

Date: April 11, 2018
To: Nursing Facilities (NFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
From: James Hailey, Pharm.D., D.Ph.
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Subject: **Item D Deductions for Non-Covered Opioid Prescriptions**

On January 16, 2018, TennCare implemented new coverage benefit limits on opioid prescriptions for persons aged 21 and older who are first-time and non-chronic opioid users¹. Under the limits, members may 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). Additional consideration is given for enrollees with sickle cell disease and severe burn victims who may receive up to 45 day supply at 40 MME per day in any 90-day period. The new limits do not apply to members with severe cancer pain undergoing active or palliative treatment, or members receiving hospice care.

Individuals receiving Medicaid-reimbursed NF or ICF/IID services who are not eligible for Medicare and using the TennCare pharmacy benefit and also incur an expense due to filling an opioid prescription above the limit may have the expense deducted from their patient liability. This deduction is commonly known as an Item D deduction. Documentation must be submitted with an Item D request showing the expense will not be covered by TennCare. Prescriptions for medically necessary opioid prescriptions above the TennCare opioid limits are an eligible Item D expense, subject to all other applicable requirements pertaining to Item D deductions. Opioid prescription expenses incurred on or after January 16, 2018 will be processed by TennCare using the current process for Item D deduction requests. Providers should continue to fax Item D requests to TNHC at 1-855-315-0669. For more information about allowable Item D deductions please see the attached *Post-Eligibility Treatment of Income* policy.

TennCare and Magellan RX will host a webinar on May 7th, 2018 at 11:00 AM CST to present further information on new changes to the opioid coverage benefit limits that will be applicable for members in NFs and ICFs/IID who receive their medications through the TennCare pharmacy benefit. More information will be provided on how to join the webinar in the upcoming weeks.

¹ A non-chronic user is defined as a member who has received less than a 90 day quantity supply of prescribed opioids in the one hundred eighty (180) day period immediately preceding the new opioid's prescription date