

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

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE October 1, 2023:

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. A copy of the new PDL will be posted October 1, 2023. For more details on clinical criteria, please visit: https://www.optumrx.com/oe_tennicare/landing.

Below is a summary of the PDL changes that will be effective October 1, 2023:

PDL STATUS CHANGES

• **Analgesics**

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
 - The following will be moved or added to **preferred**: celecoxib ^{QL}, indomethacin ER, naproxen tablets. Additionally, the following agents will remain preferred: celecoxib ^{QL}, diclofenac 1% gel ^{QL}, diclofenac 50mg tablets, diclofenac tablets DR, diclofenac tablets ER, ibuprofen, indomethacin, ketorolac tablets ^{QL}, meloxicam tablets, nabumetone, PENNSAID ^{PA}, sulindac, VOLTAREN GEL ^{QL}
 - The following will be moved or added to **non-preferred**: diclofenac 25mg tablets, RELAFEN DS
 - The following have been discontinued and will be **removed**: ANAPROX, ANAPROX DS, CATAFLAM, CLINORIL, QMIIZ ODT, VIVLODEX, VOLTAREN, VOLTAREN XR, VOLTAREN solution
- NSAID/Anti-Ulcer Agents
 - The following will be moved to **preferred**: ARTHROTEC ^{PA,QL}, DUEXIS ^{PA,QL}, VIMOVO ^{PA,QL}
- Salicylates
 - The following has been discontinued and will be **removed**: choline mag trisalicylate
- Topical Anesthetics
 - The following will be moved to **preferred**: lidocaine patch 5% ^{PA,QL}, ZTLIDO ^{PA,QL}. Additionally, the following agents will remain preferred: lidocaine (excluding lotion, solution, and kits) ^{QL}, lidocaine viscous, lidocaine/prilocaine ^{QL}.

• **Anti-Infectives**

- Anti-Infectives: Anthelmintics
 - The following will be moved to **preferred**: BILTRICIDE. Additionally, the following agents will remain preferred: albendazole ^{PA}, ivermectin tabs ^{QL}, pyrantel pamoate.
 - The following will be moved to **non-preferred**: praziquantel
- Anti-Infectives: Vaginal Antibiotics
 - The following will be moved to **non-preferred**: CLINDESSE vaginal cream ^{QL}
- Antibiotics: Macrolides
 - The following will be moved to **non-preferred**: ERYPED 400mg/5ml suspension
- Antibiotics: Oxazolidinones
 - The following will be moved to **preferred**: ZYVOX suspension ^{PA,QL}. Additionally, the following agents will remain preferred: linezolid tabs ^{PA,QL}
- Antivirals: HIV Capsid Inhibitors
 - The following will be added to **preferred**: SUNLENCA ^{PA}
- Antivirals: HIV Protease Inhibitors
 - The following will be moved to **preferred**: lopinavir/ritonavir ^{QL}
 - The following will be moved or added to **non-preferred**: darunavir ^{QL}, KALETRA ^{QL}

- **Cardiovascular**

- Agents for BPH
 - The following will be added to **non-preferred**: ENTADFI^{PA, QL}
- Anticoagulants, Oral
 - The following will be moved to **preferred**: ELIQUIS^{QL}. Additionally, the following agents will remain preferred: JANTOVEN, PRADAXA^{PA, QL}, warfarin, XARELTO^{QL}
- Beta Blockers and Combinations
 - The following has been discontinued and will be **removed**: BYSTOLIC
- Beta Blockers + Diuretic
 - The following have been discontinued and will **removed**: CORZIDE, DUTOPROL, LOPRESSOR HCT
- Calcium Channel Blockers (DPH)
 - The following will be moved to **preferred**: Norliqva^{PA, QL}. Additionally, the following agents will remain preferred: amlodipine^{QL}, felodipine ER, nicardipine, nifedipine ER/SA/XL^{QL}
 - The following have been discontinued and will **removed**: ADALAT CC, PROCARDIA
- Calcium Channel Blockers (Non-DPH)
 - The following have been discontinued and will **removed**: CALAN, CALAN SR
- Diuretics: Loop
 - The following will be added to **non-preferred**: FUROSCIX^{PA, QL}
- Platelet Inhibitors
 - The following will be added to **non-preferred**: CABLIVI^{PA}
- Pulmonary Arterial Hypertension Agents
 - The following will be moved to **preferred**: bosentan^{PA, QL}. Additionally, the following agents will remain preferred: ambrisentan^{PA, QL}, sildenafil^{PA, QL}, tadalafil^{PA, QL}, TYVASO^{PA, QL}, VENTAVIS^{PA, QL}
 - The following will be moved to **non-preferred**: TRACLEER^{PA, QL}

- **Central Nervous System**

- Agents for Narcolepsy
 - The following will be moved to **preferred**: PROVIGIL^{PA, QL}, XYREM^{PA, QL}. Additionally, the following agents will remain preferred: modafinil^{PA, QL}
- Agents for Neuropathic Pain and Fibromyalgia
 - The following will be moved to **preferred**: lidocaine patch 5%^{PA, QL}. Additionally, the following agents will remain preferred: duloxetine^{QL}, gabapentin capsules^{QL}, Horizant^{PA, QL}, LYRICA^{PA}, NEURONTIN capsules^{QL}
 - The following has been discontinued and will **removed**: LIDODERM
- Amyotrophic Lateral Sclerosis (ALS)
 - The following will be added to **non-preferred**: RELYVRIO^{PA, QL}
- Anti-Anxiety/Anti-Panic Agents
 - The following will be moved to **preferred**: XANAX^{PA, QL}, XANAX XR^{PA, QL}. Additionally, the following agents will remain preferred: alprazolam tablets^{PA, QL}, buspirone^{QL}, chlordiazepoxide^{PA, QL}, clonazepam^{PA, QL}, clorazepate^{PA, QL}, hydroxyzine, diazepam tabs^{PA, QL}, diazepam solution and concentrate^{PA, QL}, lorazepam tabs and concentrate^{PA, QL}
- Anti-Migraine: 5-HT₁ Receptor Agonists
 - The following will be moved to **preferred**: ZOMIG nasal spray^{QL}. Additionally, the following agents will remain preferred: eletriptan^{QL}, rizatriptan^{QL}, rizatriptan ODT^{QL}, sumatriptan tabs^{QL}, sumatriptan vial^{QL}
 - The following will be moved to **non-preferred**: zolmitriptan nasal spray^{QL}
 - The following have been discontinued and will be **removed**: AMERGE, ZOMIG ZMT
- Anti-Migraine: Barbiturate Combination Agents
 - The following will be moved to **non-preferred**: ESGIC capsules^{QL}
 - The following have been discontinued and will be **removed**: VANATOL LQ
- Anti-Migraine: CGRP Antagonists
 - The following will be moved to **preferred**: UBRELVY^{PA, QL}. Additionally, the following agents will remain preferred: AIMOVIG^{PA, QL}, EMGALITY^{PA, QL}, NURTEC ODT^{PA, QL}, QUILIPTA^{PA, QL}
 - The following will be added to **non-preferred**: ZAVZPRET^{PA, QL}
- Antipsychotics: Atypical
 - The following will be moved to **preferred**: ABILIFY ASIMTUFI^{PA, QL}, ABILIFY MAINTENA^{PA, QL}, ARISTADA^{PA, QL}, ARISTADA INITIO^{PA, QL}, INVEGA SUSTENNA^{PA, QL}, INVEGA TRINZA^{PA, QL}, INVEGA HAFYERA^{PA, QL}, paliperidone ER^{QL}, PERSERIS^{PA, QL}, SAPHRIS^{PA, QL}, UZEDY^{PA, QL}. Additionally, the following agents will remain preferred: aripiprazole ODT^{QL}, aripiprazole solution^{QL}, aripiprazole tablets^{QL}, clozapine^{QL}, lurasidone^{PA, QL}, olanzapine tablets^{QL}, olanzapine injection^{PA, QL}, olanzapine ODT^{PA, QL}, quetiapine^{QL}, quetiapine ER^{PA, QL}, risperidone tablets^{QL}, risperidone ODT^{PA, QL}, risperidone solution^{PA, QL}, VRAYLAR^{PA, QL}, ziprasidone injection^{PA, QL}, ziprasidone tablets^{QL}

- Antidepressants: SNRIs
 - The following will be moved to **preferred**: EFFEXOR XR ^{QL}, PRISTIQ ^{QL}. Additionally, the following agents will remain preferred: duloxetine 20mg, 30mg, 60mg ^{QL}, venlafaxine ^{QL}, venlafaxine ER caps ^{QL}
- Antidepressants: SSRIs
 - The following has been discontinued and will be **removed**: PEXEVA
- Antidepressants: Tricyclics
 - The following has been discontinued and will be **removed**: maprotiline
- Antihyperkinesia: Stimulants
 - The following will be moved to **preferred**: dexamethylphenidate XR. Additionally, the following agents will remain preferred: amphetamine salt ER comb ^{PA ≥ 21, QL}, amphetamine salt IR comb ^{PA ≥ 21, QL}, amphetamine sulfate 5mg & 10mg ^{PA ≥ 21, QL}, APTENSIO XR ^{PA ≥ 21, QL}, CONCERTA ^{PA ≥ 21, QL}, DAYTRANA ^{PA ≥ 21, QL}, dexamethylphenidate ^{PA ≥ 21, QL}, dextroamphetamine ^{PA ≥ 21, QL}, methylphenidate ^{PA ≥ 21}, methylphenidate ER tablets ^{PA ≥ 21, QL}, methylphenidate solution ^{PA ≥ 21}, PROCENTRA ^{PA ≥ 21, QL}, VYVANSE capsules and chewables ^{PA ≥ 21, QL}
 - The following will be moved to **non-preferred**: FOCALIN XR
- Multiple Sclerosis Agents, Injectable
 - The following will be moved to **non-preferred**: BETASERON ^{QL}
- Mood Stabilizers
 - The following will be moved or added to **preferred**: SUBVENITE. Additionally, the following agents will remain preferred: EQUETRO, lamotrigine tabs, lamotrigine chewables, levetiracetam, lithium carbonate, lithium carbonate SA, oxcarbazepine, TEGRETOL suspension and tablets, valproic acid.
 - The following will be added to **non-preferred**: SUBVENITE starter kit
 - The following have been discontinued and will be **removed**: DEPAKENE, STAVZOR
- **Dermatologics**
 - Topical Anesthetics
 - The following will be moved to **preferred**: lidocaine patch 5% ^{PA, QL}, ZTLIDO ^{PA, QL}. Additionally, the following agents will remain preferred: lidocaine (excluding lotion, solution, kits) ^{QL}, lidocaine viscous, lidocaine/prilocaine ^{QL}
 - The following have been discontinued and will **removed**: LIDODERM
- **Endocrine and Metabolic Agents**
 - Agents for Phenylketonuria (PKU)
 - The following will be moved or added to **non-preferred**: KUVAN ^{PA}, JAVYGTOR ^{PA}
 - Anti-Rheumatic: Kinase Inhibitors
 - The following will be moved to **preferred**: RINVOQ ^{PA, QL}. Additionally, the following agents will remain preferred: XELJANZ IR ^{PA, QL}
 - Contraceptives, Non-Oral
 - The following will be added as **non-preferred**: HALOETTE ^{QL}
 - Contraceptives, Oral
 - The following will be added to **preferred**: AZURETTE ^{QL}, AMETHIA ^{QL}, AUBRA EQ ^{QL}, AUROVELA 1.5/30 ^{QL}, AUROVELA FE 1/20 ^{QL}, AZURETTE ^{QL}, BRIELLYN ^{QL}, CAMRESE ^{QL}, CAMRESE LO ^{QL}, CHARLOTTE 24 FE ^{QL}, CYRED EQ ^{QL}, DASETTA 7/7/7 ^{QL}, DASTTA 1/35 ^{QL}, DAYSEE ^{QL}, ENSKYCE ^{QL}, ESTARYLLA ^{QL}, FALMINA ^{QL}, FINZALA ^{QL}, HAILEY 1.5/30 ^{QL}, HAILEY 24 FE ^{QL}, HAILEY FE 1.5/30 ^{QL}, HAILEY FE 1/20 ^{QL}, INCASSIA ^{QL}, JAIMIESS ^{QL}, JASMIEL ^{QL}, JENCYCLA ^{QL}, JUNEL 1.5/30 ^{QL}, JUNEL 1/20 ^{QL}, JUNEL FE 1.5/30 ^{QL}, JUNEL FE 1/20 ^{QL}, JUNEL FE 24 ^{QL}, LARIN 1.5/30 ^{QL}, LARIN 1/20 ^{QL}, LARIN FE 1.5/30 ^{QL}, LARIN FE 1/20 ^{QL}, LARISSIA ^{QL}, LEVONEST ^{QL}, LOJAIMIESS ^{QL}, LORYNA ^{QL}, LOSEASONIQUE ^{QL}, LYLEQ ^{QL}, MARLISSA ^{QL}, MERZEE ^{QL}, MILI ^{QL}, MONO-LINYAH ^{QL}, NYLIA 1/35 ^{QL}, NYLIA 7/7/7 ^{QL}, NYMO, OCELLA, ORSYTHIA, PORTIA-28, SYEDA, TAYSOFY, TRI-LO-SPRINTEC, TRI-NYMO, TYBLUME, VIORELE, VOLNEA ^{QL}, VYFEMLA ^{QL}, WERA ^{QL}, ZARAH ^{QL}, ZOVIA 1/35 ^{QL}, ZUMANDIMI ^{QL}
 - The following will be moved to **non-preferred**: TAYTULLA ^{QL}
 - The following has been discontinued and will **removed**: AMETHIA LO, BEKYREE, BREVICON, CESIA, CYCLESSA, DESOGEN, FEMCON FE, FEMHRT, GILDAGIA, GILDESS, GILDESS 24 FE, JOLIVETTE, KIMIDESS, LILLOW, LO OVRAL, LOMEDIA 24 FE, MELODETTA 24 FE, MIBELAS FE 24, MODICON, MONONESSA, MYZILRA, NORDETTE, NORINYL, NOR-QD, ORTHO-NOVUM, ORTHO TRI-CYCLEN, OVCON-50, PREVIFEM, RAJANI, TRINESSA LO, TRI-NORINYL, TRI-PREVIFEM, ZEOS
 - Diabetes: Glucagon Agents
 - The following will be moved to **non-preferred**: ZEGALOGUE ^{QL}
 - Disease Modifying Anti-Rheumatic Drugs
 - The following has been discontinued and will **removed**: RHEUMATREX
 - Duchenne Muscular Dystrophy (DMD)
 - The following will be moved to **preferred**: EMFLAZA ^{PA}

- Growth Hormone Agents
 - The following have been discontinued and will **removed**: TEV-TROPIN
- Hormones: Anti-Thyroid
 - The following have been discontinued and will **removed**: TAPAZOLE
- Hormones: LHRH/GNRH Agonists
 - The following will be added as non-preferred: FENSOLVI^{PA}, LUPRON DEPOT-PED^{PA}
- Hormones: Oral Estrogen/Progestins
 - The following have been discontinued and will **removed**: FEMHRT, LOPREEZA, PREFEST
- Hormones: Thyroid
 - The following will be moved or added to **preferred**: ERMEZA, EUTHYROX. Additionally, the following agents will remain preferred: CYTOMEL, LEVO-T, LEVOTHROID, levothyroxine, LEVOXYL, liothyronine, SYNTHROID, UNITHROID
- Metabolic Agents
 - The following will be moved to **preferred**: CYSTADANE^{PA,QL}
 - The following will be added as **non-preferred**: betaine anhydrous powder (oral soln)^{PA,QL}
- Insulin Like Growth Factor-1
 - The following will be added as **non-preferred**: DAYBUE^{PA,QL}
- Insulin Management Systems
 - The following will be added to **preferred**: CEQUR^{PA,QL}, OMNIPOD^{PA,QL}
 - The following will be added to **non-preferred**: INPEN^{PA,QL}, V-Go^{PA,QL}
- Urea Cycle Disorders
 - The following will be added as **preferred**: PHEBURANE^{PA}. Additionally, the following agents will remain preferred: BUPHENYL, CARBAGLU^{PA}
- **Gastrointestinal**
 - Anti-Emetics: Anticholinergics
 - The following will be moved to **preferred**: TRANSDERM SCOP^{PA,QL}. Additionally, the following agents will remain preferred: meclizine, prochlorperazine, promethazine^{PA}
 - The following will be moved to **non-preferred**: scopolamine patches^{PA,QL}
 - Laxatives
 - The following will be added to **non-preferred**: SUFLAVE
- **Immunologic Agents**
 - Anti-inflammatory: Immunoglobulins
 - The following will be moved to **preferred**: ADBRY^{PA,QL}, FASENRA^{PA,QL}, NUCALA^{PA,QL}, TEZSPIRE^{PA,QL}, XOLAIR^{PA,QL}. Additionally, the following agent will remain preferred: DUPIXENT^{PA,QL}
 - Multiple Sclerosis Agents, Oral
 - The following will be moved to **preferred**: fingolimod^{PA,QL}. Additionally, the following agents will remain preferred: dalfampridine ER^{QL}, dimethyl fumarate^{PA,QL}, teriflunomide^{PA,QL}
 - The following will be moved to **non-preferred**: GILENYA^{PA,QL}
- **Oncology Agents**
 - The following will be moved to **preferred**: erlotinib
 - The following will be moved or added to **non-preferred**: everolimus, LUPRON DEPOT^{PA}, LYTGObi^{PA}, MEKINIST solution^{PA}, SYNRIBo^{PA}, TAFINLAR solution^{PA}, TARCEVA
- **Ophthalmics**
 - Glaucoma Combinations
 - The following will be moved to **preferred**: SIMBRINZA^{PA,QL}. Additionally, the following agents will remain preferred: COMBIGAN^{PA,QL}, ROCKLATAN^{PA,QL}
 - Ophthalmic Antibiotics
 - The following have been discontinued and will be **removed**: BLEPH-10, GENTAK, MOXEZA
 - Ophthalmic Antiallergics
 - The following have been discontinued and will be **removed**: ALOMIDE, PATANOL, PAZEO
 - Ophthalmic Beta Blockers
 - The following have been discontinued and will be **removed**: TIMOPTIC, TIMOPTIC-XE
 - Ophthalmic Carbonic Anhydrase Inhibitors
 - The following have been discontinued and will be **removed**: TRUSOPT
 - Ophthalmic Steroids
 - The following will be moved to **preferred**: difluprednate emulsion^{QL}. Additionally, the following agents will remain preferred: ALREX^{QL}, fluorometholone^{QL}, LOTEMAX drops^{QL}, PRED MILD^{QL}, prednisolone^{QL}
 - The following will be moved to **non-preferred**: DUREZOL^{QL}
 - Ophthalmic Immunomodulators
 - The following will be moved to **non-preferred**: RESTASIS MULTIDOSE^{PA,QL}

- Ophthalmic Steroids
 - The following has been discontinued and will be **removed**: FML ointment
- Miotics
 - The following has been discontinued and will be **removed**: ISOPTO CARPINE
- **Respiratory**
 - Antihistamines, Nasal
 - The following will be moved to **preferred**: DYMISTA^{QL}. Additionally, the following agents will remain preferred: azelastine^{QL}, olopatadine^{QL}
 - The following will be added to **non-preferred**: azelastine/fluticasone^{PA,QL}, RYALTRIS^{PA,QL}
 - Beta Agonist: Oral
 - The following will be moved to **preferred**: albuterol tabs. Additionally, the following agents will remain preferred: albuterol syrup, terbutaline tabs
 - Cystic Fibrosis Agents
 - The following will be moved to **preferred**: KITABIS^{PA,QL}. Additionally, the following agents will remain preferred: BETHKIS^{PA,QL}, PULMOZYME^{PA,QL}, tobramycin solution 300mg/5mL^{PA,QL}, tobramycin vial (excluding 1.2g vials)^{PA}
 - Inhaled: Anticholinergics and Anticholinergic Combinations
 - The following will be moved to **preferred**: SPIRIVA RESPIMAT^{PA,QL}, TRELEGY ELLIPTA^{PA,QL}. Additionally, the following agents will remain preferred: ANORO ELLIPTA^{QL}, albuterol/ipratropium^{QL}, ATROVENT HFA^{QL}, ipratropium solution^{QL}, SPIRIVA HANDIHALER^{QL}
 - Inhaled: Beta Agonists, Short Acting
 - The following will be moved to **preferred**: XOPENEX HFA^{QL}. Additionally, the following agents will remain preferred: albuterol HFA^{QL}, PROVENTIL HFA^{QL}, VENTOLIN HFA^{QL}
 - The following has been discontinued and will **removed**: PROAIR HFA
 - Inhaled: Nebulizers, Beta Agonists
 - The following will be moved to **preferred**: arformoterol^{QL}. Additionally, the following agents will remain preferred: albuterol inhalation solution^{QL}
 - Phosphodiesterase 4 (PDE-4) Inhibitors
 - The following has been added as **preferred**: roflumilast^{PA, QL}

BRAND AS GENERIC CHANGES

● **Effective October 1, 2023:**

- The following agents will be **added** to the list of brand agents classified as generics. Any requests for the generic name agent will require a new prior authorization effective October 1, 2023

| | | |
|--------------|------------------|---------------------|
| • BILTRICIDE | • PROVIGIL | • XYREM |
| • DYMISTA | • TRANSDERM-SCOP | • ZOMIG nasal spray |
| • Effexor XR | • SAPHRIS | • ZYVOX suspension |
| • PREZISTA | • XANAX | |
| • PRISTIQ | • XANAX XR | |
- The following agents 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 October 1, 2023

| | | |
|--------------------|-------------------------------|------------|
| • AFINITOR tablets | • ERYPED 400mg/5ml suspension | • KALETRA |
| • BYSTOLIC | • FOCALIN XR | • TARCEVA |
| • DUREZOL | • GILENYA | • TRACLEER |

PRIOR AUTHORIZATION CRITERIA AND/OR QUANTITY LIMITS CHANGES EFFECTIVE: October 1, 2023

- | | | |
|--------------------|-------------------|--------------------|
| • ABILIFY tablets | • GENOTROPIN | • RISPERDAL CONSTA |
| • ABILIFY ASIMTUFI | • GEODON | • REXULTI |
| • ABILIFY MAINTENA | • HUMATROPE | • REYVOW |
| • ABILIFY MYCITE | • INCRELEX | • RINVOQ |
| • ADBRY | • INGREZZA | • SAIZEN |
| • AIMOVIG | • INVEGA | • SAPHRIS |
| • AJOVY | • INVEGA HAFYERA | • SECUADO |
| • alprazolam | • INVEGA SUSTENNA | • SEROQUEL |
| • arformoterol | • INVEGA TRINZA | • SEROQUEL XR |
| • armodafinil | • ISTURISA | • SEROSTIM |
| • ARISTADA | • JAVYGTOR | • SIGNIFOR |

- ARISTADA INITIO
- ARTHROTEC
- asenapine
- ATIVAN
- betaine anhydrous powder
- BREZTRI AEROSPHERE
- BROVANA
- budesonide/formoterol
- CABLIVI
- CAPLYTA
- carglumic acid
- chlordiazepoxide
- CIBINQO
- clonazepam
- clorazepate
- clozapine ODT
- CLOZARIL
- CORTROPHIN
- CYSTADANE
- fluticasone/salmeterol
- formoterol
- FUROSCIX
- DALIRESP
- DAYBUE
- desvenlafaxine ER
- diazepam
- diclofenac/misoprostol
- DUEXIS
- duloxetine 40mg
- ELIQUIS
- EMGALITY
- famotidine/ibuprofen
- FANAPT
- fluticasone/vilanterol
- KLONOPIN
- KUVAN
- LATUDA
- levalbuterol HFA
- lorazepam
- LOREEV XR
- lurasidone
- meprobamate
- modafinil
- MYFEMBREE
- naproxen/esomeprazole
- NORDITROPIN
- NUPLAZID
- NURTEC ODT
- NUTROPIN AQ
- NUVIGIL
- olanzapine IM
- OLUMIANT
- OMNITROPE
- ORIAHNN
- ORILISSA
- OTREXUP
- oxazepam
- PALYNZIQ
- PERFOROMIST
- PERSERIS
- PROVIGIL
- quetiapine ER
- QULIPTA
- RASUVO
- RAVICTI
- RECORLEV
- REDITREX
- RISPERDAL
- SIMBRINZA
- SKYTROFA
- sodium oxybate
- sodium phenylbutyrate
- SOGROYA
- SPIRIVA RESPIMAT
- STRENSIQ
- SUNOSI
- TRELEGY ELLIPTA
- UBRELVY
- UZEDY
- VALIUM
- venlafaxine ER tabs
- Versacloz
- VIMOVO
- VRAYLAR
- WAKIX
- WIXELA
- XELJANZ
- XELJANZ SOLUTION
- XELJANZ XR
- XOPENEX HFA
- XYREM
- XYWAV
- ziprasidone IM
- ZOMACTON
- ZORBIVE
- ZTLIDO
- ZYPREXA IM
- ZYPREXA tabs
- ZYPREXA RELPREVV
- ZYPREXA ZYDIS

PRIOR AUTHORIZATION REMOVALS EFFECTIVE: October 1, 2023

- ANORO ELLIPTA
- clozapine
- DYMISTA
- EFFEXOR XR
- FETZIMA
- olanzapine tablets
- paliperidone
- PRISTIQ
- quetiapine
- risperidone solution
- risperidone tablets
- SEREVENT DISKUS
- ZIPRASIDONE tablets

Below is a summary of the PDL changes that will be effective November 1, 2023:

PDL STATUS CHANGES

- Multiple Sclerosis Agents, Injectable
 - The following will be moved to **non-preferred**: BETASERON^{QL}
- Diabetic Supplies
 - BD insulin syringes and pen needles will be the sole **preferred** manufacturer for insulin syringes and pen needles.

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 |

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

Helpful TennCare Internet Links:

OptumRx TennCare Website: https://www.optumrx.com/oe_tenncare/landing
TennCare website: www.tn.gov/tenncare/

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.

BIN: 001553
PCNs: TNM and CVRX
Group: N/A

Thank you for your valued participation in the TennCare program.