

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

Effective January 16, 2018, TennCare has implemented a coverage related 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 60 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 60 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 60 MME per day in each 180-day period with prior authorization

First-Time & Non-Chronic Opioid User Criteria Prior Authorization Criteria

Form 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 60 MME/day; not to exceed 15 days’ supply per 180 days)

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

- 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): – Is not pregnant; AND – Using contraception (e.g. barrier, oral contraceptive, rhythm method); ; OR – Has an intrauterine device (IUD) or implant; OR – Has history of hysterectomy, tubal ligation, or endometrial ablation; 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. Providers should offer access to effective contraceptive services when necessary.

CDC guidelines state the following: *Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.*

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>