

Frequently Asked Questions regarding TennCare edits for Narcotics implemented January 16, 2017

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10. CAN YOU PROVIDE EXAMPLES OF ACUTE OPIOID PRESCRIPTION CLAIMS THAT WILL REJECT AT THE PHARMACY UNDER THE POLICY AND HOW PHARMACIES COULD ADJUST IT TO GET A PAID CLAIM?
11. CAN YOU PROVIDE EXAMPLES OF PRN PRESCRIPTIONS FOR INITIAL 5-DAY ACUTE OPIOID PRESCRIPTIONS THAT WILL BE COVERED UNDER THE NEW TENNCARE OPIOID BENEFIT LIMIT?
12. HOW DO I KNOW HOW MANY DAYS REMAIN FOR TENNCARE COVERAGE?
13. IF I MODIFY THE PRESCRIPTION TO ALLOW TENNCARE TO PAY FOR A PARTIAL FILL, DO I NEED TO SUBMIT THE ENTIRE PRESCRIPTION AS ORIGINALLY WRITTEN?

1. Which patients will be affected?

- **First-Time Opioid users**
 - TennCare defines a first-time user as a member who has not filled opioid prescriptions in the preceding 180 day period
- **Non-Chronic Opioid users**
 - TennCare defines a non-chronic user as a member who has filled opioid prescriptions for less than 90 days' supply in a look-back period over the preceding 180 days period

2. What are the allowed limits?

- 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):
 - Each first-fill prescriptions within 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
- Any long-acting opioid agent will require prior authorization

3. What clinical exceptions to the new coverage limits will be considered?

- Clinical Exceptions for members with the following conditions will be considered through prior authorization:
 - Members with sickle cell disease may receive up to 45 days of treatment not to exceed 40 MME per day in any 90 day period
 - Severe burn victims may receive up to 45 days of treatment not to exceed 40 MME per day in any 90 day period
 - Enrollees with severe cancer pain undergoing active or palliative cancer treatment and enrollees in hospice and palliative care (defined as hospice and end-of-life care) will not be subject to the new coverage limits for non-chronic opioid users

4. How will this benefit limit impact patients who are **NEW** to the TennCare pharmacy benefit?

- The TennCare opioid benefit limit will apply to all **new** members of TennCare. However, if a new TennCare member has established prescription opioid use under a previous pharmacy benefit that meets the TennCare definition for a chronic opioid user, the new member may be eligible for the coverage limits of current TennCare chronic opioid users. The treating TennCare provider must provide the appropriate prior authorization and patient records which document the new member's prior prescriptions and treatment plans in order to be approved. Please refer to the appropriate prior authorization forms located at the Magellan website for further information and required documentation: <https://tenncare.magellanhealth.com>

5. Are opioid partial agonists (buprenorphine) used for the treatment of opioid dependence or addiction impacted by this policy change?

- No. TennCare does not consider buprenorphine products used for the treatment of opioid dependence or addiction to be an "opioid analgesic" for the purposes of this policy.

6. How can I calculate MME?

- A current list of MME conversions can be found at https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_MME_Conversion_Chart.pdf

7. What is the maximum number of pills per day covered for First-Time and Non-Chronic Opioid Users on certain oral opioid formulations?

- A complete list can be found at <https://tenncare.magellanhealth.com>
- Below are examples for the most prescribed Narcotics

Oral Formulation	Dose	MME per tablet	Max Quantity per Day to not exceed 40 MME /day limit
Hydrocodone	5mg	5	8
	7.5mg	7.5	5
	10mg	10	4
Hydromorphone	2mg	8	5
	4mg	16	2
	8mg	32	1
Oxycodone	5mg	7.5	5
	7.5mg	11.25	3
	10mg	15	2
	15mg	22.5	1
Tramadol	30mg	45	0
	50mg	5	8

8. What message will the pharmacy receive to know which limit is exceeded?

- **First-Fill prescriptions within the last 180 days**
 - Prescriptions exceeding the 5 day limit

- NCPDP Reject -76
 - Transaction Message – **Initial days supply limited to 5 days**
- Prescriptions exceeding the 40 MME per day limit
 - NCPDP reject - 76
 - Transaction message - **40 Morphine Milligram Equivalents per Day Exceeded**
- **Non-Chronic Opioid users**
 - Prescriptions after first fill within last 180 days and under 15 day’s supply per 180 days
 - NCPDP Reject - 76
 - Transaction Message – **Additional quantities for acute use requires prior authorization**
 - Prescriptions exceeding the 40 MME per day limit
 - NCPDP reject - 76
 - Transaction message - **40 Morphine Milligram Equivalents per Day Exceeded**
 - Prescriptions for adults exceeding 15 days supply per 180 days
 - NCPDP Reject - 76
 - Transaction Message - **Max adult QTY Benefit limit exceeded**
 - Prescriptions for Children <21 exceeding 15 days supply per 180 days
 - NCPDP reject - 76
 - Transaction Message- **Prior Authorization for Medical Necessity Required**

9. What days’ supply should be submitted on a pharmacy claim for sigs permitting as-needed regimens? (i.e. Oxycodone 5/325 1-2 tabs every 4-6 hours as needed for pain #20)?

- For initial first fill scripts that do not require prior authorization, if the quantity to be dispensed is less than 200 MME total over 5 days, TennCare will allow the claim to be submitted as a 5 days’ supply. Submitting the claim with a 5 days’ supply would allow the claim to be covered.
 - Example: Hydrocodone/APAP 5/325 Take 1-2 tabs every 4-6 hours prn as needed for pain #40 could be submitted with a quantity of #40 with a 5 days’ supply and the claim will be covered
 - Example: Oxycodone 5/325 1-2 tabs every 4-5 hours as needed for pain #20 could be submitted with a quantity of #20 with a 5 days’ supply and the claim will be covered.

10. Can you provide examples of acute opioid prescription claims that will reject at the pharmacy under the policy and how pharmacies could adjust it to get a paid claim?

- **Example 1** - Hydrocodone/APAP 5/325: Take 1 tablet every 6 hours for 7 days #28 will reject because #28 for a 7 day supply is greater than initial 5 day supply limit
 - Consider filing the claim for #20 for a 5 day supply in order for the claim to be covered by TennCare
- **Example 2** - Hydrocodone/APAP 10/325: Take 1-2 tablet every 4-6 hours as needed #120 will reject because #120 for a 10 days supply is greater than initial 5 days limit and it allows for more than 40MME per day
 - Consider calling the prescriber to change the instructions to ensure 40 MME per day and quantity limit are not exceeded
 - In order for the claim to be covered by TennCare, the claim would have to be submitted for #20 tablets for a 5 day supply so not to exceed 200 MME total or 40 MME per day over 5 days.
- **Example 3** - Oxycodone/APAP 10/325: Take 1 tablet every 4 to 6 hours as needed #30 will reject as it allows for more than 40 MME per day
 - Consider calling the prescriber to change the instructions to ensure 40 MME per day and quantity limit are not exceeded
 - In order for the claim to be covered by TennCare, the claim would have to be submitted for #10 tablets for a 5 day supply so not to exceed 200 MME total or 40 MME per day over 5 days.
- **Example 4** – Hydrocodone/APAP 10/325: Take 1 tablet every 4-6 hours as needed for pain #20 will reject as it allows for more than 40 MME per day
 - The quantity limit to be dispensed as written by the prescriber is within the 200 MME total or 40 MME per day over 5 days limit. The claim could be submitted with a quantity of #20 and 5 day supply and the claim will be covered.

11. Can you provide examples of prn prescriptions for initial 5-day Acute Opioid Prescriptions that will be covered under the new TennCare opioid benefit limit?

- Hydrocodone/APAP 5/325: Take 1-2 tablets every 6 hours as needed for pain #40
- Hydrocodone/APAP 5/325: Take 1 tablet every 4 hours as needed for pain #30
- Hydrocodone/APAP 7.5/325: Take 1 tablet 4 times per day as needed for pain #20
- Hydrocodone/APAP 10/325: Take 1 tablet every 6 hours as needed for pain #20
- Hydrocodone/APAP 10/325: Take 1 tablet 3 times per day as needed for pain #18
- Oxycodone/APAP 5/325: Take 1 tablet 5 times per day as needed for pain #25
- Oxycodone/APAP 7.5/325: Take 1 tablet 3 times per day as needed for pain #15
- Oxycodone/APAP 10/325: Take 1 tablet every 12 hours as needed #10
- Tramadol 50mg: Take 1-2 tablets every 6 hours as needed for pain #40
- Hydromorphone 2mg: Take 1 tablet every 6 hours as needed for pain #20

12. How do I know how many days remain for TennCare coverage?

- If the patient has gotten any short-acting narcotic prescriptions through TennCare in the most recent 180 days, prior authorization is required. The Magellan Call center can provide additional information as needed.

13. If I modify the prescription to allow TennCare to pay for a partial fill, do I need to submit the entire prescription as originally written?

- Per Section 2.6 in your Pharmacy Network Agreement, our “PBM requires that the Pharmacy submit all claims for Pharmaceutical Services, even zero balance claims. This is necessary for PBM’s Drug Utilization Review (DUR) activities and shall be audited by PBM periodically”. Therefore all prescriptions should be entered and adjudicated by the TennCare PBM even if the claim is denied or the enrollee chooses to pay cash.

For further questions, please contact the Magellan Provider Educators at:

TNProviderEducation@magellanhealth.com