

TENNCARE: EXCEEDING PRESCRIPTION LIMITS

EXCEEDING PRESCRIPTION LIMITS

- There are three ways a TennCare enrollee who is subject to prescription limits can receive prescriptions over and above the monthly limit (i.e., more than 5 prescriptions or 2 brand names per month):
 1. Auto-Exemption List: A select list of drug products exempt from the monthly prescription limit.
 2. Dose Titration Override: Select drugs and/or drug classes the pharmacy provider is allowed to process a second claim for within 21 days of the initial claim.
 3. Prescriber Attestation List: A list of drugs an enrollee may receive if the prescriber attests that the need for these drugs is urgent.

AUTO-EXEMPTION LIST

- List of medications and supplies that do NOT count toward an enrollee's monthly prescription limit
- Pharmacy Point of Sale Claims System ensures these medications are not counted toward the limit.
- Only applicable to TennCare patients with pharmacy coverage
- List includes medications from specific drug categories

AUTO-EXEMPTION LIST CATEGORIES*

Antineoplastics	Dialysis Medications	Long-acting Antipsychotics
Antiparkinsonian Agent	Flu Vaccine (injectables only)	Miscellaneous
Antitubercular Agents	Hematopoietic Agents	Prenatal Vitamins
Antivirals	Hepatitis C Agents	Respiratory Agents (generics only)
Cardiovascular Oral Agents (generic only)	Inhaled Antibiotics	Smoking Cessation Agents
Clotting Factors	Immunosuppressives	Supplies – Diabetes & Asthma
Contraceptives	Insulins	Total Parenteral Nutrition (TPN)
Diabetes Oral Agents (generic only)	Iron preparations	Transplant Agents

*The above list may not be all inclusive and is subject to change

Full list available at:

https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_AutoExempt_List.pdf

TENNCARE PHARMACY WEBSITE – QUICK LINKS

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Please click the appropriate tab above for online access to prescription and plan information for TennCare as well as supporting documents and information required by the State of Tennessee.

IMPORTANT - TENNCARE CHANGES TO THE COVERAGE OF OPIOIDS EFFECTIVE JANUARY 16, 2018:

Effective January 16, 2018, TennCare will implement an edit on agents in the Short-Acting and Long-Acting Narcotics classes of the PDL that will impact all first-time and non-chronic opioid users. Please review the [Frequently Asked Questions](#) and the supporting documents below for more information:

Opioid Prior-Authorization Forms:

- [Active Cancer Opioid Use Prior Authorization Form](#)
- [Acute \(15 Day Supply\) Opioid Use Prior Authorization Form](#)
- [Burn/Corrosion Recovery Opioid Use Prior Authorization Form](#)
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- [Extended & Clinical Exceptions Opioid Use Prior Authorization Form](#)
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- [Long-Term Care \(LTC\) Opioid Use Prior Authorization Form](#)
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Additional Resources:

- [Pharmacy Notice](#)
- [Prescriber Pocket Reference](#)
- [Acute \(15 Day Supply\) Opioid Use Criteria](#)
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Attention TennCare Provider Pharmacies:

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Available at: <https://tenncare.magellanhealth.com/>

DOSE TITRATION OVERRIDE LIST

- Certain medications require dose titrations to achieve therapeutic goals
- Typically requires > 1 prescription for the same drug within the same month and both claims would count against the prescription limit
- Pharmacy providers may submit the claim with an appropriate override to prevent the 2nd fill for the same medication from counting against the prescription limit
 - The 2nd fill must occur within 21 days of the initial claim
- Process avoids unnecessary increments to the prescription limit and co-pays for select drugs/classes

DOSE TITRATION LIST CATEGORIES*

Anticoagulants	Warfarin, Jantoven®, Coumadin®
Anticonvulsants	All anticonvulsants
Atypical Antipsychotics	All agents
Immune Globulin	Vivaglobin®, Hizentra™
Low Molecular Weight Heparins	Arixtra®, Fragmin®, Lovenox®, and Innohep®
Oral Oncology Agents	All agents except methotrexate, mercaptopurine, hydroxyurea, leucovorin, mesna, and thalidomide
Selective Norepinephrine Reuptake Inhibitors (SNRIs)	All agents
Selective Serotonin Reuptake Inhibitors (SSRIs)	All agents
Thrombopoietin Agonists	Promacta®
Thyroid Hormones	Levothyroxine
Xanthines	Theophylline

*Additional miscellaneous agents (Subtex®, Suboxone®, Zubsolv®, Bunavail®, and buprenorphine) are also included as the above list may not be all inclusive and is subject to change

Full list available at:

https://tenncare.magellanhealth.com/static/docs/Program_Information/Dose_Titration.pdf

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- [Covered Active Pharmaceutical Ingredients \(APIs\)](#)
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- [Over-the-Counter \(OTC\) List](#)
- [Opioid Benefit Changes for LTC Patients](#) (filesize: 19.9 MB)
- [Opioid & Controlled Substances Agreement & Informed Consent](#)
- [Prescriber Pocket Reference - Opioids](#)
- [Request for TennCare Fraud Investigation](#)
- [TennCare Stakeholder Meeting Presentation](#)
- [TennCare Provider Manual](#)
- [Titration Override List](#)

Available at: <https://tenncare.magellanhealth.com/>




PRESCRIBER ATTESTATION LIST

- Medications on this list can be approved for patients currently at their monthly prescription limit (> 5 prescriptions OR > 2 brand medications)
- All drugs on this list are still subject to existing TennCare Clinical criteria.

PRESCRIPTION LIMIT OVERRIDE PROCEDURE

- If the prescriber determines that without a medication on the attestation list, the patient is at high risk for health consequences that may, in next 90 days result in the following:
 - Hospitalization
 - Institutionalization
 - Death
- The prescriber must then fax in a prescriber-only signed Prescription Limit Override Attestation Fax Form to the Magellan number on the bottom of the form.
- Upon receipt of the fax form, an override is entered so that the member can receive their medication.

PRESCRIPTION LIMIT OVERRIDE ATTESTATION FAX FORM



Division of

TennCare

TennCare Pharmacy Drug Program

Prescription Limit Override Attestation Fax Form

Access this PA form at https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_RxLimit_Override_Attestation_Fax_Form.pdf

MEMBER INFORMATION

LAST NAME:

ID NUMBER:

AUTHORIZED PRESCRIBER INFORMATION (Physician, Dentist, PA, Nurse Practitioner, Podiatrist)

LAST NAME:

NPI NUMBER:

PHONE NUMBER:

Is the prescriber a TennCare provider with a Medicaid ID?

Is the prescriber a single-patient contract holder for this patient?

SPECIALTY:

FIRST NAME:

DATE OF BIRTH:

FIRST NAME:

DEA NUMBER:

FAX NUMBER:

☐ Yes ☐ No

☐ Yes ☐ No

I, _____, attest that I have evaluated the relevant medical records and prescription needs related to my patient: _____. This patient is at a high risk for health consequences and could be hospitalized, institutionalized, or die, within the next 90 days without the drugs identified below. I have evaluated all of the medications listed below, and determined that none may be discontinued, replaced by combination products, or substituted with alternative medications on the *TennCare Auto Exempt List*, which are exempt from the monthly script limit. Please list the requested drug(s) below:

Drug Name	Strength and Frequency	Quantity	Relevant Diagnosis	Check One
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance
				<input type="checkbox"/> Acute <input type="checkbox"/> Maintenance

I hereby certify that the information I have stated above is a true statement based on documentation provided to me. I hereby make certification to induce TennCare to offer prescription coverage to this individual for the medications identified above. I understand that Magellan Health Services, on behalf of the Bureau of TennCare will retain this letter and any attached materials without regard to the outcome of this request for prescription coverage.

Signature

Authorized Prescriber Signature (REQUIRED)

Date

Available at:

https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_RxLimit_Override_Attestation_Fax_Form.pdf

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Prior Authorization Forms

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Prior Authorization Forms

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- [Beta Agonist Combination Products](#)
- [Buprenorphine Products](#)
- [CFTR Potentiators](#)
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- [Compounds](#)
- [Daktinza®](#)
- [Diabetic Supplies](#)
- [Dipeptidyl-Peptidase IV Inhibitors](#)
- [Epclusa®](#)
- [Extended & Clinical Exceptions Opioid Use](#)
- [Growth Hormones](#)
- [Harvoni®](#)
- [High Potency Statins](#)
- [Incretin Mimetics](#)
- [Influenza Antivirals](#)
- [Intellectual and Developmental Disabilities \(I/DD\) Worksheet](#)
- [Mavret®](#)
- [Ophthalmic NSAIDs](#)
- [Over-the-Counter \(OTC\) Products](#)

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PREScriBER ATTESTATION LIST CATEGORIES*

Antibiotics	Antipsychotics	Nitroglycerin Preparations
Antifungals	Anticonvulsants	Antiplatelet agents
Antivirals	Antidepressants	Anticoagulant agents
Ophthalmic Preparations	Rheumatoid Arthritis Agents	Oral Steroids
Respiratory Agents	Antiarrhythmic	Thyroid Hormones
Diabetes	Hypotensives	Multiple Sclerosis Agents
Parkinsons Agents	Otics	Select Pancreatic Enzymes

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