

Opioid Criteria – Acute, Chronic, and Exceptions

September 1, 2023

Opioid Agents		
Medication	Prior Authorization Criteria*	PA Form
Acute Use Up to 15-Day Supply Opioid Criteria		
<ul style="list-style-type: none"> A member can receive opioid prescription coverage for up to 15 days in a 180-day period at a maximum dosage of 60 MME per day <ul style="list-style-type: none"> All first-fill scripts in a 180-day period will be limited to a 5-day quantity 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-day quantity of opioid treatment at a maximum dose of 60 MME per day in each 180-day period with prior authorization 		
Opioid Agents for Acute Use	<p>PA criteria for acute users denying for “Additional quantities for acute use require prior authorization”. Approval will allow up to 10-day quantity not to exceed 60 MME/day; not to exceed 15 days’ supply per 180 days.</p> <p>Will be approved for recipients who meet ALL the following criteria:</p> <ul style="list-style-type: none"> Diagnosis of moderate-severe pain; 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): <ul style="list-style-type: none"> 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. <p><i>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.</i></p> <p>* Prior Authorization criteria found on the Criteria PDL will also remain in effect</p>	Acute Opioid PA Form

Note: All agents must be prescribed by a provider with a Tennessee Medicaid Provider ID.

Opioid Agents		
Medication	Prior Authorization Criteria*	PA Form
Chronic Opioid User Criteria		
<ul style="list-style-type: none"> • A member can receive opioid prescription coverage for up to 15 days in a 180-day period at a maximum dosage of 60 MME per day <ul style="list-style-type: none"> ○ All first-fill scripts in a 180-day period will be limited to a 5-day quantity 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-day quantity of opioid treatment at a maximum dose of 60 MME per day in each 180-day period with prior authorization 		
Opioid Agents for Chronic Use	<p>Criteria for Chronic Opioid Use: (approval duration: 180 days)</p> <ul style="list-style-type: none"> • Member is an established TennCare member, and has had 90 days (or more) of Opioids (per TennCare claims) in the last 180 days; OR • Members newly eligible to TennCare, or TennCare became primary within the last 180 days, with established prescription opioid use for 90 days (or more) in the last 180 days: <ul style="list-style-type: none"> ○ Prescriber must submit patient records, including but not limited to diagnosis, treatment plan and prescription records; OR • Diagnosis of active cancer undergoing active or palliative cancer treatment or receiving hospice and palliative care (defined as hospice or end of life care): <ul style="list-style-type: none"> ○ Signed and faxed physician attestation, including supporting documentation and patient-specific clinical treatment plan, affirming treatment is being sought for active cancer undergoing active or palliative treatment; OR • Signed and faxed physician attestation, including supporting documentation, affirming treatment that patient is receiving hospice and palliative care for a serious and/or life-threatening illness (defined as hospice or end of life care); AND • Diagnosis of moderate-severe pain that: <ul style="list-style-type: none"> ○ Significantly impairs physical functioning (e.g., ADL's, sleep, work); AND • Prescriber must have checked the Tennessee Controlled Substance Database for patient within the previous 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): <ul style="list-style-type: none"> ○ 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 • Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/prescriber/prior-authorization-forms/Patient%20Medication%20Management%20Agreement.pdf; AND • Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider. <p><i>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 Syndrome. Providers should offer access to effective contraceptive services when necessary.</i></p> <p>* Prior Authorization criteria found on the Criteria PDL will also remain in effect</p>	Chronic Opioid PA Form

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Opioid Agents		
Medication	Prior Authorization Criteria*	PA Form
Opioid Exceptions Criteria		
Extended Opioid Use Clinical Exceptions for Burn/Corrosion Recovery, Long Term Care, and Sickle Cell Disorder		
<ul style="list-style-type: none"> A member can receive opioid prescription coverage for up to 15 days in a 180-day period at a maximum dosage of 60 MME per day <ul style="list-style-type: none"> All first-fill scripts in a 180-day period will be limited to a 5-day quantity 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-day quantity of opioid treatment at a maximum dose of 60 MME per day in each 180-day period with prior authorization 		
<p>Opioid Agents for Burn Recovery and Sickle Cell</p>	<p>PA criteria for treatment of pain attributed to Sickle Cell Disorder (SCD) or pain resulting from sever burn or corrosion recovery: (approval will allow up to 45-day quantity every 90 days not to exceed 60 MME day)</p> <p>Will be approved for recipients who meet ALL the following criteria:</p> <ul style="list-style-type: none"> Signed and faxed attestation, including supporting documentation and patient specific clinical action plan, indicating request is for treatment of acute pain due to Sickle Cell Disorder (SCD) or pain resulting from burn or corrosion recovery requiring referral to burn center (unless member is in rural area with limited access to a burn recovery center); AND Require diagnosis of moderate-severe pain that can be defined by ALL the following: <ul style="list-style-type: none"> Documentation of non-responsive or inadequately responsive to non-opioid analgesic treatment (e.g., NSAIDs, APAP, gabapentin, lidocaine patch, muscle relaxers); Significantly impairs physical functioning (e.g., ADLs, sleep, work); 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): <ul style="list-style-type: none"> 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 Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/prescriber/prior-authorization-forms/Patient%20Medication%20Management%20Agreement.pdf; AND Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider. <p><i>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 Syndrome. Providers should offer access to effective contraceptive services when necessary.</i></p> <p>* Prior Authorization criteria found on the Criteria PDL will also remain in effect</p>	<p>Exceptions Opioid PA Form</p>

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Opioid Agents		
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Opioid Agents for Long Term Care	<p>PA criteria for patients residing in Medicaid-certified nursing facilities: (approval will allow up to 45-day quantity every 90 days not to exceed 60 MME day)</p> <p>Will be approved for recipients who meet ALL of the following criteria:</p> <ul style="list-style-type: none"> • Signed and faxed attestation, including supporting documentation and patient specific clinical action plan, indicating request is for treatment of patient residing in Medicaid-certified nursing facility); AND • Copy of patient’s pre-admission evaluation form (PAE) must be submitted with request; AND • Require diagnosis of moderate-severe pain that can be defined by ALL the following: <ul style="list-style-type: none"> ○ Documentation of non-responsive or inadequately responsive to non-opioid analgesic treatment (e.g., NSAIDs, APAP, gabapentin, lidocaine patch, muscle relaxers) ○ Significantly impairs physical functioning (e.g., ADLs, sleep, work); 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): <ul style="list-style-type: none"> ○ 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 • Pain agreement required for all PA required agents. (NOTE: For patients less than 18 years of age, may be completed by parent or legal guardian). Please refer to the Opioid and Controlled Substance Agreement document located at: https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/prescriber/prior-authorization-forms/Patient%20Medication%20Management%20Agreement.pdf; AND • Concomitant use of benzodiazepines and opioids will only be approved under the care of, or referral to, a mental health provider. <p>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 Syndrome. Providers should offer access to effective contraceptive services when necessary.</p> <p>* Prior Authorization criteria found on the Criteria PDL will also remain in effect</p>	<p>Exceptions Opioid PA Form</p>

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