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 OCTOBER 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 October 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 added as **non-preferred**: tetracycline tablets [PA].
  - Antibiotics: UTI Agents, Miscellaneous
    - The following will be added as **non-preferred**: PIVYA tablets [PA, QL].
  - Antivirals: Hepatitis Delta
    - The following will be added as **non-preferred**: HEPCLUDEX [PA, QL].
- **Cardiovascular**
  - Calcium Channel Blockers (DHP)
    - The following will be added as **non-preferred**: CARDAMYST [PA, QL].
  - Diuretics: Loop
    - The following will be added as **non-preferred**: ENBUMYST [PA, QL].
- **Central Nervous System**
  - Agents for Neuropathic Pain and Fibromyalgia
    - The following will be added as **non-preferred**: duloxetine 80, 90, and 120 mg capsules [PA, QL]. Duloxetine 20, 30 and 60 mg capsules will remain preferred.
  - Anti-Anxiety and Anti-Panic
    - The following will be added as **non-preferred**: BUPCAPSOL capsules [PA, QL]. Buspirone tablets (5, 10, 15, and 30 mg) will remain preferred.
  - Antidepressants: SNRIs
    - The following will be added as **non-preferred**: duloxetine 80, 90, and 120 mg capsules [PA, QL]. Duloxetine 20, 30 and 60 mg capsules will remain preferred.
  - Antidepressants: SSRIs
    - The following will be added as **non-preferred**: escitalopram capsules [PA, QL]. Escitalopram tablets will remain preferred.
  - Antihyperkinesis: Stimulants
    - The following will be added as **non-preferred**: ARYNTA solution [PA, QL] for ADHD. Please refer to the Criteria for Non-PDL Agents for ARYNTA solution [PA, QL] for Binge Eating Disorder.
- **Dermatologics**
  - Antineoplastics, Topical
    - The following is no longer a rebating labeler product and will be **removed:** EFUDEX cream.
  - Antiseborrheic Agents
    - The following has been discontinued and will be **removed**: sodium sulfacetamide/urea pads.
- **Endocrine and Metabolic**
  - Corticosteroids
    - The following will be added as **non-preferred**: prednisone DR tabs [PA, QL].
  - Diabetes: DPP-4 Inhibitors and Combinations
    - The following will be added as **non-preferred**: BRYNOVIN solution [PA, QL].
  - GLP-1 Agonists
    - The following will be added as **non-preferred**: OZEMPIC tablets [PA, QL].
- **Immunologic**
  - Immunomodulators: Interleukin Inhibitors
    - The following will be added as **non-preferred:** ICOTYDE tablets [PA, QL].

- **Oncology**
  - Enzyme Inhibitors: BCR-ABL Kinase
    - The following will be moved to **preferred**: dasatinib tabs.
    - The following will be moved to **non-preferred:** SPRYCEL tabs [PA]. The following will be preferred: BOSULIF capsules and tablets, dasatinib tablets, ICLUSIG tablets, imatinib tablets, and TASIGNA capsules.
  - HER2 Targeted Therapies
    - The following will be added as **non-preferred:** HYRNUO tablets [PA, QL].
  - Rare/Miscellaneous Oncology Conditions
    - The following will be added as **non-preferred:** LIFYORLI capsules [PA, QL].
  - Hormonal Agents: SERM/SERD
    - The following will be added as **non-preferred:** INLURIYO tablets [PA, QL], VEPPANU tablets [PA, QL].
- **Otic**
  - Miscellaneous Otics
    - The following will be added as **non-preferred:** CLOTIC solution [PA, QL].
- **Rare Conditions**
  - Somatostatin and Related Agents
    - The following will be added as **non-preferred**: PALSONIFY tablets [PA, QL].
  - Thymidine Kinase Deficiency
    - The following will be added as **non-preferred**: KYGEVVI powder pack [PA].
- **Respiratory**
  - Antihistamines, First Generation
    - The following will be added as **non-preferred**: diphenhydramine elixir 12.5 mg/5 mL [PA, QL].

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

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective October 1, 2026:
  - Abiraterone tablets
  - ABIRTEGA tablets
  - AKEEGA tablets
  - Anastrozole tablets
  - AYVAKIT
  - DANZITEN
  - Dasatinib tablets
  - DAURISMO
  - ERLEADA tablets
  - Escitalopram capsules
  - Esomeprazole/naproxen tablets
  - IMCIVREE
  - INQOVI
  - ITOVEBI tablets
  - IWILFIN
  - JOENJA
  - KRAZATI
  - NUBEQA tablets
  - OGSIVEO
  - ONUREG
  - ORSERDU
  - PHYRAGO tablets
  - PIQRAY tablets, tablet packs
  - QINLOCK
  - REZUROCK
  - ROMVIMZA
  - SPRYCEL tablets
  - Tizanidine 8 mg capsules
  - TRUQAP tablets, tablet packs
  - TUKYSA
  - TURALIO
  - VANFLYTA
  - VENCLEXTA
  - WELIREG
  - XOSPATA
  - XTANDI capsules
  - XTANDI tablets
  - YONSA tablets
  - ZANAFLEX 8 mg capsules
  - ZYTIGA tablets

BRAND AS GENERIC CHANGES: OCTOBER 1, 2026

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

- The following agents will be **added** to the list. Requests for the generic name agents will require a new prior authorization.
  - PRIFTIN tablets
  - NUEDEXTA caps
  - RHOFADE cream
- The following agents will be **removed** from the list. Requests for the brand name agents will require a new prior authorization.
  - SPRYCEL tablets

BRAND AS GENERIC CHANGES: NOVEMBER 1, 2026

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

- The following agents will be **added** to the list. Requests for the generic name agents will require a new prior authorization.
    - BOSULIF tablets

PHARMACY BENEFIT COVERAGE CHANGES EFFECTIVE NOVEMBER 2, 2026

Effective November 2, 2026, the following products below will no longer be covered under the pharmacy benefit. Coverage of these products will transition to the medical benefit for TennCare members.

- **Anti-Infectives**
    - Antivirals: HIV Capsid Inhibitors
        - The following will be **removed** from the PDL and will be covered under the medical benefit: SUNLENCA,
        - YEZTUGO coverage will fall under the medical benefit for TennCare members.

YEZTUGO and SUNLENCA are lenacapavir-containing products with distinct indications that require careful monitoring, clinical coordination, and adherence review.

- YEZTUGO is indicated for HIV-1 pre-exposure prophylaxis (PrEP) in adults and adolescents (≥ 35 kg) at risk of acquiring HIV-1. Patients must be HIV-1 negative before initiating and throughout treatment with YEZTUGO.
- SUNLENCA is indicated, in combination with other antiretroviral agents, for heavily treatment-experienced adults with multidrug-resistant HIV-1 whose current regimen is failing.

This coverage approach will support patient safety, ensure appropriate oversight and ongoing monitoring. For coverage and billing details, please refer to the patient's specific Managed Care Organization (MCO).

PA CRITERIA AND/OR QUANTITY LIMIT CHANGES EFFECTIVE: NOVEMBER 2, 2026

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective November 2, 2026:
    - The following products will have changes to PA criteria in effort to streamline and match administration guidelines for products where IV induction doses are given under a member's medical benefit prior to transitioning to the subcutaneous formulations:
        - ENTYVIO
        - IMULDOSA
        - OMVOH
        - ORENCIA
        - SKYRIZI
        - STELARA and Ustekinumab biosimilars (e.g., OTULFI, PYZCHIVA, SELARSDI, STEQEYMA WEZLANA, YESINTEK)
        - TREMFYA
        - ZYMFENTRA

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 may 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.