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. <u>Auto-Exemption List</u>: A select list of drug products exempt from the monthly prescription limit.
 - 2. <u>Dose Titration Override</u>: 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. <u>Prescriber Attestation List</u>: 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 Magellan Health Services || TennCare Portal Help | Contact Us **TennCare Pharmacy Program** Division of TennCare Welcome to the Magellan Health Services Portal Home Pharmacy & Prescriber & Enrollee & Committees 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 Log In / Register (Providers) State of Tennessee. Already have an account? **Need to Register?** IMPORTANT - TENNCARE CHANGES TO THE COVERAGE OF OPIOIDS EFFECTIVE JANUARY 16, 2018: If you have already registered, click the Log In To access features like Web PA (prescribers) or 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 Web RA (pharmacies), you'll need to register. button to sign in with your User ID and Password. review the Trequently Asked Questions and the supporting documents below for more information: Click the button below to get started. **Opioid Prior-Authorization Forms:** Active Cancer Opioid Use Prior Authorization Form Login Acute (15 Day Supply) Opioid Use Prior Authorization Form Register Burn/Corrosion Recovery Opioid Use Prior Authorization Form T Chronic Opioid Use Prior Authorization Form Extended & Clinical Exceptions Opioid Use Prior Authorization Form A Hospice/Palliative Care Opioid Use Prior Authorization Form **Ouick Links** Long-Term Care (LTC) Opioid Use Prior Authorization Form 🔁 Sickle Cell Disorder Opioid Use Prior Authorization Form The preferred Drug List (PDL) Additional Resources: Clinical Criteria Pharmacy Notice Prescriber Pocket Reference Prior Authorization Forn 🔁 Acute (15 Day Supply) Opioid Use Criteria 🔁 Chronic Opioid User Criteria 1 Attestation List 🔁 Extended & Clinical Exceptions Opioid Use Criteria Auto-Exempt List 🔁 Morphine Milligram Equivalent (MME) Conversion Chart 🔁 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Survey - Adults (> 18 years old) T Civil Rights Notice 🔁 Screening, Brief Intervention, and Referral to Treatment (SBIRT) CRAFFT Survey - Adolescents (11 - 18 years of age) Tanguage Help Attention TennCare Provider Pharmacies: All pharmacies are REQUIRED to display the Emergency Supply and Appeals Posters for enrollees to be able to access per TennCare Rule 1200-13-13-,11 and 1200-13-14-,12. TennCare official orange and

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



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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 Agonto	All agents except methotrexate, mercaptopurine, hydroxyurea,	
Oral Oncology Agents	leucovorin, mesna, and thalidomide	
Selective Norepinephrine	All agents	
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

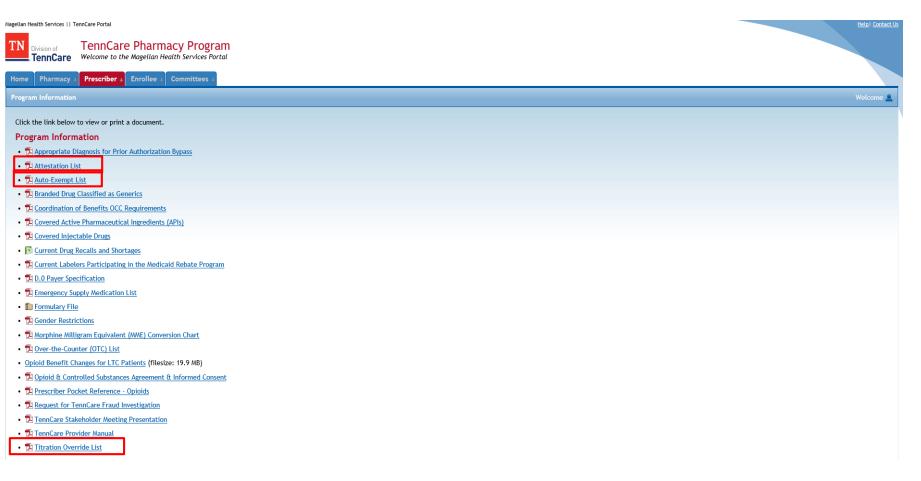
Full list available at:

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





TENNCARE PHARMACY WEBSITE – PRESCRIBER TAB



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.





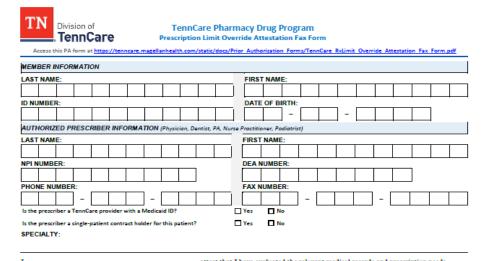
PRESCRIPTION LIMIT OVERRIDE PROCEDURE

- 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



Drug Name	Strength and Frequency	Quantity	Relevant Diagnosis	Check One	
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	Maintenance
				Acute	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 withour regard to the outcome of this request for prescription coverage.

Authorized Prescriber Signature (REQUIRED)

Date

Available at:

https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_RxLimit_Overri de_Attestation_Fax_Form.pdf





TENNCARE PHARMACY WEBSITE – PA FORMS



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





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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Full list available at:

https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_Attest ation_List.pdf





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QUESTIONS?

Email: TNProviderEducation@magellanhealth.com



