely grandfathered.
- **HIV Antivirals: NRTI Combination products**
 - The following agents will be added as preferred: Atripla^{® QL}, Combivir^{® QL}, Epzicom^{® QL}, Trizivir^{® CC, QL} and Truvada^{® QL}.
 - Current users of Trizivir[®] will be indefinitely grandfathered.
- **HIV Antivirals: Integrase Inhibitors**
 - The following agent will be added as preferred: Isentress^{® ST, QL}.
 - Current users of Isentress[®] will be indefinitely grandfathered.
- **HIV Antivirals: Fusion Inhibitors**
 - The following agent will be added as preferred: Fuzeon^{® ST, QL}.
 - Current users of Fuzeon[®] will be indefinitely grandfathered.
- **HIV Antivirals: Chemokine Receptor 5 (CCR5) Antagonists**
 - The following agent will become preferred: Selzentry^{® CC, QL}.
 - Current users of Selzentry[®] will be indefinitely grandfathered.
- **Analgesic Agents: Salicylates and Non-Narcotic Analgesic Combinations**
 - The following agents will become preferred: acetaminophen/phenyltoloxamine^{QL}, choline magnesium trisalicylate^{QL}, Vistra^{® QL}, Be-Flex Plus^{® QL}, Dologesic^{® QL}, Ed-Flex^{® QL}, Rhinoflex^{® QL}, Tetra-Mag^{® QL}, and salsalate^{QL}. Additionally, diflunisal^{QL} will remain a preferred agent.
 - The following agents will become non-preferred: Acuflex^{® QL}, Alpain^{® QL}, Anabar^{® QL}, Cafgesic^{® QL}, Cafgesic Forte^{® QL}, Durabac^{® QL}, Durabac Forte^{® QL}, Flextra^{® QL}, Flextra 650^{® QL}, Flextra DS^{® QL}, Lagesic^{® QL}, Levacet^{® QL}, MST 600^{® QL}, Q Flex^{® QL}, Rhinoflex 650^{® QL}, Zgesic^{® QL} and Zorprin^{® QL}.
- **Agents for Opioid Detoxification**
 - The following agent will become preferred: naltrexone^{CC}.
 - The following agent will become non-preferred: ReVia^{® CC}.
- **Endocrine Agents: Calcitonin**
 - The following agent will remain preferred: Fortical^{® QL}.
 - The following agent will become non-preferred: calcitonin^{QL}. Additionally, Miacalcin^{® QL} will remain non-preferred.

- **Sedative Hypnotics**

- The following agents will remain preferred: chloral hydrate^{QL}, zolpidem^{QL}.
- The following agent will remain preferred but become subject to clinical criteria: Lunesta^{® CC, QL}.
- The following agents will remain non-preferred: Ambien^{® QL}, Ambien CR^{® QL}, Rozerem^{® QL}, Sonata^{® QL}, Somnote^{® QL}, zaleplon^{QL}.

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 07-01-09)

- | | | | |
|---|---------------------------------|---|----------------------------------|
| • Emtriva ^{® QL} | • Reyataz ^{® QL} | • ReVia ^{® CC} (naltrexone) | • Alpain ^{® QL} |
| • Epivir ^{® QL} | • Viracept ^{® QL} | • Lunesta ^{® CC} | • Anabar ^{® QL} |
| • Videx ^{® solution QL} | • Crixivan ^{® QL} | • APAP/ phenyl-toloxamine ^{QL} | • Cafgesic ^{® QL} |
| • Viread ^{® QL} | • Intelence ^{® ST, QL} | • choline magnesium trisalicylate ^{QL} | • Cafgesic Forte ^{® QL} |
| • Ziagen ^{® QL} | • Sustiva ^{® QL} | • Flextra 650 ^{® QL} | • Durabac ^{® QL} |
| • Aptivus ^{® ST, QL} | • Viramune ^{® QL} | • Vistra ^{® QL} | • Durabac Forte ^{® QL} |
| • Retrovir ^{® QL} (zidovudine) | • Atripla ^{® QL} | • Be-Flex Plus ^{® QL} | • Flextra ^{® QL} |
| • Videx ^{® capsules QL} (didanosine) | • Combivir ^{® QL} | • Dologesic ^{® QL} | • Lagesic ^{® QL} |
| • Zerit ^{® QL} (stavudine) | • Epzicom ^{® QL} | • Ed-Flex ^{® QL} | • Levacet ^{® QL} |
| • Invirase ^{® QL} | • Trizivir ^{® CC, QL} | • Rhinoflex ^{® QL} | • MST 600 ^{® QL} |
| • Lexiva ^{® QL} | • Truvada ^{® QL} | • Tetra-Mag ^{® QL} | • Q Flex ^{® QL} |
| • Kaletra ^{® QL} | • Rescriptor ^{® QL} | • salsalate ^{QL} | • Rhinoflex 650 ^{® QL} |
| • Norvir ^{® QL} | • Isentress ^{® ST, QL} | • diflunisal ^{QL} | • Zgesic ^{® QL} |
| • Prezista ^{® QL} | • Fuzeon ^{® ST, QL} | • Acuflex ^{® QL} | • Zorprin ^{® QL} |
| | • Selzentry ^{® CC, 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: warfarin, low molecular weight heparins, theophylline, Vivaglobin [®] , Anticonvulsants, 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.”

Thank you for your valued participation in the TennCare program.