

Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL): Extended Opioid Use Clinical Exceptions for Burn/Corrosion Recovery, Long Term Care, and Sickle Cell Disorder

May 7, 2018

Effective January 16, 2018, TennCare implemented an edit on agents in the Short-Acting and Long-Acting Narcotics classes of the PDL that will be applied to **all first-time and non-chronic opioid users** as follows:

- A member can receive opioid prescription coverage for up to 15 days in a 180-day period at a maximum dosage of 40 morphine milligram equivalents per day (MME per day)
 - All first-fill scripts in a 180-day period will be limited to a 5-day supply of a short-acting opioid at a maximum dose of 40 MME per day without the need for prior authorization (PA)
 - After the first-fill prescription, a member can receive up to an additional 10 days of opioid treatment at a maximum dose of 40 MME per day in each 180-day period with prior authorization
 - Limited use exceptions will be considered for treatment of pain due to severe burn or corrosion, sickle cell disorder, or in patients residing in Medicaid-certified nursing facilities.

Extended Opioid Use Clinical Exceptions Criteria	
Prior Authorization Criteria *Note: Prior Authorization criteria found at the following web link will also remain in effect: https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/Criteria_PDL.pdf	PA Form
<p>PA criteria for treatment of pain attributed to treatment of Sickle Cell Disorder (SCD) or pain resulting from severe burn or corrosion recovery: (approval will allow up to 45 days' supply every 90 days not to exceed 40 MME day)</p> <p>Will be approved for recipients who meet ALL of the following criteria</p> <ul style="list-style-type: none"> • Signed and faxed attestation, including supporting documentation and patient specific clinical action plan, indicating request is for treatment of acute pain due to Sickle Cell Disorder (SCD) or pain resulting from burn or corrosion recovery requiring referral to burn center (unless member is in rural area with limited access to a burn recovery center); AND • Require diagnosis of moderate-severe pain that can be defined by ALL the following: <ul style="list-style-type: none"> – Documentation of non-responsive or inadequately responsive to non-opioid analgesic treatment (e.g., NSAIDs, APAP, gabapentin, lidocaine patch, muscle relaxers) – Significantly impairs physical functioning (e.g., ADLs, sleep, work); AND • The prescribing physician must have checked the Tennessee Controlled Substance Monitoring Database for this patient within the last 7 days; AND • The prescriber has assessed the member using a Screening, Brief Intervention, And Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT Survey) (for pts >18 years of age) or using an adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT CRAFFT Survey) (for pts 11-18 years of age) • Patient is not currently undergoing active treatment for opioid addiction; AND • Female of childbearing age (14-44 years): <ul style="list-style-type: none"> – Is not pregnant; AND – Using contraception; OR – Has an intrauterine device (IUD) or implant; OR – Has history of hysterectomy, tubal ligation, or endometrial ablation; AND • Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf; AND • Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider. <p>Note: Use of opioid analgesics during pregnancy has been associated with Neonatal Abstinence Syndrome. Providers MUST counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of Neonatal Abstinence Syndrome. Providers should offer access to effective contraceptive services when necessary.</p>	Exceptions Opioid PA Form

PA criteria for patients residing in Medicaid-certified nursing facilities: (approval will allow up to 45 days' supply every 90 days not to exceed 40 MME/ day; approval duration 90 days)

Will be approved for recipients who meet ALL of the following criteria

- Signed and faxed attestation, including supporting documentation and patient specific clinical action plan, indicating request is for treatment of patient residing in Medicaid-certified nursing facility); **AND**
- Copy of patient's pre-admission evaluation form (PAE) must be submitted with request; **AND**
- Require diagnosis of moderate-severe pain that can be defined by ALL the following:
 - Documentation of non-responsive or inadequately responsive to non-opioid analgesic treatment (e.g., NSAIDs, APAP, gabapentin, lidocaine patch, muscle relaxers)
 - Significantly impairs physical functioning (e.g., ADL's, sleep, work); **AND**
- The prescriber has assessed the member using a Screening, Brief Intervention, And Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT Survey) (for pts >18 years of age) or using an adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) Questionnaire (e.g., SBIRT CRAFFT Survey) (for pts 11-18 years of age)
- Patient is not currently undergoing active treatment for opioid addiction; **AND**
- Female of childbearing age (14-44 years):
 - Is not pregnant; **AND**
 - Using contraception; **OR**
 - Has an intrauterine device (IUD) or implant; **OR**
 - Has history of hysterectomy, tubal ligation, or endometrial ablation; **AND**
- Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://tenncare.magellanhealth.com/static/docs/Program_Information/Patient_Med_Management_Agreement.pdf; **AND**
- Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider.

Note: Use of opioid analgesics during pregnancy has been associated with Neonatal Abstinence Syndrome. Providers **MUST** counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of Neonatal Abstinence Syndrome. Providers should offer access to effective contraceptive services when necessary.

[Exceptions
Opioid PA
Form](#)