

**STATE OF TENNESSEE
DIVISION 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 inform you of changes for the TennCare pharmacy program. We encourage you to read this thoroughly and contact OptumRx's Pharmacy Support Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE June 1, 2024:

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. We encourage you to share this information with other TennCare providers. The individual changes to the PDL are listed below. The new PDL will be posted June 1, 2024. For details on clinical criteria, please visit: [OptumRx-TennCare](https://www.optumrx-tenncare.com).

PDL STATUS CHANGES EFFECTIVE: June 1, 2024

Below is a summary of the PDL status changes that will be effective June 1, 2024:

- **Analgesics**
 - Short-Acting Narcotics
 - The following will be added as **non-preferred**: ALLZITAL TABLETS ^{QL}, FIORICET CAPSULES ^{QL}, BAC TABLETS ^{QL}.
- **Cardiovascular**
 - Pulmonary Arterial Hypertension (PAH) Agents
 - The following will be added as **non-preferred**: OPSYNVI ^{PA, QL}.
 - Thrombopoietin Agonists, Orals
 - The following will be added as **non-preferred**: ALVAIZ ^{PA, QL}.
 - The following agent will be moved to **preferred**: PROMACTA TABLETS ^{PA, QL}.
- **Central Nervous System**
 - Alzheimer's: Cholinesterase Inhibitors
 - The following has been discontinued and will be **removed**: NAMENDA XR ^{PA, QL}.
- **Oncology**
 - Leukemia Agents: Chronic Myeloid Leukemia (CML)/Acute Lymphoblastic Leukemia (ALL)
 - The following has been discontinued and will be **removed**: SYNRIPO.
- **Ophthalmics**
 - Dry Eye Disease Agents
 - The following has been discontinued and will be **removed**: RESTASIS MULTIDOSE.

PDL STATUS CHANGES EFFECTIVE: July 1, 2024

Below is a summary of the PDL status changes that will be effective July 1, 2024:

- **Central Nervous System**
 - Anti-Parkinson Agents: COMT Inhibitors and Combos
 - The following will become **non-preferred**: STALEVO.
 - Anti-Parkinson Agents: MAOI-Bs
 - The following will become **preferred**: rasagiline.
 - Antidepressants: New Generation
 - The following will be added as **non-preferred**: ZURZUVAE ^{PA, QL}.
- **Dermatologics**
 - Antiseborrheic Agents
 - The following will be added as **non-preferred**: ZORYVE TOPICAL FOAM ^{PA, QL}.
- **Gastrointestinal**
 - Agents for Chronic Constipation
 - The following will become **preferred**: lubiprostone ^{QL}, MOVANTIK ^{PA, QL}.
 - The following will become **non-preferred**: AMITIZA ^{QL}.

- Agents for Irritable Bowel Syndrome (IBS)
 - The following will become **preferred**: alosetron ^{PA, QL}, lubiprostone ^{QL}.
 - The following will become **non-preferred**: AMITIZA ^{QL}, LOTRONEX ^{PA, QL}.
- Anti-Emetics: NK-1 Antagonists
 - The following will become **preferred**: aprepitant ^{PA, QL}.
- Antispasmodics/Anticholinergics:
 - The following have been discontinued and will be **removed**: DARTISLA ODT, SYMAX FASTABS, SYMAX.
 - The following will be added as **non-preferred**: OSCIMIN, GLYCATE.
- H2 Receptor Antagonists
 - The following has been discontinued and will be **removed**: nizatadine solution.
- Laxatives
 - The following have been discontinued and will be **removed**: GAVILYTE-G/bisacodyl, HALFLYTELY, NULYTELY, OSMOPREP, PREPOPIK, SUCLEAR, TRILYTE, VISICOL.
- Miscellaneous Agents for Inflammatory Bowel Disease
 - The following have been discontinued and will be **removed**: ENTOCORT ER, ORTIKOS.
- Proton Pump Inhibitors
 - The following will become **preferred**: esomeprazole capsules ^{QL}, lansoprazole capsules ^{QL}, omeprazole/sodium bicarbonate capsules ^{QL}.
 - The following has been discontinued and will be **removed**: ACIPHEX SPRINKLES.
- **Oncology Agents**
 - Colorectal Cancer Agents
 - The following will be added as **non-preferred**: FRUZAQLA ^{PA, QL}.
 - Lung Cancer Agents: ALK and ROS1 Agents
 - The following will be added as **non-preferred**: AUGTYRO ^{PA, QL}.
 - Phosphatidylinositol-3-Kinase (PI3K) Inhibitor
 - The following will be added as **non-preferred**: TRUQAP ^{PA, QL}.
 - Rare/Miscellaneous Oncology Conditions
 - The following will be added as **non-preferred**: OGSIVEO ^{PA, QL}.
- **Ophthalmics**
 - Miscellaneous Ophthalmics
 - The following will be added as **non-preferred**: XDEMZY ^{PA, QL}.
- **Renal and Genitourinary**
 - Phosphate Binding Agents
 - The following will become **preferred**: VELPHORO.
 - The following will be added as **non-preferred**: XPHOZAH ^{PA, QL}.
 - The following have been discontinued and will be **removed**: FOSRENOL CHEWABLE, PHOSLYRA, PHOSLO, RENAGEL.
 - Urinary Tract Antispasmodics
 - The following will become **preferred**: fesoterodine ^{QL}, MYRBETRIQ TAB ^{QL}, OXYTROL ^{QL}, tolterodine ^{QL}, tolterodine ER ^{QL}. Additionally, the following agents will remain preferred: oxybutynin, oxybutynin ER ^{QL}, and solifenacin ^{QL}.
 - The following will become **non-preferred**: TOVIAZ ^{QL}.
- **Rare Conditions**
 - CHAPLE Disease
 - The following will be added as **non-preferred**: VEOPOZ ^{PA, QL}.
 - Myasthenia Gravis
 - The following will be added as **non-preferred**: ZILBRYSQ ^{PA, QL}.
 - Paroxysmal Nocturnal Hemoglobinuria (PNH)
 - The following will be added as **non-preferred**: FABHALTA ^{PA, QL}.
 - Pompe Disease
 - The following will be added as **non-preferred**: OPFOLDA ^{PA, QL}.
- **Respiratory**
 - Antihistamines: First Generation
 - The following will be added as **non-preferred**: RYCLORA.
 - Antihistamines: Non-Sedating, Oral
 - The following have been discontinued and will be **removed**: CLARINEX REDITABS, CLARINEX-D 24 HOUR, SEMPREX-D.

PRIOR AUTHORIZATION CRITERIA AND/OR QUANTITY LIMITS CHANGES EFFECTIVE: June 1, 2024

The following agents have PA Criteria and/or Quantity Limit changes that will be effective June 1, 2024:

- ENTYVIO
- FASENRA

PRIOR AUTHORIZATION CRITERIA AND/OR QUANTITY LIMITS CHANGES EFFECTIVE: July 1, 2024

The following agents have PA Criteria and/or Quantity Limit changes that will be effective July 1, 2024:

- AKYNZEO
- alosetron
- ANZEMET
- aprepitant
- AURYXIA
- budesonide ER tablets
- cevimeline
- EMEND
- EXOVAC
- GEMTESSA
- GIMOTI
- GOCOVRI
- granisetron
- IBSRELA
- INBRIJA
- KALYDECO
- LOTRONEX
- MOTEGRITY
- MOVANTIK
- MYRBETRIQ GRANULES
- NOURIANZ
- ondansetron oral solution
- ONGENTYS
- ORKAMBI
- ORKAMBI GRANULES
- OSMOLEX ER
- RELISTOR INJECTION
- RELISTOR TABLETS
- SANCUSO
- SYMDEKO
- SYMPROIC
- SYNDROS
- TRIKAFTA
- TRULANCE
- UCERIS FOAM
- VESICARE SUSPENSION
- VIBERZI
- XADAGO
- XIFAXAN
- ZELAPAR

PRIOR AUTHORIZATION REMOVALS EFFECTIVE: July 1, 2024

The following agents will no longer require prior authorization effective July 1, 2024:

- budesonide DR caps
- esomeprazole capsules
- fesoterodine
- lansoprazole capsules
- lubiprostone
- MYRBETRIQ TABLETS
- omeprazole/sodium bicarbonate capsules
- OXYTROL PATCH
- pilocarpine tablets
- rasagiline
- tolterodine
- tolterodine ER
- UCERIS TABLETS
- VELPHORO

BRAND AS GENERIC CHANGES

Effective July 1, 2024, the following agent will be **removed** from the list of brand agents classified as generics. Any requests for the brand name agent will require a new prior authorization effective July 1, 2024. To view the complete list of [Branded Drugs to be Classified as Generics](#), please visit the Optum Rx/TennCare website.

- AMITIZA^{QL}
- LOTRONEX^{PA, QL}
- TOVIAZ^{QL}

PRIOR AUTHORIZATION (PA) BYPASS LIST

In an effort to assist prescribers and providers, prior authorization (PA) requirements can be bypassed for certain medications when specific medical conditions exist. Those specific medications and diagnoses are included in the [Appropriate Diagnosis for Prior Authorization \(PA\) Bypass list](#).

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 four prescription fills to process for the same drug within a 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:

Tennessee Health Connection	855-259-0701
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program Fax	888-298-4130
OptumRx Pharmacy Support Center	866-434-5520
OptumRx Clinical Call Center	866-434-5524
OptumRx Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

Please visit the OptumRx TennCare website regularly to stay up to date on changes to the pharmacy program.

OptumRx TennCare website: https://www.optumrx.com/oe_tenncare/landing

TennCare website: www.tn.gov/tenncare/

CoverRx website: <https://www.tn.gov/tenncare/coverrx.html>

CoverRx application: <https://www.optumrx.com/coverrx>

OptumRx CoverKids Website: https://www.optumrx.com/oe_coverkids/landing

For additional information or updated payer specifications, please visit the OptumRx website at: https://www.optumrx.com/oe_tenncare/landing, 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.

OptumRx/TennCare Provider Liaisons can be reached at TNRxEducation@optum.com.

Subscribe to receive these updates via email at: <http://eepurl.com/iKkcv5>

Pharmacy Billing Information

BIN: 001553

PCNs: TNM (TennCare), CVRX (CoverRx), and CKDS (CoverKids)

Group: N/A

Thank you for your valued participation in the TennCare program.