

Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL): First-Time & Non-Chronic Opioid User Criteria

February 26, 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** 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

First-Time & Non-Chronic Opioid User 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 acute users denying for “Additional quantities for acute use require prior authorization”: (approval will allow up to 10-day supply not to exceed 40 MME/day; not to exceed 15 days’ supply per 180 days)</p> <p>Will be approved for recipients who meet ALL of the following criteria</p> <ul style="list-style-type: none"> • Diagnosis of moderate-severe pain; 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. Providers should offer access to effective contraceptive services when necessary.</p>	Non-Chronic Opioid PA Form

First-Time & Non-Chronic Opioid User Criteria

Prior Authorization Criteria	
<p>*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</p>	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 45 days' supply @40 MME/90 days; approval duration 90 days) 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., ADL's, 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>	<p>Non-Chronic Opioid PA Form</p>