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Sequence Number: 08-10-11
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 File Date: 08/08/2011

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
Phone:	(615) 507-6446
Email:	George.woods@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
Phone:	(615) 507-6474
Email:	Helen.moore@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Bureau of TennCare 1 st Floor East Conference Room 310 Great Circle Road		
Address 2:			
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	09/29/11		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> CST	<input type="checkbox"/> EST

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendments
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-13-13	TennCare Medicaid
Rule Number	Rule Title
1200-13-13-.04	Covered Services
1200-13-13-.10	Exclusions

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 1200-13-13-.04 Covered Services is amended at Paragraph (1) Benefits covered under the managed care program, Subparagraph (c) Pharmacy, by inserting the number 9 before the existing unnumbered language following Part 8. so that the unnumbered language is numbered as Part 9., and by adding a new Part 10., so that as amended Parts 9. and 10. read as follows:

9. TennCare shall not cover drugs considered by the FDA to be Less Than Effective (LTE) and DESI drugs, or drugs considered to be Identical, Related and Similar (IRS) to DESI and LTE drugs or any other pharmacy services for which federal financial participation (FFP) is not available. The exclusion of drugs for which no FFP is available extends to all TennCare enrollees regardless of the enrollee's age. TennCare shall not cover experimental or investigational drugs which have not received final approval from the FDA.
10. Buprenorphine and buprenorphine/naloxone products and sedative hypnotics for persons aged 21 and older are restricted to the quantity limits specified below:
 - (i) Generic buprenorphine, Subutex (buprenorphine), and Suboxone (buprenorphine/naloxone) products shall not exceed sixteen milligrams (16 mg) per day for a period of up to six (6) months from the initiation of therapy, after which the covered dosage amount shall not exceed eight milligrams (8 mg) per day.
 - (ii) Sedative hypnotic medications shall not exceed fourteen (14) pills per month for sedative hypnotic formulations in pill form such as Ambien and Lunesta, one hundred forty milliliters (140 ml) per month of chloral hydrate, or one (1) bottle every sixty (60) days of Zolpimist.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105, 71-5-109 and Public Chapter 473, Acts of 2011.

Part 20. of Subparagraph (a) of Paragraph (3) of Rule 1200-13-13-.10 Exclusions is amended by adding new Subparts (ix) and (x), so as amended, Part 20. shall read as follows:

20. Certain pharmacy items as follows:
 - (i) Agents when used for anorexia or weight loss
 - (ii) Agents when used to promote fertility
 - (iii) Agents when used for cosmetic purposes or hair growth
 - (iv) Agents when used for the symptomatic relief of cough and colds
 - (v) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
 - (vi) Nonprescription drugs
 - (vii) Barbiturates
 - (viii) Benzodiazepines

- (ix) Generic buprenorphine, Subutex (buprenorphine), and Suboxone (buprenorphine/naloxone) in dosage amounts that exceed the covered dosage amounts listed below:
 - (I) Sixteen milligrams (16 mg) per day for a period of up to six (6) months from the initiation of therapy; or
 - (II) Eight milligrams (8 mg) per day after the sixth (6th) month of therapy.
- (x) Sedative hypnotic medications in dosage amounts that exceed the dosage amounts listed below:
 - (I) Fourteen (14) pills per month for sedative hypnotic formulations in pill form such as Ambien and Lunesta;
 - (II) One hundred forty milliliters (140 ml) per month of chloral hydrate; or
 - (III) One (1) bottle every sixty (60) days of Zolpimist.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105, 71-5-109 and Public Chapter 473, Acts of 2011.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

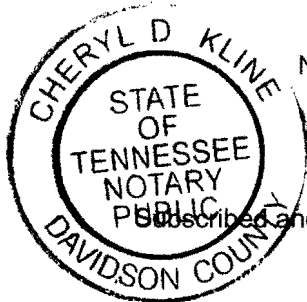
Date: 8/9/2011

Signature: *DJG*

Name of Officer: Darin J. Gordon

Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: 8/9/2011

Notary Public Signature: *Cheryl D Kline*

My commission expires on: 9/30/2012

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Filed with the Department of State on: 5/8/11

Tre Hargett by T/Ann Stat, POA
Tre Hargett
Secretary of State

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