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 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.**

- **Analgesics**
  - NSAIDs
    - The following will be added as **non-preferred**: COXANTO capsules PA, QL, VYSCOXA suspension PA, QL.
- **Anti-infectives**
  - Antibiotics, Vaginal
    - The following will be moved to **non-preferred**: CLEOCIN vaginal cream PA, QL.
  - Antifungals, Oral
    - The following has been discontinued and will be **removed**: SPORANOX capsules.
- **Cardiovascular**
  - Angiotensin II Receptor Blockers (ARBs)
    - The following will be added as **non-preferred**: azilsartan tablets PA, QL.
  - Pulmonary Arterial Hypertension (PAH) Agents
    - The following will be added as **non-preferred**: macitentan 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**
  - Agents for Neuropathic Pain and Fibromyalgia
    - The following will be added as **non-preferred**: TONMYA SL tablets PA, QL.
  - Alzheimer's: Cholinesterase Inhibitors
    - The following has been discontinued and will be **removed**: NAMENDA tablets.
  - Antidepressants: New Generation
    - The following will be added as **non-preferred:** EXXUA tablets PA, QL.
  - Antihyperkinesis: Stimulants
    - The following has been discontinued and will be **removed**: DAYTRANA patch. Please refer to the PDL for remaining preferred agents.
  - The Antiparkinson: Levodopa Combinations class name will be changed to Antiparkinson: Levodopa and Combinations.
  - Antiparkinson Agents: COMT Inhibitors
    - The following has been discontinued and will be **removed**: COMTAN, STALEVO.
  - Miscellaneous CNS Agents
    - The following will be added as **non-preferred:** LEQEMBI IQLIK autoinjector PA, QL.
  - Skeletal Muscle Relaxants
    - The following will be added as **non-preferred**: ONTRALFY solution PA, ORPHENGESIC FORTE tablets PA, OZOBAX DS solution PA, QL, TANLOR tablets PA, QL.
- **Dermatologics**
  - Antibiotics, Topical
    - The following will be added as **non-preferred**: silver nitrate solution 0.5% PA, QL.

- **Endocrine and Metabolic**
  - GLP-1 Agonists
    - The following will remain **preferred**: MOUNJARO injection [PA, QL], OZEMPIC injection [PA, QL], SOLIQUA injection [PA, QL], WEGOVY injection [PA, QL], ZEPBOUND single dose prefilled pen [PA, QL].
    - The following will be moved to **non-preferred**: VICTOZA injection [PA, QL].
    - Note: Due to intermittent drug shortages within this class, prescribers may need to reassess their patients' current drug regimens.
  - Pituitary Agents
    - The following will be added as **preferred**: cabergoline tablets [PA].
  - SGLT2 Inhibitors and Combinations:
    - The following will be added as **non-preferred**: dapagliflozin/saxagliptin tablets [PA, QL].
- **Gastrointestinal**
  - 5-ASA Agents, Oral
    - The following will be moved to **preferred:** mesalamine DR 1.2 g tablets (generic for LIALDA) [QL], PENTASA capsules [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].
  - 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.
    - The following has been discontinued and will be **removed**: ANASPAZ.
  - H2 Receptor Antagonists
    - The following will be added as **non-preferred:** ranitidine tablets [QL].
  - 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].
  - Immunomodulators: Interleukin Inhibitors
    - The following will be added as **non-preferred**: AVTOZMA autoinjector [PA, QL].
  - Immunosuppressants
    - The following will be moved to **preferred**: mycophenolate mofetil suspension. Additionally, the following will remain preferred: azathioprine tablets, CELLCEPT suspension, cyclosporine capsules, cyclosporine modified capsules and solution, everolimus tablets, GENGRAF capsules and solution, mycophenolic acid tablets, mycophenolate mofetil capsules and tablets, sirolimus tablets and solution, tacrolimus capsules.
    - The following will be added as **non-preferred**: tacrolimus ER capsules [PA].

  - Anti-Rheumatic: Kinase Inhibitors
    - The following will be added as **non-preferred**: tofacitinib solution [PA, QL], tofacitinib tablets [PA, QL], tofacitinib XR 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].
- **Vitamins and Electrolytes**
  - Prenatal Vitamins
    - The following are no longer a rebating labeler product and will be **removed**: SE-NATAL 19 chewables, SE-NATAL 19 tablets. Please refer to the PDL for preferred prenatal vitamins and OTC Supplement Formularies for covered prenatal vitamins.
  - Zinc Supplements
    - The following will be **removed** and added to the OTC Supplements Formulary: zinc sulfate. For details on OTC Agents, please visit OptumRx/TennCare and click on Clinical Criteria and Preferred Drug List under General Information, then OTC Supplements Formulary.

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
  - ALYFTREK tablets
  - Aprepitant capsules, capsule packs
  - APTIOM tablets
  - AUSTEDO XR titration packs
  - 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
  - Exenatide injection
  - EXXUA tablets
  - FINTEPLA
  - Glycerol phenylbutyrate liquid
  - INGREZZA titration packs
  - INQIRVO tablets
  - KALYDECO granules, tablets
  - KONVOMEP suspension
  - Lansoprazole capsules, ODT
  - Lansoprazole/amoxicillin/clarithromycin combination pack
  - LEQEMBI IQLIK
  - Liraglutide injection
  - LIVDELZI capsules
  - MARINOL capsules
  - Mesalamine DR 1.2 g tablets
  - Methylphenidate ER diffusion tabs
  - Methylphenidate ER tabs
  - MOUNJARO injection
  - MOVANTIK tablets
  - Moxifloxacin tablets
  - Mycophenolate mofetil suspension
  - NEXIUM capsules, packets
  - OFEV capsules
  - Omeprazole capsules
  - Omeprazole/sodium bicarbonate capsules, packets
  - Ondansetron ODT, tablets
  - ONFI tablets, suspension
  - OPSUMIT tablets
  - ORKAMBI granules, tablets
  - OZEMPIC injection
  - Pantoprazole packets, tablets
  - PENTASA capsules
  - Perampanel tablets
  - Perampanel tablets
  - Pregabalin capsules
  - PREVACID caps, SOLUTAB
  - PRILOSEC packets
  - Promethazine suppositories
  - Proton Pump Inhibitors
  - PROTONIX packets, tablets
  - QTERN tablets
  - Rabeprazole tablets
  - REZDIFFRA tablets
  - RYBELSUS tablets
  - SAXENDA injection
  - SOLIQUA injection
  - SYMDECO tablets
  - SYMPROIC tablets
  - Topiramate solution
  - TRIKAFTA granules, tablets
  - TRULICITY injection
  - VICTOZA injection
  - VOQUEZNA DUAL PAK
  - VOQUEZNA tablets
  - VOQUEZNA TRIPLE PAK
  - VOWST capsules
  - WEGOVY injection
  - XCOPRI
  - XULTOPHY injection
  - ZEPBOUND single dose prefilled pen

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective July 1, 2026
  - Androgens*: testosterone, danazol
  - Androgen inhibitors*: dutasteride, finasteride
  - Hormones*: estrogens, progestins, LHRH
    - Effective July 1, 2026, request for hormone, androgen, androgen inhibitor therapy, as designated in Public Chapter 765 (H.B. 2498), will require provider attestation for prior authorization approval. A copy of the attestation form is available upon request by fax (855-653-7127), email (TNRxEducation@optum.com), or on the OptumRx/TennCare website under Prior Authorization Forms.
      - *Previously approved PA requests for members will become inactive effective July 1, 2026. To request continuation of therapy, a new PA request and provider attestation form must be submitted for review.

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.
  - PENTASA capsules
  - 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 JULY 15, 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 15, 2026. For details on clinical criteria, please visit OptumRx/TennCare and click on **Criteria PDL** under **Useful Links.**

- **Endocrinology**
  - GLP-1 Agonists
    - The following will be added as **non-preferred**: WEGOVY tablets (for CV risk reduction) [PA, QL], ZEPBOUND KWIKPEN (for OSA) [PA, QL].
- **Weight Management Agents**
  - GLP-1 Agonists
    - The following will remain **preferred:** WEGOVY injection [PA, QL], ZEPBOUND single dose prefilled pen [PA, QL].
    - The following will be added to the **Criteria for Non-PDL Agents:** FOUNDAYO tablets [PA, QL], WEGOVY tablets [PA, QL], WEGOVY HD injection [PA, QL], ZEPBOUND KWIKPEN [PA, QL]. Please visit OptumRx/TennCare and click on Clinical Criteria and Preferred Drug List under General Information, then Criteria for Non-PDL Agents.
    - Note: Due to intermittent drug shortages within this class, prescribers may need to reassess their patients' current drug regimens

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.**

- **Cardiovascular**
  - Lipotropics: Statins
    - The following has been discontinued and will be **removed**: LESCOL XL.
- **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 agents will require a new prior authorization.
  - ATROVENT HFA
  - EDARBI tablets
  - INCRUSE ELLIPTA
- The following agents will be **removed**. Any requests for the brand name agents will require a new prior authorization.
  - EPRONTIA solution
  - FARXIGA tablets

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

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

BRAND AS GENERIC CHANGES: SEPTEMBER 1, 2026

Effective September 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 agents will require a new prior authorization.
  - ASTAGRAF XL capsules
  - QTERN tablets
- The following agents will be **removed**. Any requests for the brand name agents will require a new prior authorization.
  - CELLCEPT suspension
  - FYCOMPA tablets
  - RAVICTI liquid
  - TRACLEER tablets for suspension

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.

Effective July 1, 2026, Moxifloxacin tablets will be added to the Appropriate Diagnosis for PA Bypass List for patients with infections caused by *Mycoplasma genitalium*. Pharmacies will be able to bypass PA requirements when the appropriate diagnosis code is submitted on the POS claim.

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.