

Fax Referral To: (866) 510-1765

	se complete and sign page 1 and fax it back to I (PA) for use of chronic opioid therapy at a morpl		-
attestation of safet	y monitoring. Prior authorization requirements o	lo not apply for patients with a dia	ignosis for active cancer treatment,
	are, or for patients receiving opioids for acute of		ous 90 days)
1 PATIENT INFOR	MATION	2 PRESCRIBER INFORMATION	
Patient Name:		Prescriber's Name:	
Phone:		Clinic Name/Location:	
MRN #:	DOB:	Phone:	Fax:
CDC Guidelines for Chronic Use of Opioids for the Treatment of Non-Cancer Pain			
(see <u>CDC Guideline</u>	s at https://www.cdc.gov/drugoverdose/pdf/g		
Attestation:	□ I attest to the following safety elements which are documented within this patient's medical chart:		
ALL elements are	 <u>Has tried and failed other appropriate non-opioid treatments (e.g. physical or adjuvant therapy, etc.)</u> 		
required to obtain	<u>One Time</u>		
Prior Authorization.	 A documented opioid risk assessment (e.g., ORT-OUD, SOAPP, COMM, or similar) 		
By checking the	Within the past 3 months:		
boxes, you are	 Documented office or video visit assessing the opioid care plan with the provider managing the nais (privide care plan) 		
attesting that all	pain/opioid care plan		
safety monitoring is	 Note: Doses ≥90 MME per day is very high risk and KPWA recommends a risk benefit analysis with each visit to determine the appropriateness of continuing high dose therapy. 		
in place for this	 washington Prescription Drug Monitoring Program (WA PDIVIP) reviewed. 		
patient.			
РА	I attest this patient meets criteria for exception to prior authorization criteria due to diagnosis for:		
Exception(s):	□ Active Cancer Treatment		
• • • •	Hospice or End of Life Care		
Check one or more	Palliative Care		
box if applicable.	□ Long Term Care (Medication administered to patient by healthcare professional. Patient not in possession		
of medication).			
Temporary PA	□ I attest that the monitoring requirements will be completed within 90 days. —		
Fill out only if	\Box I attest this patient is on a short-term treatment with opioids for acute or subacute pain (<70 days in previous 90		
Temporary PA	days).		
needed for the	Note: This does not represent the annual prior authorization but allows a temporary authorization for the selected		
reasons listed.	duration to ensure continuity of care. A new attestation form will be required once monitoring is completed for		
the yearly prior authorization.			
I attest that I am NOT the provider that manages this patient's pain/chronic opioid care plan.			
New Provider (if known) Clinic Name: Clinic Name:			
The submitting pr	ovider certifies that the information provide	d is true, accurate, and comple	te and the requested services are
medically indicated and necessary to the health of the patient:			
In addition to this form, please include documentation from the most recent chronic opioid therapy office or video visit			
which should include justification of high dose therapy (i.e. failed alternative therapy, percent improvement in pain score,			
benefit of therapy outweighs the risk) and why tapering may not appropriate for this member.			
Provider Signature	Provider Specialty	Provider NPI	Date
	e traci opecially		

Ideas and Resources for Providers

Other alternatives include:

- Physical therapy, exercise, movement therapies -e.g. PT, yoga, tai chi,
- Mental health therapies--e.g. CBT, ACT, DBT.
- Complementary/integrative--e.g. acupuncture, chiropractic, massage, naturopathy, herbal.
- Lifestyle behavior--e.g. smoking cessation, weight loss, social engagement.
- Patient education, self-management course--e.g. Living with Chronic Conditions (pts access this by emailing to <u>livewell.c@kp.org</u>) or CBT for pain. If the patient has tried and failed these modalities your documentation should include a notation of that.

Resources available to provider in developing an approach to guiding the patient toward a tapering plan include:

- Kaiser Permanente Washington Chronic Opioid Therapy Guideline
 - <u>https://wa-provider.kaiserpermanente.org/static/pdf/public/guidelines/opioid.pdf</u>
 - includes a section on Tapering (pgs. 10-14) with helpful information and links to other outside materials.
- UW Pain Medicine Telepain resources at:
 - o https://depts.washington.edu/anesth/care/pain/telepain/mini-site/present-a-case.shtml

Resources for Patients

Meditation

CD tutorials on meditation for people with chronic pain:

- Letting Go of Stress by Miller and Halpern
- Mindfulness Meditation for Pain Relief: Guided Practices for Reclaiming Your Body and Your Life by Jon Kabat-Zinn

Books

- <u>A Day Without Pain</u> by Mel Pohl
- Managing Pain Before It Manages You by Margaret A. Caudill, MD, PhD
- <u>The Pain Chronicles</u> by Melanie Thernstrom a history of chronic pain and her own personal story of dealing with chronic pain.
- The Pain Survival Guide: How to Reclaim Your Life by Dennis C. Turk, PhD
- Feeling Good by David D. Burns, MD

Better Choices, Better Health

Better Choices, Better Health online workshops have helped many people cope with similar challenges in managing chronic pain and other health conditions. Members may go to kp.org/wa/livingwell to find out more and sign up.

Cognitive Behavioral Therapy (CBT) - provided by Kaiser Permanente Mental Health CBT may include relaxation, stress management, and pain coping skills. Members may call 206-901-6300 or toll-free 1-888-287-2680 to make an appointment.

Other resources:

Centers for Disease Control and Prevention - Information for Patients:

www.cdc.gov/drugoverdose/patients/index.html