

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. It is very important for you to use our preferred form to optimize the review process. Changes to prior authorization criteria can 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 ≥ 60mg morphine equivalent (Advantage™) or ≥ 80mg 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 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

2018 OPIOID PRIOR AUTHORIZATION FORM

Paramount Advantage, Marketplace, and Commercial/Employer-based Insurance

FAX Form to: 1-844-256-2025; physician/provider inquiries only at 1-800-891-2520. Option 2

PATIENT INFORMATION:

Member ID #: _____ Member DOB: _____

Member Name: _____

PRESCRIBER INFORMATION:

Name: _____ NPI: _____

Address: _____

Contact name and number for questions: _____

REQUESTED MEDICATION:

Drug name/Dose/Frequency: _____

Quantity: _____ Expected Duration of Therapy: _____

Please choose one of the following: Acute Pain Chronic Pain

REQUIRED INFORMATION / ATTESTATIONS:

1) Diagnosis code (ICD-10): (_____)

2) Is this a continuation of opioid therapy for a chronic condition: Yes No

3) If this is a new start, prescriber attests that non-pharmacologic treatments and/or non-opioid analgesics were ineffective, contraindicated, or not appropriate for the clinical situation: Yes

4) Previous trials of opioid and 2 non-opioid therapies:

<u>Medication name</u>	<u>Dates of trial</u>	<u>Reason for discontinuation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) Prescriber attests to OARRS review prior to writing prescription: Yes, Date: ___/___/___

6) Prescriber attests that the benefits and risks of opioid therapy have been discussed with the patient: Yes

7) Prescriber attests that if the member is also taking a benzodiazepine that the risks and benefits of concomitant administration have been evaluated: Yes

8) Prescriber attests patient's pain and addiction risk 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? Yes

9) If dosage exceeds 60mg morphine equivalent dose/day (Medicaid) or 80mg MED (commercial), state reason for medical need of high dose: _____

Prescriber Signature: _____ Date: _____