TIRF REMS

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.
- 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*:

☐ Benzodiazepines	☐ Barbiturates	☐ Prescription Insomnia Medications
☐ Gabapentinoids	☐ Antipsychotics	☐ Other CNS depressant
☐ Sedative Hypnotics	☐ Sodium Oxybate	☐ None
☐ Tranquilizers	☐ Alcohol	
☐ Muscle Relaxants	☐ Prescription Cannabinoids	

3 Medical Information

Type of Pain*:

- ☐ Cancer pain
- ☐ Non-cancer pain

4 Prescriber Information (please type or print)

First Name*	MI.	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 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)*:

- ☐ ≥ 60 mg oral morphine/day
- ☐ ≥ 30 mg oral oxycodone/day
- ☐ ≥ 25 mg oral oxymorphone/day
- ☐ An equianalgesic dose of another opioid
- ☐ ≥ 25 micrograms transdermal fentanyl/hour
- ☐ ≥ 8 mg oral hydromorphone/day
- ☐ ≥ 60 mg oral hydrocodone/day

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*:

Complete this form online at TIRFREMSaccess.com or fax the completed form to 1-855-474-3062.

Please visit TIRFREMSaccess.com or call 1-866-822-1483 for more information about the TIRF REMS.