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 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.**

- **Anti-Infectives**
  - Antibiotics: Tetracyclines
    - The following will be moved to **non-preferred**: doxycycline hyclate 75 mg capsules PA, QL. Doxycycline hyclate 50 mg and 100 mg capsules will remain preferred.
  - Anti-infectives: Antiprotozoals, Oral
    - The following will be moved to **non-preferred**: metronidazole 125 mg tablets PA, QL. Metronidazole 250 mg and 500 mg tablets will remain preferred.
- **Cardiovascular**
  - Lipotropics: Omega-3- Fatty Acids
    - The following is no longer a rebating labeler product and will be **removed**: LOVAZA. omega-3 acid ethyl esters caps PA will remain preferred.
  - Lipotropics: Statins
    - The following has been discontinued and will be **removed**: LESCOL XL.
- **Central Nervous System**
  - Anti-Anxiety and Anti-Panic Agents
    - The following will be added as **non-preferred**: buspirone 2.5 mg and 12.5 mg tablets PA, QL. All other strengths of buspirone tablets will remain preferred.
  - Anticonvulsants
    - The following will be added a**s non-preferred:** RELGAABI 200 mg caps PA, QL. Gabapentin capsules (100, 300, and 400 mg) will remain preferred.
  - Antihyperkinesis: Stimulants
    - The following will be added as **non-preferred**: methylphenidate XR ODT (generic for Cotempla XR ODT) PA, QL.
  - Neuropathic Pain & Fibromyalgia
    - The following will be added a**s non-preferred:** RELGAABI 200 mg caps PA, QL. Gabapentin capsules (100, 300, and 400 mg) will remain preferred.
- **Endocrine and Metabolic**
  - Diabetes: DPP-4 Inhibitors and Combinations
    - The following will be added as **non-preferred**: sitagliptin tablets (generic for JANUVIA) PA, QL, sitagliptin/metformin tablets (generic for JANUMET) PA, QL. JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, saxagliptin, and TRADJENTA will remain preferred.
  - Diabetes: Sulfonylureas
    - The following will be added as **non-preferred:** glipizide 15 mg tablets PA, QL. Glipizide 2.5 mg, 5 mg, and 10 mg tablets will remain preferred.
  - SGLT2 Inhibitors and Combinations
    - The following will be moved to **non-preferred:** FARXIGA PA, QL. The following agents are preferred: dapagliflozin QL, GLYXAMBI QL, INVOKAMET QL, INVOKANA QL, JARDIANCE QL, SYNJARDY QL, SYNJARDY XR QL, XIGDUO XR QL.
- **Gastrointestinal**
  - Antiemetics: Delta-9-THC Derivatives
    - The following will be added as **non-preferred**: dronabinol solution PA, QL.

- **Oncology**
  - Enzyme Inhibitors: BCR-ABL Kinase
    - The following will be added as **non-preferred:** bosutinib [PA]. The following agents are preferred: BOSULIF, ICLUSIG, imatinib tabs, SPRYCEL, TASIGNA.
  - Multiple Myeloma Agents
    - The following will be added as **non-preferred**: JAKAFI XR [PA, QL]. The following agent is preferred: JAKAFI.
- **Renal and Genitourinary**
  - Urinary Tract Antispasmodics
    - The following will be added as **non-preferred**: mirabegron suspension [PA, QL]. The following agents are preferred: fesoterodine ER tablets [QL], MYRBETRIQ tabs [QL], oxybutynin ER tabs [QL], oxybutynin IR tabs [QL], oxybutynin solution, Oxytrol patch [QL], solifenacin tabs [QL], tolterodine ER caps [QL], tolterodine tabs [QL].
- **Respiratory**
  - Antitussives, Non-Narcotic
    - The following will be moved to **non-preferred**: benzonatate 150 mg capsules [PA, QL]. Benzonatate 100 mg and 200 mg capsules will remain preferred.

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:
  - Benzonatate 150 mg caps
  - BREZTRI AEROSPHERE
  - COTEMPLA XR ODT
  - DAYBUE STIX
  - Doxycycline hyclate 75 mg capsules
  - FARXIGA tablets
  - Glipizide 15 mg tablets
  - JASCAYD
  - RELAFEN DS tablets
  - Metronidazole 125 mg tablets
  - MYRBETRIQ suspension
  - RELGAABI 200 mg capsules
  - RYALTRIS nasal spray
  - RYVENT tablets
  - RYCLORA solution
  - POKONZA powder, solution
  - WEGOVY injection
  - ZORYVE 0.3% cream

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
  - JANUVIA tablets
  - Janumet tablets
  - INCRUSE ELLIPTA
  - MYRBETRIQ suspension
- The following agents will be **removed**. Any requests for the brand name agents will require a new prior authorization.
  - EPRONTIA solution
  - FARXIGA tablets

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

- **Central Nervous System**
  - Cholinergic Muscle Stimulants
    - The following will be moved to **non-preferred:** pyridostigmine 30 mg tablets [PA, QL]. Pyridostigmine 60 mg tablets and solution will remain preferred.

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
  - Pyridostigmine 30 mg 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
  - COTEMPLA XR ODT
  - 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.

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.