



Washington State Rx Services
P.O. Box 40168
Portland, OR 97240-0168



Opioid Attestation

Please fax responses to: 1-800-207-8235
For more information call: 888-361-1611

This form is required when patients are using opioids chronically or when daily opioid doses reach 120 MME or greater. This form may authorize use for a maximum of 12-months. Please review the Prescription Monitoring Program (PMP) to verify all opioids and other controlled medications your patient is currently receiving. In this policy:

- **Chronic use** means use of any opioid or combination of opioids for more than 42 days within a 90-day period or use of any long-acting opioid
- **High dose use** means use of any opioid or combination of opioids at a high dose (≥ 120 MME per day).

This opioid attestation form does not need to be completed for members receiving opioids for the treatment of pain relating to active cancer treatment, hospice, palliative care, end-of-life care, or sickle cell disease.

Patient		Date of birth		UMP Member ID#	
Pharmacy name		Pharmacy NPI (if known)		Telephone number	
Pharmacy name		Pharmacy NPI (if known)		Fax number	
Prescriber		Prescriber NPI		Telephone number	
Prescriber		Prescriber NPI		Fax number	
Medication and strength				Directions for use (if known)	
Medication and strength				Directions for use (if known)	

Criteria for chronic use of opioids or high-dose opioids for the treatment of pain not relating to active cancer treatment, hospice care, palliative care, end-of-life care, or sickle cell disease:

1. The need for chronic opioid use (more than 42 days per 90-day calendar period or use of long-acting opioids) and/or high dose opioids (≥ 120 MMEs per day) is medically necessary and is documented in the medical record; AND
2. The patient is currently using or has tried and failed appropriate non-opioid medications, and/or non-pharmacologic therapies; AND
3. The provider has recorded baseline and ongoing assessments of measurable, objective pain scores and function scores. These should be tracked serially in order to demonstrate clinically meaningful improvements in pain and function; AND
4. The patient has been screened for mental health disorders, substance use disorder, and naloxone use; AND
5. The provider has or will conduct periodic urine drug screens; AND
6. The provider has checked the PMP for any other opioid use and concurrent use of benzodiazepines and other sedatives; AND
7. If opioids are being prescribed by any other prescriber, the provider has coordinated care with the other prescriber; AND

INDICATE WHICH APPLIES:

☐ **For chronic opioid use:**

- The patient must be using or had trials of short-acting opioid therapy for at least 42 days; OR
- The reason for inadequate response to short-acting opioid therapy is documented in the medical record; OR
- Justification of beginning an opioid naïve patient on a long-acting opioid is documented in the medical record;

☐ **For high-dose opioids (≥ 120 MME per day):**

- The provider is a pain management specialist as defined in WAC 246-919-945; OR
- The provider successfully completed a minimum of twelve category 1 continuing education hours on chronic pain management within the previous four years and at least two of these hours were dedicated to substance use disorders; OR
- The provider is a pain management physician working in a multidisciplinary chronic pain treatment center or a multidisciplinary academic research facility; OR
- The provider has a minimum of three years of clinical experience in a chronic pain management setting, and at least thirty percent of the providers current practice is the direct provision of pain management care; OR
- The provider has consulted with a pain management specialist regarding use of high dose opioids (≥ 120 MME per day) for this patient which is documented in the medical record; OR
- The patient is following a tapering schedule with a starting dose ≥ 120 MME per day; AND

8. The provider has discussed with the patient the realistic goals of pain management therapy and has discussed discontinuation as an option during treatment; AND
9. The provider confirms that the patient understands and accepts these conditions, and the patient has signed a pain contract or informed consent document.

I attest that all of the above criteria are met, or there is documentation in patient's chart for why one or more are not applicable ☐ Yes ☐ No

The requested treatment is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical record ☐ Yes ☐ No

When should this treatment plan expire? Please specify date in MM/DD/YYYY format: _____

Note: The attestation form will expire on the date specified above or 12 months after the date of signature, whichever is soonest.

By signing below I attest that the information on this form is true and understand that any misrepresentation or any concealment of any information requested may subject me to recoupment upon an audit.

Prescriber Signature

Date

Revised 10/01/2023

Nondiscrimination notice



We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, religion, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

1-888-361-1611 (TRS: 711)

If you think we did not offer these services, or discriminated against you, you can file a written complaint. Please mail or fax it to:

Washington State Rx Services
Attention: Appeal Unit
P.O. Box 40168
Portland, OR 97240-0168
Fax: 866-923-0412

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services,
Office for Civil Rights

- Online complaint portal -
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail - U.S. Department of Health and Human Services
200 Independence Ave S.W.
HHH Building, Room 509F
Washington, D.C. 20201
- Phone - 1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

The Washington State Office of the Insurance Commissioner

- Online complaint portal -
<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>
- Phone - 800-562-6900
360-586-0241 (TDD)

Complaint forms are available at
<https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn.
Gọi 1-888-361-1611 (TRS: 711)

注意: 如果您說中文，可得到免費語言幫助服務。
請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم
(TRS: 711) (الهاتف النصي) 1-888-361-1611

بولتے ہیں تو لانی (URDU) توحب دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔
1-888-361-1611 (TRS: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible.
Appelez au 1-888-361-1611 (TRS: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با
(TRS: 711) تماس بگیرید. 1-888-361-1611

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。
1-888-361-1611 (TRS: テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (બાબાંતર કરેલ બાબાં અહીં દર્શાવેલ) બોલો છો તો તે બાબાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.
1-888-361-1611 (TRS: 711) પર કોલ કરો

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ.
ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

FA'UTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)