

Opioid Tapering Plan for Chronic, Non-Cancer Pain

Patient Information		Prescriber Information		
Patient Name:		Prescriber Name:		
Member ID:		NPI:		
Date of Birth:		Office Address:		
Phone:		Office Phone/Fax:		
Provider Review				
1. This patient is currently being treated for active cancer related pain and taper is not indicated.				□Yes □No
2. I have met with the patient and established a three-month taper plan to ≤90 MED or -				□Yes □No
This patient was not able to taper to ≤90 MED and needs an additional 3 months to taper.				□Yes □No
3. I have reviewed the Oregon Prescription Drug Monitoring Program's database for this patient.				□Yes □No
4. I have shared/created the taper plan with other opioid prescribers involved in the patient's care.				□Yes □No
Please note: If no taper plan is received, member's coverage of opiates will be restricted per IHN-CCO authorization criteria. Opioid Tapering Plan				
Short Acting		Long Acting		
Current Daily Dose	:	Current Daily Dose	:	
Target Daily Dose:		Target Daily Dose:		
Additional Notes:				
				te:
For tapering assistance and opioid related questions, contact IHN-CCO Customer Service at:				

For tapering assistance and opioid related questions, contact IHN-CCO Customer Service at: (888) 435-2396

Please submit your Opioid tapering plans to IHN-CCO as soon as possible. Fax to: (541) 768-9776

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by return fax (number listed above) to arrange the return or destruction of the information.