



OPIOID TAPERING AGREEMENT FOR CHRONIC, NON-CANCER PAIN

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
Member ID:		NPI:	
Date of Birth:		Office Phone:	
Phone:		Office Fax:	

Provider review

- This patient is currently being treated for active cancer related pain and taper is not indicated. Yes No
 - I have met with the patient and established a three month taper plan* to ≤ 90 MED. Yes No
OR this patient was not able to taper to ≤ 90 MED and needs an additional 3 months to taper. Yes No
 - I have reviewed the Oregon Prescription Drug Monitoring Program database for this patient. Yes No
 - I have shared/created the taper plan with other opioid prescribers involved in patient's care. Yes No
- *Please note: If no taper plan is received, member's coverage of opiates will be restricted per CCO policies.

Opioid Tapering Plan (please contact our clinical pharmacists if you require additional assistance)

Short Acting:	Long-Acting:
Current Daily Dose: _____	Current Daily Dose: _____
Target Daily Dose: _____	Target Daily Dose: _____

Additional Notes:

Prescriber's Signature: _____ Date: _____

Tapering Assistance and opioid related questions: CCO Clinical Pharmacist Contact Information

- | | | |
|--|--------------|------------------|
| AllCare CCO: Mark Kantor, RPh | 541-471-4106 | (f) 541-471-4128 |
| Jackson Care Connect: Rachel Vossen, PharmD | 503-416-3403 | (f) 503-416-1318 |
| Primary Health: Bill Kennon, RPh | 541-471-4208 | (f) 541-956-5460 |
| Western Oregon Advanced Health: Caryn Mickelson, PharmD | 541-269-4558 | (f) 541-269-7147 |

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General opioid taper guidelines (adapted from resources below):

- Gradual tapers can often be completed anywhere in the range of 2 weeks to 6 months. Slower tapers may be necessary for patients who have been on high-dose opioids for longer periods.
- Do not reverse the taper; it must be unidirectional. The rate may be slowed or paused while monitoring for and managing withdrawal symptoms.
- The decision to first taper long or short acting opioids should be based on the type of pain the patient has (intermittent vs constant), their total daily dose of opioids, and patient preference.
- Start with a taper of $\leq 10\%$ of the original dose per week and assess the patient's functional and pain status at each visit.
- During opioid tapers, we suggest that you see the patient every 2-4 weeks.
- Patients on fentanyl patches should be transitioned to a different long-acting opioid, then tapered according to the long-acting guideline. **IMPORTANT:** reduce dose to account for cross-tolerance.
- Multiple non-opioid medications are available to treat withdrawal symptoms (ie clonidine, anti-emetics).
- Tapering plan may be reassessed if pain/function deteriorate or withdrawal symptoms persist- if the dosing schedule needs to be adjusted, you will need to submit a taper plan modification.
- **Do not treat withdrawal symptoms with benzodiazepines or additional opioids.**

Opioid Alternative Pain Management Options

These are suggested alternatives and this is not an all-inclusive list. There may be specific authorization requirements or restrictions for alternative treatments. *If you have questions regarding specific opioid pain alternatives, please contact the CCO directly.*

- **Alternative medications:** NSAIDs, gabapentin, amitriptyline, nortriptyline, acetaminophen, topical agents.
- **Counseling:** Available to all patients for mental health, pain management, and alcohol and drug abuse.
- **Massage therapy:** *Subject to authorization requirements*
- **Physical/Occupational therapy:** *Subject to authorization requirements*
- **Chiropractic manipulation:** *Where available, Subject to authorization requirements*
- **Acupuncture:** *Where available, Subject to authorization requirements*

CCO variances may exist. Please refer to CCO information or contact the representative for more information.

Additional Resources:

- Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.
- Tapering Opioids For Chronic Pain. <http://www.cdc.gov/drugoverdose/prescribing/resources.html>
- Interagency Guideline on Prescribing Opioids for Pain. Washington State Agency Medical Directors' Group. <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpoidGuideline.pdf>
- Weimer, M et al. Guideline for Safe Chronic Opioid Therapy Prescribing for Patients with Chronic Non-Cancer Pain. <http://www.ohsu.edu/gim/epiclinks/opioidresources/opioidguidelines.htm>
- Pain Treatment Guidelines. Oregon Pain Guidance. http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG_Guidelines_2016.pdf

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