

Paramount *Advantage*™ and Commercial Updates

Effective January 1, 2018

ATTENTION PRESCRIBERS!

The following changes may affect your Paramount *Advantage*™ and Commercial members. Effective January 1, 2018, Paramount, along with other Ohio insurers, will be implementing new limits on prescriptions issued for the treatment of chronic pain. Changes to prior authorization criteria can also be found under the “Provider News” section on the Paramount Healthcare website.

<http://www.paramounthealthcare.com/provnews>

1/1/18 - IMMEDIATE-RELEASE OPIOID PRIOR AUTHORIZATION LIMITS*:

Chronic pain: All immediate-release opioid prescriptions issued for the treatment of chronic pain will require prior authorization for Paramount *Advantage*™ and Commercial plans. Chronic pain is defined as pain requiring daily treatment for a duration of ≥ 90 days.

Acute pain treatment with daily doses ≥ 60 mg morphine equivalent (*Advantage*™) or ≥ 80 mg morphine equivalent (Commercial and Marketplace) will require prior authorization. Previously implemented criteria for Paramount *Advantage*™ will also apply for opioid-naïve patients: 7 days or less quantity per prescription, 14 days supply in any 45 day period

1/1/18 - EXTENDED-RELEASE OPIOID PRIOR AUTHORIZATION LIMITS*:

All extended-release opioid prescriptions will require prior authorization for Paramount *Advantage*™ and Commercial plans*.

OPIOID PRIOR AUTHORIZATION CRITERIA:

- ☐ Submission of acceptable Diagnosis Code (ICD-10)
- ☐ Attestation that prescriber has reviewed The Ohio Automated Rx Reporting System (OARRS)
- ☐ Attestation that the requested drug is being prescribed for moderate to severe pain where use of an opioid analgesic is appropriate instead of non-opioid alternatives
- ☐ For chronic pain: attestation that the patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety
- ☐ Attestation that the patient will be assessed for addiction risk or mental health concerns, including referral to an addiction medicine specialist when appropriate
- ☐ If member is also taking a benzodiazepine: attestation that provider has considered the risks/benefits of concomitant treatment
- ☐ Trials of formulary alternatives may also be required for some opioids

*The requested drug will be covered for members for 12 months when the following criteria are met: Active cancer treatment, Palliative Care, Hospice Care