

To: BlueCare Tennessee Providers**From: TennCare****Date: Dec. 15, 2017****RE: IMPORTANT BENEFIT LIMIT INFORMATION EFFECTIVE JAN. 16, 2018**

As part of a larger strategy to address the increasing negative health outcomes associated with the opioid epidemic in Tennessee, TennCare recently sent a letter informing you of changes to coverage of opioid prescriptions. Medical research demonstrates exposure to higher morphine milligram equivalents (MME) and longer opioid treatment courses have significant increased health risks. These risks include long-term chronic opioid dependence, misuse, overdose, and even death.

Yet, very few high-quality studies demonstrate improved health outcomes from opioid therapy for acute and chronic non-cancer pain. In response to these concerns, TennCare, through its pharmacy benefits manager Magellan Health, will strengthen existing opioid coverage limits for first-time and non-chronic opioid users. The goal of these limits is to reduce the risk of long-term chronic opioid use and misuse for all TennCare members.

Effective January 16, 2018. TennCare will limit acute opioid therapy coverage for ALL new and non-chronic opioid users as followsⁱ:

- 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)ⁱⁱ:
 - All first-fill scripts 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 pre-authorization
- Any long-acting opioid agent will require prior authorization

For any prn pain prescription, the MME/day will be determined by using the maximum number of pills taken at the shortest interval as indicated on the prescription. Using the following prescription as an example:

Hydrocodone/APAP 5/325 Take 1-2 tabs q4-6 hrs prn quantity #40

The maximum MME/day for this prescription is calculated based on taking 2 tablets every 4 hours. This equals 12 tablets or 60 mg of hydrocodone taken daily. 60 mg hydrocodone converts to 60 MME/day and exceeds the maximum MME/day coverage limitⁱⁱⁱ.

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The following table illustrates the maximum number of pills covered per day for certain oral opioid formulations:

Oral Formulation	Dose	MME	Max Daily #	Sample daily PRN Instructions within the Covered Limit
Hydromorphone	2 mg	8	5	Take 1 tab prn q 6 hours
Oxycodone	30 mg	45	0	Formulation not covered
Oxycodone	10 mg	15	2	Take 1 tab q12 hours prn
Oxycodone	7.5 mg	11.25	3	Take 1 tab q8 hrs prn
Oxycodone	5 mg	7.5	5	Take 1 Tab q6 hours prn –OR – Take 2 tabs q12 hours prn
Hydrocodone	10 mg	10	4	Take 1 tab po q6 hours prn
Hydrocodone	7.5 mg	7.5	5	Take 1 tab po q 6 hours prn
Hydrocodone	5 mg	5	8	Take 1 tab PO q4 prn – OR -- take 2 tabs q6 prn
Tramadol	50 mg	5	8	Take 1 to PO q4 prn – or Take 2 tabs q6 prn

Again, this benefit limit will be **effective starting January 16, 2018**. More information regarding the new opioid prescription coverage limits including a clinical reference guide, MME conversion table for all preferred formulations, and prior authorization forms can be found at the TennCare PBM website: tenncare.magellanhealth.com or by calling the **Magellan Clinical Call Center** at **1-866-434-5524**.

ⁱ TennCare defines a non-chronic user as a member who used prescription opioids fewer than 90 days in the preceding 180 day period.

ⁱⁱ TennCare members with certain clinical conditions, including members with severe cancer pain undergoing active treatment or members in palliative care and hospice, may have exceptions to these limits. For additional clinical considerations, MME conversion table, Frequently Asked Questions, and prior-authorization forms, please visit the Magellan website at: <https://tenncare.magellanhealth.com/>

ⁱⁱⁱ The CDC provides opioid prescribing clinical resources and a smart phone app for MME conversion at: <https://www.cdc.gov/drugoverdose/>