



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 being sent 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.

12-Month Supply Option for Self-Administered Hormonal Contraceptives

Effective January 1, 2025, in response to the amended Tennessee Code Annotated (TCA), Title 56, Chapter 7, Part 23 (<u>Public Chapter No. 732</u>), TennCare and CoverKids members are eligible to receive up to a 12-month supply of self-administered hormonal contraceptives (e.g. oral, topical, vaginal) in a single dispensing. A smaller quantity may be provided if requested by the member or if specified by the healthcare provider.

This legislation does not apply to contraceptives administered by a healthcare provider such as intrauterine devices, implants, and injectable contraceptives.

For TennCare members, please refer to the <u>TennCare-PDL (optumrx.com)</u> for a list of preferred contraceptives. Non-preferred contraceptives still require a prior authorization (PA) approval before a single 12-month supply can be dispensed.

For CoverKids members, please refer to <u>CoverKids Select Standard Formulary (optumrx.com)</u> for a list of covered contraceptives.

All standard point-of-sale edits (e.g. quantity limits, refill to soon, duplicate therapy, etc.) associated with contraceptives will remain in place.

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:

855-259-0701
800-433-3982
888-298-4130
866-434-5520
866-434-5524
866-434-5523
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://new.optumrx.com/coverrx

OptumRx CoverKids Website: https://welcome.optumrx.com/coverkids/landing

TennCare Health Plans: https://www.tn.gov/tenncare/providers/managed-care-contractors/health-plans.html

For additional information or updated payer specifications, please visit the OptumRx website at: https://welcome.optumrx.com/tenncare/landing, then click on pharmacy and choose program information. 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.