

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.

Advair Diskus and Adderall XR

Formulary 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.

Dear TennCare Provider,

Beginning February 1, 2024, generic fluticasone-salmeterol diskus powder will move to preferred, NOT require prior authorization, and will pay at pharmacy point of sale. The brand Advair Diskus will become nonpreferred and subject to prior authorization. Brand Advair Diskus will state “generic is preferred” to remind pharmacies of this formulary change.

In addition, Brand Adderall XR will be moved to preferred effective **February 1, 2024**. Patients < 21 years of age will not require a prior authorization. Patients ≥ 21 years of age will require a prior authorization.

A copy of the new PDL will be posted February 1, 2024. For more details on clinical criteria, please visit: https://www.optumrx.com/oe_tenncare/landing. Please note PDL formulary status changes are subject to changes as we continue to evaluate industry market availability shifts.

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.

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

To receive Provider Notices and program updates in your inbox, please sign up for the TennCare Provider Listserv. Instructions can be found at: [Provider Email Subscription](#).

BIN: 001553

PCNs: TNM and CVRX

Group: N/A

Thank you for your valued participation in the TennCare program.
