

Dental Providers

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)

RESPONDING TO THE OPIOID EPIDEMIC: As a valued TennCare Provider, we want to make you aware of significant steps TennCare is taking to address the opioid epidemic that is devastating the lives of too many Tennesseans. Going forward, we plan to implement additional strategies working closely with our Managed Care Organizations, Pharmacy Benefits Manager, and Dental Benefits Manager. Yet, we strongly believe this epidemic requires multi-agency, multi-sector partnerships, especially with our provider community.

In that spirit, we ask you to consider how you can partner with TennCare as we refine and strengthen our approach across three priority areas of focus:

- Reducing the risk of TennCare members becoming newly dependent or addicted to opioids;
- Increasing patient engagement, early detection of dependence, and evidence-based pain treatment for TennCare members chronically using opioids; and
- Supporting high-quality addiction and recovery treatment services for TennCare members who are dependent, misusing, or abusing opioids and other substances

TennCare has long worked to confront the impacts of opioid misuse and abuse; but we continue to re-examine the complex nature of the crisis.

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>

Table: Opioids Prescribed By Dentists Post Operatively

Generic Label Name	Example Opioid containing Product(s)	Opioid Strength	Dosage Form	MME per unit	Number of units per day not to exceed 60 MME/ day limit
Acetaminophen with Codeine <small>Not recommended for use in children under 12 years old because of risk of life threatening respiratory depression.</small>	APAP-Codeine, Tylenol with Codeine	12mg/5ml	Suspension	0.36	QL = 166 ml*
		24mg/10ml		0.36	QL = 166 ml*
		30mg/12.5ml	Tablet	2.25	QL = 12 tabs*
		15 mg		4.5	12 tabs
		30 mg		9	6 tabs
Hydrocodone/Acetaminophen	Norco, Hydrocodone-APAP, Vicodin, Lorcet, Lortab, Xodol	2.5 mg	Tablet	2.5	QL = 12 tabs*
		5 mg		5	12 tabs
		7.5 mg		7.5	8 tabs
		10 mg		10	6 tabs
Hydrocodone/Ibuprofen	Reprexain, Hydrocodone-IBU	2.5 mg	Tablet	2.5	QL = 12 tabs*
		5mg		5	12 tabs
		10 mg		10	6 tabs
Oxycodone HCL	Roxicodone, Oxycontin	5 mg	Tablet	7.5	8 tabs
		7.5 mg		11.25	5 tabs
		10 mg		15	4 tabs
		15 mg		22.5	2 tabs
		20 mg		30	2 tabs
		30 mg		45	1 tabs
Oxycodone HCL/Acetaminophen	Oxycodone-APAP, Endocet, Primlev, Percocet	2.5 mg	Tablet	3.75	QL = 12 tabs*
		5 mg		7.5	8 tabs
		7.5 mg		11.25	5 tabs
		10 mg		15	4 tabs
Hydromorphone HCL	Dilaudid	2 mg	Tablet	8	7 tabs
		4 mg		16	3 tabs
		8 mg		32	1 tabs
Oxymorphone HCL	Oxymorphone, Opana,	5 mg	Tablet	15	4 tabs
		10 mg		30	2 tabs
Ibuprofen/Oxycodone HCL	Oxycodone-Ibuprofen	5 mg	Tablet	7.5	8 tabs
Tramadol HCL	Tramadol, Ultram	50 mg	Tablet	5	12 tabs

* The Quantity Limit(QL) for these products are less than 60MME, and are based on the amount of acetaminophen or ibuprofen

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>