



STATE OF TENNESSEE
DIVISION OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

**Please forward or copy the information in this notice to all providers
who may be affected by these processing changes.**

This notice is being sent to notify you of changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact Magellan's Pharmacy Support Center (866-434-5520) should you have additional questions.

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.

Changes to Prior Authorization Criteria and quantity limits for the Preferred Drug List (PDL) effective January 16, 2018 [Updated July 8, 2018]:

Effective January 16, 2018 [Updated July 8, 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 follows¹:

- 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)²
 - 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 pre-authorization
 - Limited use exceptions will be considered for treatment of pain due to severe burn or corrosion, sickle cell disorder, or in patients residing in Medicaid-certified nursing facilities
 - A member who qualifies for a limited use exception can receive up to a 45 day supply with a maximum dose of 60 MME per day in each 90 day period with pre-authorization

Additionally, **all** agents in the Long-Acting Narcotics class will require prior authorization. Existing prior-authorization requirements for non-narcotic analgesics will be removed as clinically appropriate to provide access to additional products for pain management.

A "Frequently Asked Questions" providing additional guidance can be found at the Magellan TennCare website at: <https://tenncare.magellanhealth.com> The FAQ provides further detail regarding TennCare coverage of opioid claims, claims processing, and reject codes. The PDL, prior authorization forms, and additional resources will be regularly updated on the site. We encourage you to review the information and share with other TennCare providers.

¹ TennCare defines a non-chronic user as a member who has had an opioid prescription filled for less than 90 days in the preceding 180 days period.

² 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.

As a reminder, per Section 2.6 in your Pharmacy Network Agreement, your pharmacy is required to “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 pays cash. Please contact Magellan with any questions at the contact information below.

Important Phone Numbers:

Tennessee Health Connection	855-259-0701
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program Fax	888-298-4130
Magellan Pharmacy Support Center	866-434-5520
Magellan Clinical Call Center	866-434-5524
Magellan Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

Magellan: <https://tenncare.magellanhealth.com>

TennCare website: www.tn.gov/tenncare/

Please visit the Magellan TennCare website regularly to stay up-to-date on changes to the pharmacy program.

For additional information or updated payer specifications, please visit the Magellan website at:

<https://tenncare.magellanhealth.com> then click on pharmacy and choose program information from the drop down menu. Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.