

**SAFE OPIOID USE TAPERING PLAN PRIOR AUTHORIZATION
Request Form**

FAX to 503-416-1318



For assistance with urgent requests Monday to Friday, 8 a.m. to 5 p.m., call CareOregon at 1-800-224-4840 or 503-416-4100.

CareOregon/
Jackson Care Connect
315 SW Fifth Ave, Suite 900
Portland, OR 97204

Continued coverage of opioid prescriptions by Jackson Care Connect requires submission of this required information. Please indicate below the interventions made to promote safe opioid use.

All fields must be completed and legible for review.

<input type="checkbox"/> URGENT REQUEST: By selecting the expedited review and signing this form below, I certify that applying the standard review time frame will seriously jeopardize the life or health of the member or the member's ability to regain maximum function.	
Patient Information	Prescriber Information
Patient Name:	Prescriber Name and Specialty:
Member ID#:	NPI#:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Office Phone:
Date of Birth:	Office Fax:
Patient Phone:	Contact Person:
1. This patient is currently being treated for active cancer related pain and taper is not indicated at this time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have reviewed the Oregon Prescription Drug Monitoring Program database for this patient and reviewed recent opioid activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have met with the patient and established a three month taper plan to reduce the total daily morphine equivalent dose to 120mg or less.	Target Date: _____
4. I have shared or created the tapering plan with other opioid prescribers involved in the care of this patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. As part of the tapering effort, I would like to restrict coverage for opioid prescriptions to the following prescriber:	Name:
	Phone:
Comments:	
Prescriber's Signature:	Date:

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