

## Patient Status and Opioid Tolerance Form

### INSTRUCTIONS:

- Patients receiving TIRF medicines for outpatient use must be enrolled in the TIRF REMS prior to receiving their first TIRF prescription.
- This form must be completed by the prescriber and submitted to the TIRF REMS prior to each subsequent prescription for outpatient use.
- All fields with asterisks (\*) are required.
- For real time processing, complete this form online at [TIRFREMSaccess.com](http://TIRFREMSaccess.com).
- The form may also be faxed to the program at 1-855-474-3062. If faxed, allow one (1) business day for processing.
- **Prescriptions will not be authorized for dispensing until this continuation form is on file at the TIRF REMS.**

1 Patient Information (please type or print)				
First Name*	M.I.*	Last Name*	Date of Birth* (MM/DD/YYYY)	Zip Code*
TIRF Product Name*	Strength*	Dose*	Frequency*	
2 Concomitant Medications				
Check all that apply*:				
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Prescription Insomnia Medications		
<input type="checkbox"/> Gabapentinoids	<input type="checkbox"/> Antipsychotics	<input type="checkbox"/> Other CNS depressant		
<input type="checkbox"/> Sedative Hypnotics	<input type="checkbox"/> Sodium Oxybate	<input type="checkbox"/> None		
<input type="checkbox"/> Tranquilizers	<input type="checkbox"/> Alcohol			
<input type="checkbox"/> Muscle Relaxants	<input type="checkbox"/> Prescription Cannabinoids			
3 Medical Information				
Type of Pain*:				
<input type="checkbox"/> Cancer pain				
<input type="checkbox"/> Non-cancer pain				
4 Prescriber Information (please type or print)				
First Name*	M.I.	Last Name*	Individual NPI #*	
Phone*	Extension*	Fax*		
Email Address*				

Continued on next page

**5 Adverse Events of Special Interest**

**Adverse events that MUST be reported to the TIRF REMS:**

- Accidental exposure
- Overdose
- Addiction
- Abuse
- Misuse
- Other serious adverse events

To your knowledge, has the patient experienced an adverse event of special interest while they have been using their TIRF medicine? \*

**NO** → Continue to section 6 (Verify Opioid Tolerance)

**YES** – Complete and submit the **Adverse Events of Special Interest Reporting Form**. This form is available via [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by contacting 1-866-822-1483.

**If adverse events of special interest are reported, you will be contacted on behalf of the TIRF REMS for follow-up.**

**6 Verify Opioid Tolerance\***

Moiety*	Formulation*	Strength*	Route*	Dose*	Frequency*

**Patients must remain on around-the-clock opioids while taking a TIRF medicine.**

This patient is opioid tolerant because he/she is currently prescribed (exclusive of a TIRF medicine) one or more of the following opioid regimens daily and has been prescribed this regimen(s) for one week or longer (check all that apply)\*:

- |  |  |
|--|--|
| <input type="checkbox"/> ≥ 60 mg oral morphine/day               | <input type="checkbox"/> ≥ 25 micrograms transdermal fentanyl/hour |
| <input type="checkbox"/> ≥ 30 mg oral oxycodone/day              | <input type="checkbox"/> ≥ 8 mg oral hydromorphone/day             |
| <input type="checkbox"/> ≥ 25 mg oral oxymorphone/day            | <input type="checkbox"/> ≥ 60 mg oral hydrocodone/day              |
| <input type="checkbox"/> An equianalgesic dose of another opioid |  |

I understand the risks of TIRF medicines and my obligations as a TIRF medicines prescriber to educate my patients about the TIRF REMS and about safe storage and disposal, and to monitor my patients appropriately.

**7 Prescriber Signature**

Prescriber Signature*:	Date*:
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Complete this form online at [TIRFREMSaccess.com](http://TIRFREMSaccess.com) or fax the completed form to 1-855-474-3062.

Please visit [TIRFREMSaccess.com](http://TIRFREMSaccess.com) or call 1-866-822-1483 for more information about the TIRF REMS.