

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 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.

OBESITY MANAGEMENT AGENTS UPDATE

On the [Provider Notice Weight Management Updates 12.01.25](#), it was stated that initial prior authorization (PA) durations for GLP-1 Weight Management Agents would be changing to a 3-month duration. After further review, in effort to reduce PA burden on providers and members, the initial authorization length will remain 1 year. Prior authorization criteria will remain unchanged from the previously posted Interim Criteria for Agents Awaiting PAC Review as these agents are added to the Preferred Drug List (PDL). To view the PA criteria, please see the [Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List \(PDL\)](#) posted on January 1, 2026.

ONCOLOGY AGENTS UPDATE

As of January 1, 2026, oncology products will no longer be limited to an initial 14-days' supply. Initial claims for oncology agents will remain subject to plan limitations, quantity limits, and prior authorization criteria.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE JANUARY 1, 2026

TennCare is continuing the process of reviewing all covered drug classes. Changes to the PDL occur as new classes are reviewed, and previously reviewed classes are revisited. As a result of these changes, some medications your patients are 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 January 1, 2026. For details on clinical criteria, please visit [OptumRx/TennCare](#) and click on **Criteria PDL** under **Useful Links**.

PDL STATUS CHANGES EFFECTIVE: JANUARY 1, 2026

Below is a summary of the PDL status changes that will be effective January 1, 2026:

- **Analgesics**
 - The Naloxone Products class name will be updated to Opioid Reversal Agents.
 - Opioid Reversal Agents
 - The following will be added as **preferred**: ZURNAI^{QL}. Please refer to the [PDL](#) for additional preferred agents.
- **Anti-Infectives**
 - Antibiotics: Aminoglycosides, Oral
 - The following has been discontinued and will be **removed**: NEO-FRADIN.
 - Antibiotics: Anti-Tuberculosis, Oral
 - The following have been discontinued and will be **removed**: MYCOBUTIN, TRECATOR.
 - Antibiotics: Tetracyclines
 - The following have been discontinued and will be **removed**: MINOLIRA, SOLDYN, VIBRAMYCIN, XIMINO.
 - Antivirals, Topical
 - The following will be added as **non-preferred**: ZELSUVMI^{PA, QL}.
 - Antivirals: HIV NRTIs
 - The following has been discontinued and will be **removed**: stavudine.
 - Antivirals: HIV NRTI Combos
 - The following has been discontinued and will be **removed**: TRIZIVIR.
 - Antivirals: HIV Protease Inhibitors
 - The following have been discontinued and will be **removed**: APTIVUS solution, lopinavir/ritonavir solution, REYATAZ 150 mg caps.
- **Cardiovascular**
 - ACEIs + Diuretics
 - The following will be moved to **preferred**: benazepril/HCTZ.
 - Antihypertensives, Miscellaneous
 - The following has been discontinued and will be **removed**: methyl dopa/HCTZ.
 - Beta Blockers

- The following has been discontinued and will be **removed**: CORGARD.
- Cardiac Agents, Miscellaneous
 - The following will be added as **non-preferred**: LODOCO^{PA, QL}.
- Pulmonary Arterial Hypertension (PAH) Agents
 - The following will be added as **non-preferred**: bosentan tablets for oral suspension^{PA, QL}.
- **Central Nervous System**
 - Alzheimer's: NMDA Receptor Antagonists
 - The following will be added as **non-preferred**: memantine/donepezil capsules^{PA, QL}.
 - Antihyperkinesia: Stimulants
 - The following will be added as **non-preferred**: amphetamine/dextroamphetamine ER (3-bead) 24 capsule (generic for MYDAYIS)^{PA, QL}, amphetamine extended release ODT (generic for ADZENYS XR ODT)^{PA, QL}. Please refer to the [PDL](#) for additional preferred and non-preferred agents.
 - Anti-Migraine: 5-HT₁ Receptor Agonists and Combinations
 - The following will be moved to **preferred**: frovatriptan^{QL}.
 - The following will be added as **non-preferred**: SYMBRAVO^{PA, QL}.
 - Anti-Migraine: Barbiturate Agents, Non-Narcotic
 - The following has been discontinued and will be **removed**: ESGIC.
 - Anti-Migraine: Ergotamine Derivatives
 - The following will be moved to **preferred**: dihydroergotamine injection. Additionally, the following agents will remain preferred: dihydroergotamine nasal spray^{QL}.
 - Antiparkinson's: Levodopa Combinations
 - The following will be added as **non-preferred**: carbidopa/levodopa ER capsules^{PA}.
 - Mood Stabilizers
 - The following will be moved to **preferred**: lamotrigine ER. Please refer to the [PDL](#) for additional preferred agents.
 - Skeletal Muscle Relaxants
 - The following will be moved to **non-preferred**: methocarbamol 1000 mg tabs^{PA, QL}. All other strengths of methocarbamol tablets remain preferred.
- **Endocrine and Metabolic**
 - Diabetes: Biguanides
 - The following will be moved to **non-preferred**: metformin IR 625 mg and 750 mg tablets^{PA, QL}. All other strengths of metformin IR tablets remain preferred.
 - Estrogens, Oral and Injectable
 - The following will be added as **non-preferred**: conjugated estrogens tablets^{PA}.
 - GLP-1 Agonists
 - The following will be moved to **non-preferred**: liraglutide (generic for VICTOZA)^{PA, QL}.
 - Growth Hormone Agents
 - The following will be added as **non-preferred**: EGRIFTA WR^{PA}.
 - Hormonal Agents: GnRH Agonists & LNRH Analogs
 - The following will be added as **non-preferred**: VABRINITY^{PA}.
- **Gastrointestinal**
 - Anti-Emetics: 5-HT₃ Antagonists
 - The following will be moved to **non-preferred**: ondansetron 16 mg ODT^{PA, QL}. Ondansetron 4 and 8 mg ODT will remain preferred.
 - Gallstone Solubilizing Agents
 - The following will be added as **non-preferred**: CTEXLI^{PA, QL}.
- **Oncology**
 - Enzyme Inhibitors: MEK/FAK Kinase Inhibitors
 - The following will be added as **non-preferred**: AVMAKPI FAKZYNJA Co-PACK^{PA, QL}.
- **Ophthalmics**
 - Dry Eye Disease Agents
 - The following will be added as **non-preferred**: TRYPTYR^{PA, QL}.
 - Ophthalmic Antibiotic/Steroid Combinations
 - The following will be moved to **preferred**: ZYLET. Please refer to the [PDL](#) for additional preferred agents.
 - The following has been discontinued and will be **removed**: TOBRADEX.
 - Ophthalmic Steroids
 - The following will be added as **non-preferred**: loteprednol etabonate ophthalmic suspension 0.2%^{PA}.

- **Otic**
 - Otic Steroid/Antibiotic Combinations
 - The following will be added as **non-preferred**: ciprofloxacin/hydrocortisone otic solution ^{PA, QL}.
 - The following will be moved to **preferred**: CIPRO HC ^{QL}. Please refer to the [PDL](#) for additional preferred agents.
- **Rare Conditions**
 - Hereditary Angioedema (HAE) Agents
 - The following will be added as **non-preferred**: ANZUPGO ^{PA, QL}.
 - Prader Willi Syndrome (PWS)
 - The following will be added as **non-preferred**: VYKAT XR ^{PA}.
 - Transthyretin Amyloidosis Agents
 - The following has been discontinued and will be **removed**: VYNDAQEL.
 - Urea Cycle Disorders
 - The following will be added as **non-preferred**: glycerol phenylbutyrate ^{PA}.
- **Renal and Genitourinary**
 - Androgen Hormone Inhibitors
 - The following are no longer a rebating labeler product and will be **removed**: AVODART.
- **Respiratory**
 - Antihistamines, Nasal
 - The following has been discontinued and will be **removed**: DYMISTA.
 - The following will be moved to **preferred**: azelastine/fluticasone nasal spray ^{QL}.
 - Inhaled: Anticholinergics and Anticholinergic Combinations
 - The following will be moved to **preferred**: BREZTRI AEROSPHERE ^{PA, QL}. Please refer to the [PDL](#) for additional preferred agents.
 - The following will be moved to **non-preferred**: Spiriva Respimat ^{PA, QL}.
 - Inhaled: Beta Agonist/Corticosteroid Combination Products
 - The following will be moved to **non-preferred**: fluticasone/salmeterol HFA.
- **Weight Management Agents**
 - Appetite and Absorption Agents
 - The following will be added to the PDL as **preferred**: benzphetamine ^{QL}, diethylpropion ^{QL}, diethylpropion CR ^{QL}, LOMAIRA ^{QL}, ORLISTAT ^{QL}, phendimetrazine IR ^{QL}, phendimetrazine ER ^{QL}, phentermine ^{QL}, phentermine/topiramate ^{QL}, XENICAL ^{QL}.
 - GLP-1 Weight Management Agents
 - The following will be added to the PDL as **preferred**: WEGOVY ^{PA, QL}, ZEPBOUND ^{PA, QL}.
 - The following will be added to the PDL as **non-preferred**: SAXENDA ^{PA, QL}, liraglutide (weight management) ^{PA, QL}.
 - Neurobehavioral Appetite Modulators
 - The following will be added to the PDL as **preferred**: amphetamine sulfate ^{PA ≥ 21, QL}.
 - The following will be added to the PDL as **non-preferred**: EVEKEO ^{PA, QL}.
 - Obesity Agents for Rare Disorders
 - The following will be added to the PDL as **non-preferred**: IMCIVREE ^{PA, QL}.

PA CRITERIA AND/OR QUANTITY LIMIT CHANGES EFFECTIVE: JANUARY 1, 2026

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective January 1, 2026:

<ul style="list-style-type: none"> ○ ADDERALL ○ ADDERALL XR ○ ADZENYS XR ODT ○ AIMOVIG ○ AJOVY autoinjector and pre-filled syringe ○ Amphetamine er Susp ○ Amphetamine salt ER combination ○ Amphetamine salt IR combination ○ Amphetamine sulfate ○ ANNOVERA ○ APADAZ ○ APTENSIO XR ○ Aripiprazole tablets ○ ASPURZO SPRINKLE ○ Azelastine/fluticasone nasal spray ○ AZSTARYS 	<ul style="list-style-type: none"> ○ BELBUCA ○ Benazepril/HCTZ tablets ○ Benzhydrocodone/APAP ○ BEVESPI AEROSPHERE ○ BREZTRI AEROSPHERE ○ Brimonidine/timolol ○ buprenorphine patch ○ Butalbital/APAP/caffeine/Codeine ○ Butalbital/ASA/caffeine/Codeine ○ BUTRANS ○ CAMZYOS ○ Codeine ○ Codeine/APAP ○ COMBIGAN ○ COMBIVENT RESPIMAT ○ CONCERTA
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- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective January 1, 2026 (continued):
 - CONZIP
 - COTEMPLA XR ODT
 - DAYTRANA
 - Deferasirox granule packet
 - Deferasirox tablets
 - Deferasirox tablets for suspension
 - Deferiprone
 - DESOXYN
 - Dexedrine
 - Dexmethylphenidate
 - Dexmethylphenidate XR
 - Dextroamphetamine soln
 - Dextroamphetamine tabs
 - Dihydrocodeine/APAP/caffeine
 - DILAUDID
 - DIOVAN
 - DOLOBID
 - DUAKLIR PRESSAIR
 - DYNAVEL XR
 - EGRIFTA SV
 - EMGALITY syringe and pen
 - EMSAM
 - ENDOCET
 - EVEKEO TAB
 - EXJADE tablets for suspension
 - Fentanyl patch
 - FERRIPROX
 - FERRIPROX SOLUTION
 - FERRIPROX TWICE-A-DAY
 - FIORICET WITH CODEINE
 - FOCALIN
 - FOCALIN XR
 - Frovatriptan
 - FUROSCIX
 - Hydrocodone ER
 - Hydrocodone/APAP
 - Hydrocodone/Ibuprofen
 - Hydromorphone ER
 - Hydromorphone IR
 - Hydromorphone liquid, supp
 - HYSINGLA ER
 - INCRUSE ELLIPTA
 - ivabradine
 - JADENU SPRINKLE GRANULES
 - JADENU tablets
 - JORNAY PM
 - LAMICTAL ODT
 - LAMICTAL XR
 - Lamotrigine ER
 - Levorphanol
 - Liraglutide (generic for VICTOZA)
 - Lisdexamfetamine caps
 - Lisdexamfetamine chewables
 - Lofexidine
 - LUCEMYRA
 - MARPLAN
 - Meperidine
 - Metformin IR 625 and 750 mg tabs
 - Methadone
 - METHADOSE
 - Methamphetamine
 - Methocarbamol 1000 mg tabs
 - METHYLIN soln
 - Methylphenidate (Ritalin)
 - Methylphenidate chewables
 - Methylphenidate ER 24 hr caps
 - Methylphenidate ER OSM tabs
 - Methylphenidate ER tabs
 - Methylphenidate patch
 - Methylphenidate R ODT
 - Methylphenidate soln
 - Minoxidil tabs
 - Montelukast granules
 - Morphine ER caps and tabs
 - Morphine IR tablets, soln
 - Morphine supp
 - MS CONTIN
 - MYDAYIS ER
 - NALOCET
 - Naproxen CR/ER tabs
 - NARDIL
 - NEXLETOL
 - NEXLIZET
 - Niacin ER
 - NORLIQVA
 - NURTEC ODT
 - Ondansetron 16mg ODT
 - Oxycodone ER
 - Oxycodone IR caps, tabs, soln
 - Oxycodone/APAP
 - OXYCONTIN
 - Oxymorphone ER
 - Oxymorphone IR
 - PARNATE
 - PERCOCET
 - Phenelzine
 - PROCENTRA
 - PROLATE
 - PULMICORT FLEXHALER
 - QDOLO
 - QUILICHEW ER
 - QUILLIVANT XR
 - QULIPTA
 - RELEXXII ER
 - REPATHA
 - RITALIN
 - RITALIN LA
 - ROXICODONE
 - ROXYBOND
 - RYALTRIS
 - SIMBRINZA
 - SINGULAIR tablets and granules
 - SPIRIVA RESPIMAT
 - STIOLTO RESPIMAT
 - Sumatriptan autoinjector and cartridge
 - SUNLENCA
 - TOPROL XL
 - Tramadol

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective January 1, 2026 (continued):
 - Tramadol ER caps and tab
 - Tramadol/APAP
 - Tranylcypromine
 - TRELEGY ELLIPTA
 - TREMFYA
 - TUDORZA
 - Venlafaxine ER capsules
 - VERQUVO
 - VYVANSE CAPS
 - VYVANSE chewables
 - XELSTRYM
 - ZENZEDI
 - ZILEUTON CR
 - ZYFLO
 - ZYLET

BRAND AS GENERIC CHANGES: JANUARY 1, 2026

Effective January 1, 2026, the following updates will be made to the list of brand agents classified as generics.

- The following agents will be **added**. Any requests for the generic name agent will require a new prior authorization.
 - ELIGARD
 - SAXENDA
 - TRACLEER tabs for oral suspension
 - RAVICTI
 - RYTARY
 - PREMARIN tabs

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE FEBRUARY 1, 2026

TennCare is continuing the process of reviewing all covered drug classes. Changes to the PDL occur as new classes are reviewed, and previously reviewed classes are revisited. As a result of these changes, some medications your patients are 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 February 1, 2026. For details on clinical criteria, please visit [OptumRx/TennCare](#) and click on **Criteria PDL** under **Useful Links**.

- **Endocrine and Metabolic**
 - Androgens
 - The following will be moved to **preferred**: TESTIM 1% gel^{PA, QL}. Please refer to the [PDL](#) for additional preferred agents.
 - The following will be moved to **non-preferred**: testosterone 1% gel.
 - Estrogens, Transdermal
 - The following will be moved to **preferred**: CLIMARA PATCH^{QL}. Please refer to the [PDL](#) for additional preferred agents.
 - The following will be moved to **non-preferred**: estradiol weekly patch^{PA, QL}.

PA CRITERIA AND/OR QUANTITY LIMIT CHANGES EFFECTIVE: FEBRUARY 1, 2026

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective February 1, 2026:
 - testosterone 1% gel
 - TESTIM 1% gel
 - CLIMARA patch
 - Estradiol weekly patch
 - Risperidone injection

BRAND AS GENERIC CHANGES: FEBRUARY 1, 2026

Effective February 1, 2026, the following updates will be made to the list of brand agents classified as generics.

- The following agents will be **added**. Any requests for the generic name agent will require a new prior authorization.
 - ALREX
 - NAMZARIC
 - TESTIM 1% gel
 - CLIMARA patch
 - RISPERDAL CONSTA
- The following agents will be **removed**. Any requests for the brand name agent will require a new prior authorization.
 - FINACEA gel

BRAND AS GENERIC CHANGES: MARCH 1, 2026

Effective March 1, 2026, the following updates will be made to the list of brand agents classified as generics.

- The following agents will be **added**. Any requests for the generic name agent will require a new prior authorization.
 - ADZENYS XR-ODT
 - CIPRO HC
 - INTELENCE
 - VICTOZA

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
	Prior Authorization Number Submitted (D.0 462-EV)	Eleven 8s
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
OptumRx/TennCare Member Services 888-816-1680
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://welcome.optumrx.com/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://welcome.optumrx.com/coverkids/landing>
- TennCare Health Plans: <https://www.tn.gov/tenncare/providers/managed-care-contractors>

For additional information or updated payer specifications, please visit the OptumRx website at: <https://welcome.optumrx.com/tenncare/landing>, click on “Program Information” under the **Pharmacist** heading. Please forward or copy the information in this notice to all providers who June 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.