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.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE JUNE 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 June 1, 2026. For details on clinical criteria, please visit OptumRx/TennCare and click on **Criteria PDL** under **Useful Links.**

- **Analgesics**
  - NSAIDs
    - The following will be added as **non-preferred**: oxaprozin capsules PA, QL, TOLECTIN tablets PA, QL, TOLECTIN DS capsules PA, QL.
    - The following has been discontinued and will be **removed**: MOTRIN tablets (Rx).
- **Anti-Infectives**
  - Antibiotics, Topical
    - The following will be added as **non-preferred**: silver nitrate 0.5% solution QL.
  - Antifungals, Oral
    - The following will be added as **non-preferred**: griseofulvin ultramicrosize 165 mg tablets PA, QL.
- **Central Nervous System**
  - Anticonvulsants
    - The following has been discontinued and will be **removed:** QUDEXY XR. Please refer to the PDL for a listing of remaining preferred and non-preferred agents.
- **Dermatologics**
  - Topical Steroids: Upper-Mid Strength
    - The following will be added as **non-preferred:** amcinonide 0.1% ointment PA, QL.
- **Endocrine and Metabolic**
  - GLP-1 Agonists
    - The following will be moved to **preferred:** MOUNJARO injection PA, QL. The following will also remain preferred: OZEMPIC injection PA, QL, VICTOZA injection PA, QL, WEGOVY injection PA, QL, ZEPBOUND autoinjector PA, QL.
  - SGLT2 Inhibitors and Combinations
    - The following will be moved to **preferred**: dapagliflozin tablets QL. Additionally, the following agents will also remain preferred: FARXIGA QL, GLYXAMBI QL, INVOKAMET QL, INVOKANA QL, JARDIANCE QL, SYNJARDY QL, SYNJARDY XR QL, XIGDUO XR QL.
- **Ophthalmic**
  - The following has been discontinued and will be **removed:** BEPREVE**.**
  - The following will be **removed** and added to the OTC Drug Formulary: LASTACAFT PA. For details on clinical criteria for OTC Agents, please visit OptumRx/TennCare and click on **Clinical Criteria and Preferred Drug List** under **General Information**, then **Criteria for OTC Agents.**
- **Rare Conditions**
  - Hereditary Angioedema (HAE) Agents
    - The following will be added as **non-preferred**: ORLADEYO packets PA, QL.
- **Respiratory**
  - Inhaled: Anticholinergic and Anticholinergic Combinations
    - The following will be added as **non-preferred**: ipratropium HFA PA, QL, umeclidinium Ellipta PA, QL.
  - Inhaled: Steroids
    - The following will be added as **non-preferred**: beclomethasone HFA PA, QL.

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

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective June 1, 2026:
  - ALOCRIL
  - ALOMIDE
  - Bepotastine ophthalmic solution
  - Dapaglifozin tablets
  - DILANTIN capsules, chewables
  - DUPIXENT injection
  - Epinastine ophthalmic solution
  - IMULDOSA autoinjector and 45 mg/0.5mL vials
  - MOTEGRITY tablets
  - MOUNJARO injection
  - ORLADEYO capsules
  - OTULFI autoinjector and 45 mg/0.5mL vials
  - Prucalopride tablets
  - PYZCHIVA autoinjector and 45 mg/0.5mL vials
  - PYZCHIVA autoinjector and 45 mg/0.5mLvials
  - SELDARSI autoinjector and 45 mg/0.5mLvials
  - STELARA autoinjector and 45 mg/0.5mLvials
  - STEQEYMA autoinjector and 45 mg/0.5 mL vials
  - Tolmetin tablets and capsules
  - Ustekinumab autoinjector and 45mg/0.5mL vials
  - XPOVIO
  - YESINTEK autoinjector and 45mg/0.5mL vials
  - ZERVIATE

BRAND AS GENERIC CHANGES: JUNE 1, 2026

Effective June 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.
  - APOKYN injection
  - EDURANT tablets
  - GRALISE tablets
  - MAVENCLAD tablets
  - RECTIV ointment
  - ZYLET ophthalmic suspension
- The following agents will be **removed**. Any requests for the brand name agent will require a new prior authorization.
  - DILANTIN caps & chews
  - MOTEGRITY tablets

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE JULY 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 July 1, 2026. For details on clinical criteria, please visit OptumRx/TennCare and click on **Criteria PDL** under **Useful Links.**

- **Cardiovascular**
  - Angiotensin II Receptor Blockers (ARBs)
    - The following will be added as **non-preferred**: azilsartan tablets PA, QL.
  - Pulmonary Fibrosis Agents
    - The following will be added as **preferred:** nintedanib capsules PA, QL. Additionally, the following will remain preferred: pirfenidone tabs PA, QL.
    - The following will be moved to **non-preferred**: OFEV capsules PA, QL.
- **Central Nervous System**
  - Antidepressants: New Generation
    - The following will be added as **non-preferred:** EXXUA tablets PA, QL.
  - The Antiparkinson: Levodopa Combinations class name will be changed to Antiparkinson: Levodopa and Combinations.
  - Miscellaneous CNS Agents
    - The following will be added as **non-preferred:** LEQEMBI IQLIK PA, QL.
- **Endocrine and Metabolic**
  - GLP-1 Agonists
    - The following will be added as **non-preferred:** WEGOVY tablets PA, QL.
  - Pituitary Agents
    - The following will be added as **preferred**: cabergoline tablets PA.
- **Gastrointestinal**
  - 5-ASA Agents, Oral
    - The following will be moved to **preferred:** mesalamine DR 1.2 g tablets (generic for LIALDA) QL. Additionally, the following will remain preferred: mesalamine Dr 400 mg caps QL, mesalamine ER 0.375 g caps QL, mesalamine ER 500 mg caps QL, sulfasalazine tabs QL, sulfasalazine EC tabs QL.
  - Agents for Chronic Constipation
    - The following will be moved to **preferred**: SYMPROIC tablets PA, QL. Additionally, the following will remain preferred: LINZESS capsules QL, lubiprostone capsules QL.
    - The following will be moved to **non-preferred**: MOVANTIK tablets PA, QL.

- Agents for IBS
  - The following will be moved to **preferred**: LOTRONEX tablets [PA, QL]. Additionally, the following will remain preferred: LINZESS capsules [QL], lubiprostone capsules [QL].
  - The following will be moved to **non-preferred:** alosetron tablets [PA, QL].
- Antiemetics, Anticholinergic
  - The following will be moved to **preferred:** trimethobenzamide caps. Additionally, the following will remain preferred: meclizine tabs (Rx), prochlorperazine suppositories and tablets, promethazine solution and tablets [PA < 2 years old].
- Antispasmodics/Anticholinergics
  - The following will be moved to **preferred**: OSIMIN tablets and SL tablets, ROBINUL tablets, ROBINUL FORTE tablets. Additionally, the following will remain preferred: dicyclomine capsules, solution, and tablets, glycopyrrolate solution [PA ≥ 8 years old], glycopyrrolate tablets, hyoscyamine ER tabs, SL tabs, tabs, elixir, and solution, NULEV tabs.
  - The following is no longer a rebating labeler product and will be **removed**: LIBRAX capsules. For additional preferred products, please refer to the PDL.
- H2 Receptor Antagonists
  - The following will be added as **non-preferred:** ranitidine tablets.
- Laxatives
  - The following will be added as **preferred**: sodium sulfate, potassium sulfate, magnesium sulfate bowel prep kit (generic for SUPREP). Additionally, the following will remain preferred: CONTSULOSE, ENULOSE, GAVILYTE-C, GAVILYTE-G, GAVILYTE-N, GENERLAC, lactulose solution, PEG 3350 electrolyte powder for solution (generic of GOLYTELY).
  - The following will be added as **non-preferred:** PEG 3350 electrolyte powder with ascorbic acid (generic for MOVIPREP), SUFLAVE powder for oral solution.
- The Proton Pump Inhibitors class name will be changed to Proton Pump Inhibitors and Related Agents.
- Proton Pump Inhibitors and Related Agents
  - The following will be moved to **preferred:** lansoprazole ODT [PA, QL], rabeprazole tablets [QL]. Additionally, the following will remain preferred: esomeprazole caps (Rx) [QL], lansoprazole caps (Rx) [QL, NEXIUM packets [PA, QL], omeprazole caps (Rx) [QL], omeprazole/sodium bicarbonate caps (Rx) [QL], pantoprazole tablets [QL], PROTONIX packets [QL].
  - The following will be moved to **non-preferred:** DEXILANT caps [QL].

- **Immunologic**
  - Allergy and Respiratory Biologics
    - The following will be added as **non-preferred**: RHAPSIDO tablets [PA, QL].
- **Oncology**
  - Enzyme Inhibitors: HER2 Targeted Therapies
    - The following will be added as **non-preferred**: HERNEXEOS tablets [PA, QL].
  - Enzyme Inhibitors: Menin
    - The following will be added as **non-preferred**: KOMZIFTI capsules [PA, QL], REVUFORJ tablets [PA.
- **Weight Management Agents**
  - GLP-1 Agonists
    - The following will be added as **non-preferred:** WEGOVY tablets [PA, QL].

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

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective July 1, 2026:
  - AKYNZEO capsules
  - Alosetron tablets
  - ALYFTREK tablets
  - Aprepitant capsules, capsule packs
  - APTIOM tablets
  - Bismuth subcitrate/metronidazole/tetracycline capsules
  - BRIVIACT solution
  - CHOLBAM capsules
  - CLEOCIN vaginal cream
  - DEXILANT capsules
  - Dexlansoprazole capsules
  - DIACOMIT capsules, packets
  - Dronabinol capsules
  - DUPIXENT injection
  - EMEND suspension
  - EPRONTIA solution
  - Esomeprazole capsules, packets
  - EXXUA tablets
  - FINTEPLA
  - INQIRVO tablets
  - KALYDECO granules, tablets
  - KONVOMEP suspension
  - Lansoprazole capsules, ODT
  - Lansoprazole/amoxicillin/clarithromycin combination pack
  - LEQEMBI IQLIK
  - LIVDELZI capsules
  - LOTRONEX tablets
  - MARINOL capsules

- Mesalamine DR 1.2 g tablets
- Methylphenidate ER diffusion tabs
- MOVANTIK tablets
- NEXIUM capsules, packets
- OFEV capsules
- Omeprazole capsules
- Omeprazole/sodium bicarbonate capsules, packets
- Ondansetron ODT, tablets
- ONFI tablets, suspension
- ORKAMBI granules, tablets
- Pantoprazole packets, tablets
- Pregabalin capsules
- PREVACID caps, SOLUTAB
- PRILOSEC packets
- Promethazine suppositories
- PROTONIX packets, tablets
- Rabeprazole tablets
- REZDIFFRA tablets
- SYMDECO tablets
- SYMPROIC tablets
- Topiramate solution
- TRIKAFTA granules, tablets
- VOQUEZNA DUAL PAK
- VOQUEZNA tablets
- VOQUEZNA TRIPLE PAK
- VOWST capsules
- WEGOVY injection
- WEGOVY tablets
- XCOPRI

BRAND AS GENERIC CHANGES: JULY 1, 2026

Effective July 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.
  - LOTRONEX tablets
  - SAVELLA tablets and titration packs
- The following agents will be **removed**. Any requests for the brand name agent will require a new prior authorization.
  - CLEOCIN vaginal cream

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE AUGUST 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 August 1, 2026. For details on clinical criteria, please visit OptumRx/TennCare and click on **Criteria PDL** under **Useful Links.**

- **Endocrine and Metabolic**
  - SGLT2 Inhibitors and Combinations
    - The following will be moved to **non-preferred:** FARXIGA [PA, QL].

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

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

BRAND AS GENERIC CHANGES: AUGUST 1, 2026

Effective August 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.
  - ATROVENT HFA
  - EDARBI tablets
  - INCRUSE ELLIPTA
- The following agents will be **removed**. Any requests for the brand name agent will require a new prior authorization.
  - EPRONTIA solution
  - FARXIGA tablets

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/iKkcvs

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.