

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.

SPECIAL ANNOUNCEMENT FOR MD/DO BESMART PROVIDERS: UPDATES TO OUTPATIENT PHARMACY BENEFIT COVERAGE OF OPIOID USE DISORDER THERAPIES

MAXIMUM DAILY DOSE (MDD) UPDATES

For MD and DO BESMART providers only: **effective May 11, 2026**, the MDD of buprenorphine/naloxone tablets and films and buprenorphine tablets will increase to 32 mg/day of buprenorphine when prescribed by MD or DO BESMART providers. The MDD for NP/PA BESMART providers and non-BESMART providers **will not change**.

Preferred generic buprenorphine/naloxone tablets and films will NOT require a PA for doses up to 32 mg/day MDD and claims will pay at the Pharmacy Point of Sale (POS) when prescribed by a BESMART MD or DO provider. The daily quantity limits for generic buprenorphine/naloxone 2/0.5 mg and buprenorphine/naloxone 4/1 mg will remain unchanged to ensure appropriate dose selection by prescribers. An updated Criteria PDL will be posted on the [OptumRx/TennCare](https://www.tn.gov/tenncare/tenncare-s-opioid-strategy/office-based-buprenorphine-treatment.html) website on May 11, 2026.

Claims for the 32 mg dose may temporarily result in a soft reject for high dose (HD). Please submit the claim using the appropriate PPS codes to ensure proper adjudication. For assistance, please contact the Customer Service Call Center at 866-434-5520.

For information about the Buprenorphine Enhanced Supportive Medication Assisted Recovery and Treatment (BESMART) Program and how to become a BESMART Provider, please visit: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy/office-based-buprenorphine-treatment.html>. Non-BESMART MD or DO providers requesting buprenorphine containing OUD products above 16mg/day MDD will be subject to prior authorization.

BUPRENORPHINE MONOTHERAPY PA BYPASS FOR PREGNANT AND BREASTFEEDING MEMBERS

As a reminder, effective June 1, 2025, prior authorization (PA) requirements can be bypassed for **buprenorphine monotherapy sublingual tablets** in pregnant and breastfeeding member when prescribed by a BESMART provider (MD, DO, NP, or PA) up to the maximum daily dose per provider type. The bypass is available at pharmacy point of sale (POS) when the pharmacy submits the appropriate DUR PPS codes on the electronic claim submission. Prescribers are encouraged to note pregnancy or breastfeeding status on the prescription to assist pharmacists in identifying this patient population.

On claim submission, pharmacy providers must submit the following:

	NCPDP Field Name: Reason for Service Code	NCPDP Field Name: Professional Service Code	NCPDP Field Name: Result of Service Code
	NCPDP Field Number: 439-E4	NCPDP Field Number: 440-E5	NCPDP Field Number: 441-E6
Pregnancy	PG (Pregnancy)	MR (Medication Review)	1B (Filled Prescription, As Is) 1G (Filled, With Prescriber Approval)
Breastfeeding	NR (Nursing)	MR (Medication Review)	1B (Filled Prescription, As Is) 1G (Filled, With Prescriber Approval)

Please note DUR PPS codes will NOT override PA requirements for prescriptions written by Non-BESMART providers. TennCare members who do not receive care from a BESMART provider must have an approved PA to access buprenorphine monotherapy, regardless of pregnancy or breastfeeding status. For more details, please refer to the Clinical Criteria, Step Therapy, and Quantity Limits outlined in the TennCare Preferred Drug List (PDL).

As a reminder, buprenorphine monotherapy sublingual tablets are allowed in Tennessee for the treatment of opioid use disorder in members who are pregnant, breastfeeding, or who have a documented hypersensitivity or adverse reaction to naloxone.

PA CRITERIA AND/OR QUANTITY LIMIT CHANGES EFFECTIVE: MAY 11, 2026

- The following have prior authorization (PA) criteria and/or quantity limit changes that will be effective May 11, 2026:
 - Buprenorphine/naloxone tablets
 - Buprenorphine/naloxone films
 - Buprenorphine tablets
 - SUBOXONE films
 - ZUBSOLV 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/iKkevs>

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.