

**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.

This is an update to information previously communicated on the Provider Notice Obesity Management Agents 08.01.25. Please disregard the previous notice and reference this notice.

TENNCARE PHARMACY COVERAGE OF OBESITY MANAGEMENT AGENTS

Effective August 1, 2025, medications for obesity management will be covered for both adults (ages 21 and over) and children per medication label subject to interim prior authorization (PA) criteria and quantity limits.

Below is a summary of obesity management agents with interim prior authorization (PA) criteria and/or quantity limit changes that will be effective August 1, 2025.

- The following will be considered **preferred** without PA: benzphetamine^{QL}, diethylpropion^{QL}, LOMAIRA^{QL}, ORLISTAT^{QL}, phendimetrazine^{QL}, phentermine^{QL}, phentermine/topiramate^{QL}.
- The following will be considered **preferred** with PA: WEGOVY^{PA, QL}, ZEPBOUND^{PA, QL}.
- The following will be considered **non-preferred**: EVEKEO^{PA, QL}, IMCIVREE^{PA, QL}, SAXENDA^{PA, QL}.

Please see the following September 1, 2025, website documents for a list of obesity management agents, interim prior authorization criteria, and quantity limits covered under the pharmacy benefit:

[Non-PDL Agents - Clinical Criteria, Step Therapy, and Quantity Limits](#)

[Interim Criteria for Agents Awaiting PAC Review](#)

Interim Criteria for Obesity Management Agents		
Medication	Prior Authorization	Quantity Limit
Benzphetamine	No Prior Authorization required	3 tabs/day
Diethylpropion IR	No Prior Authorization required	4 tabs/day
Diethylpropion CR	No Prior Authorization required	1 tab/day
Lomaira®	No Prior Authorization required	3 tabs/day
Orlistat®	No Prior Authorization required	3 caps/day
Phendimetrazine IR	No Prior Authorization required	3 tabs/day
Phendimetrazine ER	No Prior Authorization required	1 cap/day
Phentermine	No Prior Authorization required	1 cap or tab/day
Phentermine/ topiramate	No Prior Authorization required	1 cap/day

Interim Criteria for Obesity Management Agents		
Medication	Prior Authorization Criteria	Quantity Limit
Evekeo®	<p>Initial Criteria: (3-month duration)</p> <ul style="list-style-type: none"> • Agent must not be prescribed by a pain clinic; AND • Patient will not concurrently take a benzodiazepine, barbiturate, sedative hypnotic, opioid (including buprenorphine), MAOI (monoamine oxidase inhibitor) agent, or meprobamate/carisoprodol; AND • Patient has NOT had active alcohol or substance abuse for last 3 years, if patient ≥ 21 years of age; AND • Patient is 12 years of age or older; AND • Treatment is for the management of obesity; AND • One of the following: <ul style="list-style-type: none"> ○ Patients is < 18 years of age with weight ≥ 95th percentile for age and sex; OR ○ Patients ≥ 18 years of age and ONE of the following: <ul style="list-style-type: none"> - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) of greater than or equal to 30 kg/m²; OR - Submission of medical records (e.g. chart notes) documenting a BMI of greater than or equal to 27 kg/m² with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); AND • Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Trial and failure, contraindication, or intolerance of 2 preferred agents <p>NOTE: Patients may be approved for one additional month to allow for titration off medication. Please submit faxed PA requests using the Obesity Management PA Form.</p>	<p>5 mg = 3/day 10 mg = 6/day</p>
Imcivree®	<p>Initial Criteria: (6-month duration)</p> <ul style="list-style-type: none"> • Diagnosis of ONE of the following: <ul style="list-style-type: none"> ○ Obesity due to POMC, PCSK1, or LEPR gene deficiency confirmed with genetic testing interpreted as pathogenic, likely pathogenic, or of uncertain significance; OR ○ Bardet-Biedl syndrome; AND • ONE of the following: <ul style="list-style-type: none"> ○ Patients is < 18 years of age with weight ≥ 95th percentile for age; OR ○ Patients ≥ 18 years of age and BMI of greater than or equal to 30 kg/m²; AND • Prescribed by or in consultation with an endocrinologist, a geneticist, or a physician who specializes in metabolic disorders <p>Renewal criteria:</p> <ul style="list-style-type: none"> • Positive clinical response to therapy is defined as weight loss from baseline weight ≥5% if on therapy <12 months OR ≥10% if on therapy ≥12 months <p>Please submit faxed PA requests using the Obesity Management PA Form.</p>	<p>30 mg/month</p>

Interim Criteria for Obesity Management Agents		
Medication	Prior Authorization Criteria	Quantity Limit
Saxenda [®]	<p>Initial Criteria:</p> <ul style="list-style-type: none"> • Patient must be the labeled age minimum (Saxenda ≥ 12); AND • Treatment is for the management of obesity; AND • One of the following: <ul style="list-style-type: none"> ○ For patients < 18 years of age, BMI is ≥ 95th percentile standardized for age and sex; OR ○ For patients ≥ 18 years of age, one of the following: <ul style="list-style-type: none"> - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) of greater than or equal to 30 kg/m2; OR - Submission of medical records (e.g. chart notes) documenting a BMI of greater than or equal to 27 kg/m2 with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); AND • Trial and failure, contraindication, or intolerance to TWO preferred agents; AND • Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Patient does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2) <p>Renewal Criteria:</p> <ul style="list-style-type: none"> • Patient has continued participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Submission of medical records (e.g. chart notes) documenting a weight loss of ≥ 5% of baseline body weight <p>Note: Patients not meeting the above renewal criteria may be approved for up to one month to allow for titration off medication. Please submit faxed PA requests using the Obesity Management PA Form.</p>	3 mg/day
Wegovy [®]	<p>Initial Criteria:</p> <ul style="list-style-type: none"> • Patient must be the labeled age minimum (Wegovy ≥ 12); AND • Treatment is for the management of obesity; AND • One of the following: <ul style="list-style-type: none"> ○ For patients < 18 years of age, BMI is ≥ 95th percentile standardized for age and sex; OR ○ For patients ≥ 18 years of age, one of the following: <ul style="list-style-type: none"> - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) of greater than or equal to 30 kg/m2; OR - Submission of medical records (e.g. chart notes) documenting a BMI of greater than or equal to 27 kg/m2 with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); AND • Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used with combination with other medications for obesity/weight loss; AND • Patients does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2) <p>Renewal Criteria:</p> <ul style="list-style-type: none"> • Patient has continued participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Submission of medical records (e.g. chart notes) documenting a weight loss of ≥ 5% of baseline body weight <p>Note: Patients not meeting the above renewal criteria may be approved for up to one month to allow for titration off medication. Please submit faxed PA requests using the Obesity Management PA Form.</p>	4 injections per month

Interim Criteria for Obesity Management Agents		
Medication	Prior Authorization Criteria	Quantity Limit
Zepbound®	<p>Initial Criteria:</p> <ul style="list-style-type: none"> • Patient must be the labeled age minimum (Zepbound ≥ 18); AND • Treatment is for the management of obesity; AND • One of the following: <ul style="list-style-type: none"> ○ Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) of greater than or equal to 30 kg/m2; OR ○ Submission of medical records (e.g. chart notes) documenting a BMI of greater than or equal to 27 kg/m2 with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); AND • Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Patients does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2) <p>Renewal Criteria:</p> <ul style="list-style-type: none"> • Patient has continued participating in complementary nutritional and lifestyle changes (e.g. dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); AND • Medication will not be used in combination with other medications for obesity/weight loss; AND • Submission of medical records (e.g. chart notes) documenting a weight loss of ≥ 5% of baseline body weight <p>Note: Patients not meeting the above renewal criteria may be approved for up to one month to allow for titration off medication. Please submit faxed PA requests using the Obesity Management PA Form.</p>	4 injections per month

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.0 420-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.0 420-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

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>

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://cepurl.com/iKkcv5>

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.