

Use of Opioid Analgesics in Managed Care Practice: Challenges, Controversies, REMS, and Optimizing Patient Management

Physician Credit

Instructions for Receiving Continuing Physician Education (CME) Credit: Testing and Grading Information

This activity is free online at www.ajmc.com/ce and at www.arcmesa.org, where you will be directed to the activity including the online posttest, activity evaluation, and request for credit. Instant online grading is available, along with a downloadable CME certificate.

Testing and Grading Directions

1. Each participant evaluating the activity and achieving a passing grade of 70% or higher on the online posttest will be eligible to receive a CME certificate.
2. Participants receiving a failing grade on the exam will be notified and permitted to take 1 reexamination at no cost.
3. To receive credit, go to www.ajmc.com/ce or www.arcmesa.org, locate this activity in the CE course list, click on the online posttest link, and complete the online posttest and activity evaluation form to receive your certificate.

Release date: August 15, 2015

Expiration date: August 15, 2016

Pharmacy Credit

Instructions for Receiving Continuing Pharmacy Education (CPE) Credit: Testing and Grading Information

This lesson is free online; receive instant grading and request your CE credit at www.PharmacyTimes.org.

Testing and Grading Directions

1. Each participant evaluating the activity and achieving a passing grade of 70% or higher on the online posttest is eligible to receive CE credit.
2. Participants receiving a failing grade on the exam will be notified and permitted to take 1 reexamination at no cost.
3. To receive your credit online, go to www.PharmacyTimes.org, and complete the online posttest (achieving a passing grade of 70% or better) and the online activity evaluation form. Your CE credit will be automatically uploaded to CPE Monitor™. Please ensure that your *Pharmacy Times* account is updated with your NABP e-profile ID number and your date of birth (MMDD format). Participation data will not be uploaded into CPE Monitor™ if you do not have your NABP e-profile ID number and date of birth entered into your profile on www.PharmacyTimes.org.

Sample of Online Posttest

Choose the best answer for each of the following:

1. The prevalence of developing OUD is highest among which age group?
 - A. 18-29 years
 - B. 30-35 years
 - C. 35-54 years
 - D. Over 54 years
2. Which of the following statements about death resulting from opioid overdose is false?
 - A. More men than women die each year from opioid overdose.
 - B. Adults between 35 and 54 years of age have the highest rate of death due to opioid overdose.
 - C. Non-Hispanic whites have a higher rate of death from opioid overdose than non-Hispanic blacks.
 - D. Persons living in large cities are more vulnerable to opioid overdose than those living in rural areas.
3. John, a 58-year-old patient with low back pain, has been treated with opioids for almost 3 years. Six months ago, he completed rehabilitation after total knee arthroplasty (TKA). Since the surgery, his pain has increased, despite treatment. He has been increasing his dosage without informing his physician, and sometimes takes additional doses impulsively because he is afraid of the pain returning. He has returned to get a refill on his prescription, which ran out 1 week earlier than it should have. What would be the most appropriate way to diagnose and manage this patient?
 - A. This patient shows signs of addiction, and should be sent to a rehabilitation center.
 - B. This patient needs a dose increase, but is otherwise capable of monitoring himself.
 - C. This patient shows signs of pseudoaddiction. His dose should be increased to bring his pain under control, but the patient should be monitored closely.
 - D. This patient is diverting drugs, and his prescription should not be refilled.

4. The number of deaths due to unintentional opioid overdose is:
- A. The same as the numbers due to heroin and cocaine combined
 - B. Lower than the number due to heroin
 - C. Greater than the numbers due to heroin and cocaine combined
 - D. Greater than the number due to cocaine
5. Patients identified as “doctor shoppers,” those who receive opioid prescriptions from more than 1 prescriber, have an annual rate of hospital admissions _____ times that of patients who receive opioids from only 1 provider.
- A. 3
 - B. 2
 - C. 4
 - D. 5
6. A survey of physicians showed that _____ would continue to prescribe opioids if they had to conform to REMS requirements.
- A. 50.2%
 - B. 89%
 - C. 10.5%
 - D. 40%
7. A 60-year-old man with prostate cancer calls your clinic to report that he is experiencing drowsiness while taking his Oxycontin. He tells you that his current medications include voriconazole for esophageal candidiasis, polyethylene glycol for constipation, abiraterone and low-dose prednisone for prostate cancer, and alendronate to prevent osteoporosis. Which drug is most likely contributing to this patient’s sedation?
- A. Voriconazole
 - B. Polyethylene glycol
 - C. Abiraterone
 - D. Prednisone
8. ER/LA opioid REMS requirements that apply to managed care clinicians include:
- A. Mandatory continuing education for pharmacists about ER/LA opioid formulations
 - B. Mandatory continuing education for prescribers about ER/LA opioid formulations
 - C. Voluntary continuing education for prescribers about ER/LA opioid formulations
 - D. Voluntary continuing education for prescribers about all opioid formulations
9. _____ of physicians said they have an established protocol in place for tracking patients on opioids.
- A. 25%
 - B. 55.9%
 - C. 90%
 - D. 15%
10. A public health model that employs community screening to reduce substance abuse is:
- A. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - B. The Kessler 6
 - C. Patient Health Questionnaire (PHQ-9)
 - D. DAST-10