ATTENTION PRESCRIBERS!
The following changes may affect your Paramount Advantage members. Effective October 1, 2017, Paramount Advantage along with all Ohio Medicaid Managed Care Plans will be implementing new limits on prescriptions issued for the treatment of acute pain. Changes to prior authorization criteria can be found under the “Provider News” section on the Paramount Healthcare website.

http://www.paramounthealthcare.com/provnews

NEW IMMEDIATE-RELEASE OPIOID PRIOR AUTHORIZATION LIMITS*:

Prior authorization criteria will only apply to “Opioid-naïve” patients defined as having less than 90 day supply of opioid within past 120 days prior to opioid fill date.

- “Opioid-naïve” patients may not fill an immediate-release opioid script for more than 7 days at a time.
- “Opioid-naïve” patients may not fill more than a cumulative 14 day supply of immediate-release opioid within a rolling 45-day period.
- “Opioid-naïve” patients may not fill an immediate-release opioid script that is greater than 60 Morphine Equivalent Dose (MED).

*The requested drug will be covered for “opioid-naïve” members for 12 months when the following criteria are met: Active cancer treatment, Palliative Care, Hospice Care, Sickle Cell, Severe Burns, Traumatic Crushing of Tissue, Amputation, Major Orthopedic Surgery.

PRIOR AUTHORIZATION CRITERIA FOR IMMEDIATE-RELEASE OPIOIDS*:

- Submission of acceptable Diagnosis Code (ICD-10)
- Attestation that prescriber has reviewed The Ohio Automated Rx Reporting System (OARRS)
- Attestation that the benefits and risks of opioid therapy have been discussed with the patient
- Attestation that two non-pharmacologic treatments and/or non-opioid analgesics were ineffective or contraindicated

NEW EXTENDED-RELEASE OPIOID PRIOR AUTHORIZATION LIMITS*:

Prior authorization will apply to all extended-release opioid therapy for “Long-acting Opioid-naïve” patients defined as:

- Having a claim history showing less than 7 day supply of an immediate-release opioid agent within the past 90 days.
- OR
- Having a claim history showing less than 30 day supply of an extended-release opioid agent within the past 90 days.

*The requested drug will be covered for “Long-acting opioid-naïve” members for 12 months when the following criteria are met: Active cancer treatment, Palliative Care, Hospice Care, Sickle Cell, Severe Burns, Traumatic Crushing of Tissue, Amputation, Major Orthopedic Surgery.

Please submit completed Prior Authorization request forms to Paramount via fax at 1-844-256-2025. You may contact Paramount by phone at 1-419-887-2520 with questions regarding the Prior Authorization process.