

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have met with the patient and established a three-month taper plan to ≤90 MED . - or - This patient was not able to taper to ≤90 MED and needs an additional 3 months to taper.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have reviewed the Oregon Prescription Drug Monitoring Program’s database for this patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I have shared/created the taper plan with other opioid prescribers involved in the patient’s care.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____ _____			
Prescriber’s Signature: _____			Date: _____

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