

**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.

**UPDATES TO THERAPIES FOR OPIOID USE DISORDERS**

Effective February 1, 2025, the prior authorization (PA) approval duration for non-preferred buprenorphine monotherapy products for pregnant and breastfeeding members are as follows:

- Pregnant members: PA approval duration of 3 months beyond the submitted estimated due date.
- Breastfeeding members: PA approval duration of 6 months, with a maximum of 4 approvals per pregnancy.

**SPECIAL ANNOUNCEMENT FOR MD and DO BESMART PROVIDERS  
REGARDING THERAPIES FOR OPIOID USE DISORDERS**

**MAXIMUM DAILY DOSE UPDATES**

For MD and DO **BESMART** providers only: Effective March 1, 2025, the Maximum Daily Dose (MDD) will increase to 24 mg/day for generic buprenorphine/naloxone tablets and films. Preferred generic buprenorphine/naloxone tablets and films will NOT require a PA for doses up to 24 mg/day and claims will pay at the Pharmacy Point of Sale (POS). Please see the updated quantity limits for the products below. The 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.

<b>Drug Name</b>	<b>Max Daily Dose (MDD)</b>
buprenorphine/naloxone sublingual tab 8/2 mg	3 tablets
buprenorphine/naloxone sublingual film 8/2 mg	3 films
buprenorphine/naloxone sublingual film 12/3 mg	2 films

**APPROPRIATE DIAGNOSES FOR PA BYPASS UPDATES**

For **BESMART** providers only: effective March 1, 2025, PA requirements can be bypassed with the ICD-10 codes below for **buprenorphine monotherapy sublingual tablets** in pregnant or breastfeeding patients diagnosed with opioid use disorder. BESMART providers can bypass PA requirements when the appropriate diagnosis code from the list below (ICD-10) is included on the prescription and submitted on the electronic claim from the pharmacy. Inclusion of this diagnosis code on the prescription for PA bypass purposes does not override ICD-10 code documentation required by TN law.

On claim submission, pharmacy providers will need to submit the following:

- Diagnosis Code Qualifier (NCPDP Field # 492-WE) of “02”
- ICD-10 code from the list below in the Diagnosis Code field (NCPDP Field # 424-DO)

<b>Diagnosis/Description</b>	<b>ICD-10 Code</b>
Supervision of other high-risk pregnancies, first trimester	O09.891
Supervision of other high-risk pregnancies, second trimester	O09.892
Supervision of other high-risk pregnancies, third trimester	O09.893
Supervision of other high-risk pregnancies, unsp trimester	O09.899
Supervision of high-risk pregnancy, unsp, unsp trimester	O09.90
Supervision of high-risk pregnancy, unsp, first trimester	O09.91
Supervision of high-risk pregnancy, unsp, second trimester	O09.92
Supervision of high-risk pregnancy, unsp, third trimester	O09.93
Encounter for care and examination of lactating mother	Z39.1
Other disorders of lactation	O92.79

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>.

## **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**

<b>OVERRIDE TYPE</b>	<b>OVERRIDE NCPDP FIELD</b>	<b>CODE</b>
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/](http://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](mailto: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.**