Incorporating ER/LA Opioid Risk Evaluation and Mitigation Strategy (REMS) into NP Curriculum

Brett Snodgrass, MSN, APRN, FNP-BC, Comprehensive Primary Care, TN
Diane O. Tyler, PhD, APRN, FNP, FAAN, University of Texas Austin, Director AANPCP
Joyce Knestrick, PhD, CRNP, FAANP, Georgetown University
Elizabeth Barker, PhD, CNP, FAANP, FACHE, FNAP, FAAN, The Ohio State University
Anne Norman, DNP, APRN, FNP-BC, the American Association of Nurse Practitioners
Diane L. Padden, PhD, CRNP, FAANP, the American Association of Nurse Practitioners

Overview of Presentation

- Purpose
- Significance of chronic pain management
- CO*RE content
  - In AANP CE Center
- Strategies for integrating into existing NP curriculum
  - Case Study
  - Legislative regulation
  - Toolkit
- Faculty dialogue about effective strategies

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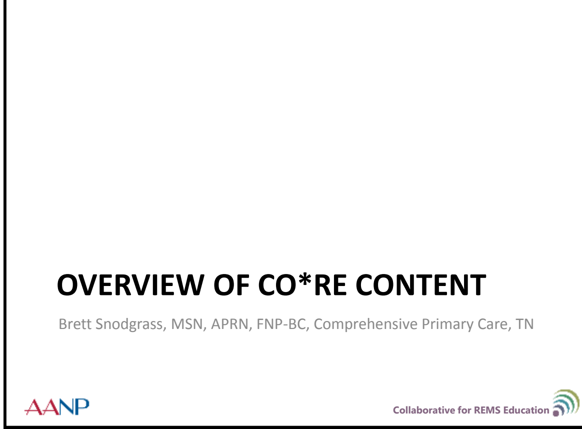

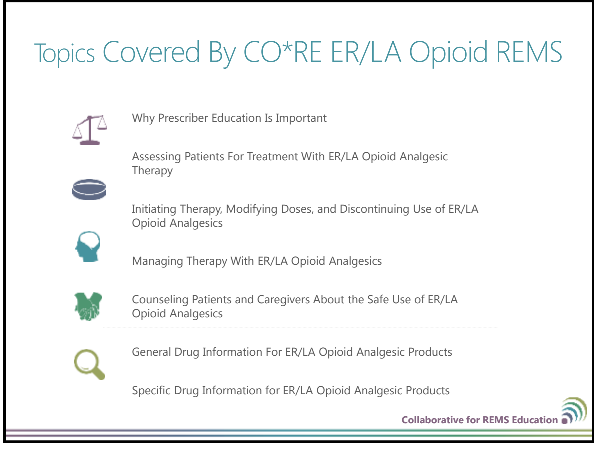

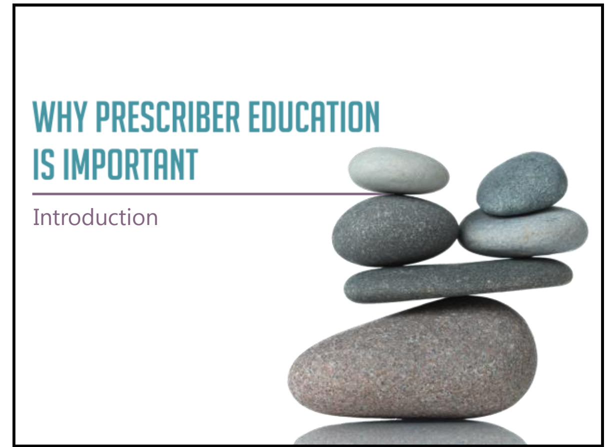

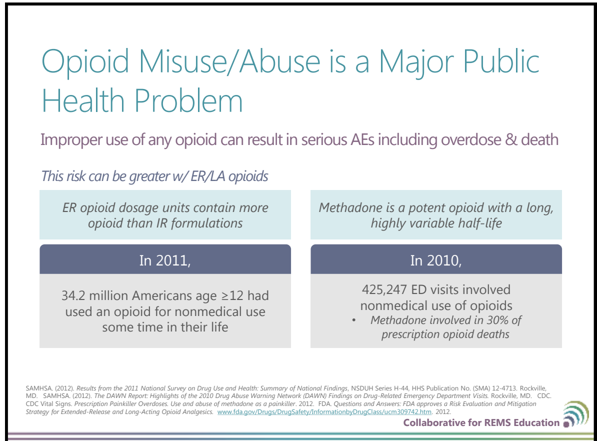
Opioid Misuse/Abuse is a Major Public Health Problem
Improper use of any opioid can result in serious AEs including overdose & death
This risk can be greater w/ ER/LA opioids
ER opioid dosage units contain more opioid than IR formulations
Methadone is a potent opioid with a long, highly variable half-life
In 2011,
34.2 million Americans age ≥12 had used an opioid for nonmedical use some time in their life
In 2010,
425,247 ED visits involved nonmedical use of opioids
• Methadone involved in 30% of prescription opioid deaths
SAMHSA. (2012). Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD. SAMHSA. (2012). The DAWN Report: Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Rockville, MD. CDC. CDC Vital Signs. Prescription Painkiller Overdoses. Use and abuse of methadone as a painkiller. 2012. FDA. Questions and Answers: FDA approves a Risk Evaluation and Mitigation Strategy for Extended-Release and Long-Acting Opioid Analgesics. www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm309742.htm. 2012.
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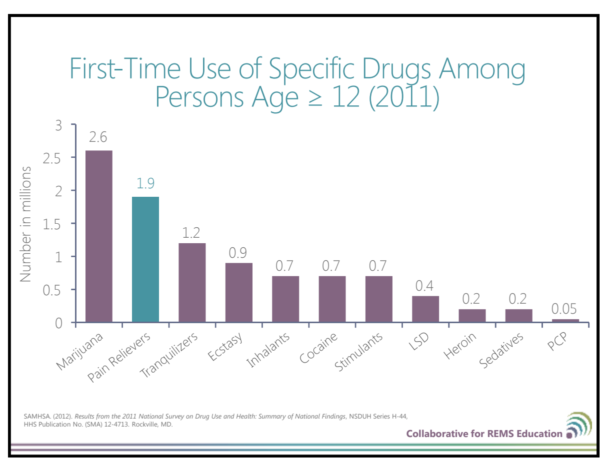
First-Time Use of Specific Drugs Among Persons Age ≥ 12 (2011)
Number in millions
3
2.5
2
1.5
1
0.5
0
2.6
1.9
1.2
0.9
0.7
0.7
0.7
0.4
0.2
0.2
0.05
Marijuana
Pain Relievers
Tranquilizers
Ecstasy
Inhalants
Cocaine
Stimulants
LSD
Heroin
Sedatives
PCP
SAMHSA. (2012). Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD.
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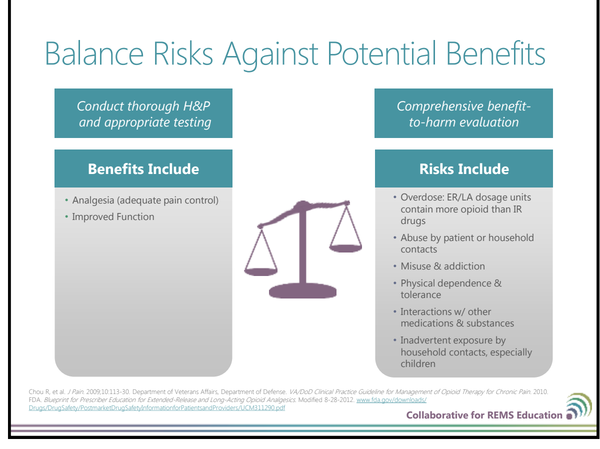
ASSESSING PATIENTS FOR TREATMENT WITH ER/LA OPIOID ANALGESIC THERAPY
Unit 1


Balance Risks Against Potential Benefits
Conduct thorough H&P and appropriate testing
Comprehensive benefit-to-harm evaluation
Benefits Include
• Analgesia (adequate pain control)
• Improved Function
Risks Include
• Overdose: ER/LA dosage units contain more opioid than IR drugs
• Abuse by patient or household contacts
• Misuse & addiction
• Physical dependence & tolerance
• Interactions w/ other medications & substances
• Inadvertent exposure by household contacts, especially children
Chou R, et al. J Pain. 2009;10:113-30. Department of Veterans Affairs, Department of Defense. VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010. FDA. Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics. Modified 8-28-2012. www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM311290.pdf
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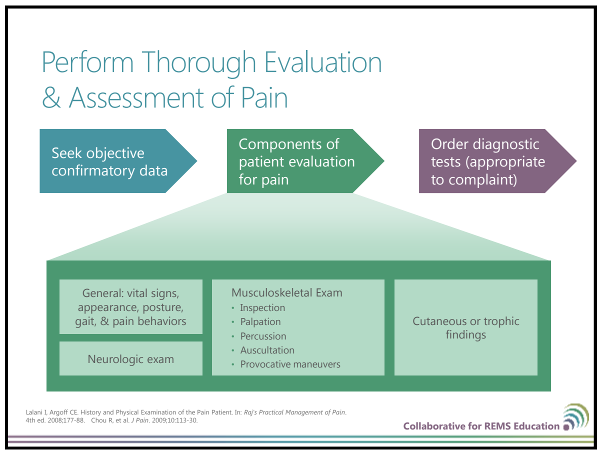
Perform Thorough Evaluation & Assessment of Pain
Seek objective confirmatory data
Components of patient evaluation for pain
Order diagnostic tests (appropriate to complaint)
General: vital signs, appearance, posture, gait, & pain behaviors
Neurologic exam
Musculoskeletal Exam
• Inspection
• Palpation
• Percussion
• Auscultation
• Provocative maneuvers
Cutaneous or trophic findings
Lalani I, Argoff CE. History and Physical Examination of the Pain Patient. In: Raj's Practical Management of Pain. 4th ed. 2008;177-88. Chou R, et al. J Pain. 2009;10:113-30.
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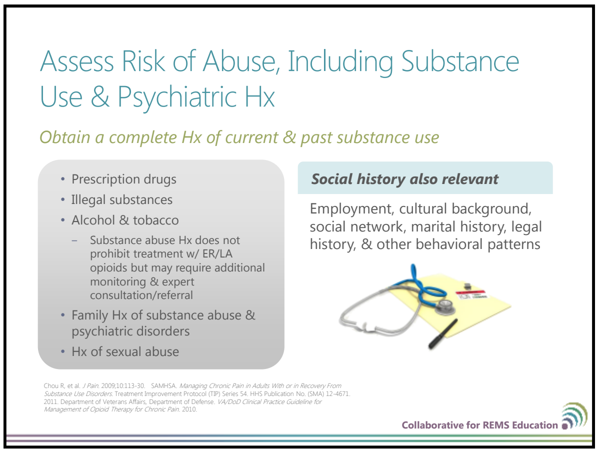
Assess Risk of Abuse, Including Substance Use & Psychiatric Hx
Obtain a complete Hx of current & past substance use
• Prescription drugs
• Illegal substances
• Alcohol & tobacco
– Substance abuse Hx does not prohibit treatment w/ ER/LA opioids but may require additional monitoring & expert consultation/referral
• Family Hx of substance abuse & psychiatric disorders
• Hx of sexual abuse
Social history also relevant
Employment, cultural background, social network, marital history, legal history, & other behavioral patterns
Chou R, et al. J Pain. 2009;10:113-30. SAMHSA. Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders. Treatment Improvement Protocol (TIP) Series 54. HHS Publication No. (SMA) 12-4671. 2011. Department of Veterans Affairs, Department of Defense. VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010.
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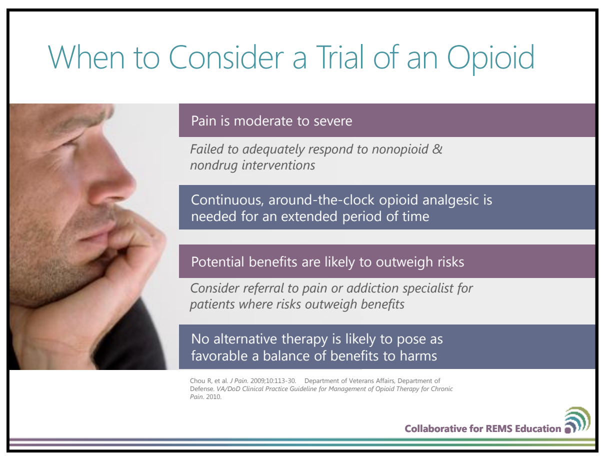
When to Consider a Trial of an Opioid
Pain is moderate to severe
Failed to adequately respond to nonopioid & nondrug interventions
Continuous, around-the-clock opioid analgesic is needed for an extended period of time
Potential benefits are likely to outweigh risks
Consider referral to pain or addiction specialist for patients where risks outweigh benefits
No alternative therapy is likely to pose as favorable a balance of benefits to harms
Chou R, et al. J Pain. 2009;10:113-30. Department of Veterans Affairs, Department of Defense. VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010.
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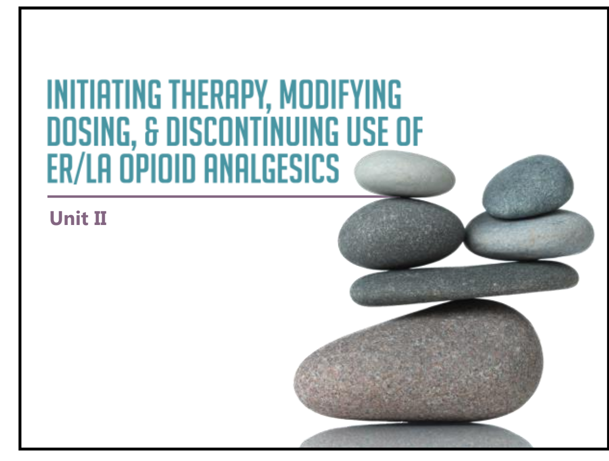
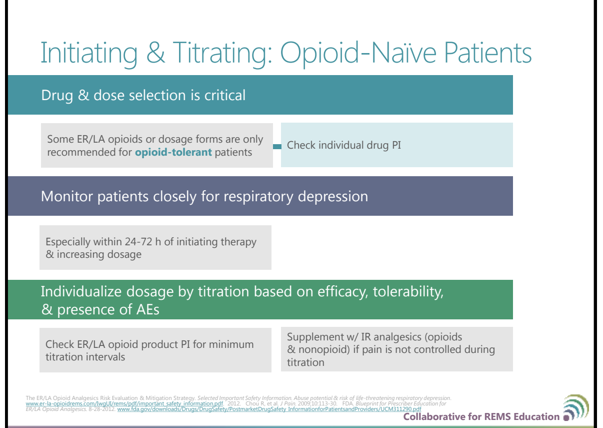

INITIATING THERAPY, MODIFYING DOSING, & DISCONTINUING USE OF ER/LA OPIOID ANALGESICS
Unit II


Initiating & Titrating: Opioid-Naïve Patients
Drug & dose selection is critical
Some ER/LA opioids or dosage forms are only recommended for opioid-tolerant patients
Check individual drug PI
Monitor patients closely for respiratory depression
Especially within 24-72 h of initiating therapy & increasing dosage
Individualize dosage by titration based on efficacy, tolerability, & presence of AEs
Check ER/LA opioid product PI for minimum titration intervals
Supplement w/ IR analgesics (opioids & nonopioid) if pain is not controlled during titration
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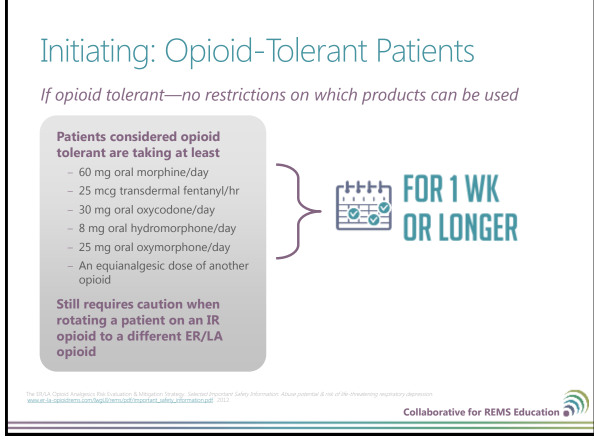
Initiating: Opioid-Tolerant Patients
If opioid tolerant—no restrictions on which products can be used
Patients considered opioid tolerant are taking at least
60 mg oral morphine/day
25 mcg transdermal fentanyl/hr
30 mg oral oxycodone/day
8 mg oral hydromorphone/day
25 mg oral oxymorphone/day
An equianalgesic dose of another opioid
FOR 1 WK OR LONGER
Still requires caution when rotating a patient on an IR opioid to a different ER/LA opioid
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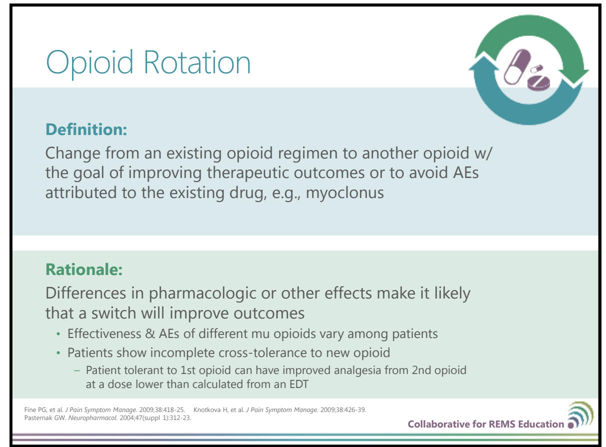
Opioid Rotation
Definition:
Change from an existing opioid regimen to another opioid w/ the goal of improving therapeutic outcomes or to avoid AEs attributed to the existing drug, e.g., myoclonus
Rationale:
Differences in pharmacologic or other effects make it likely that a switch will improve outcomes
Effectiveness & AEs of different mu opioids vary among patients
Patients show incomplete cross-tolerance to new opioid
Patient tolerant to 1st opioid can have improved analgesia from 2nd opioid at a dose lower than calculated from an EDT
Fine PG, et al. J Pain Symptom Manage. 2009;38:418-25. Knotkova H, et al. J Pain Symptom Manage. 2009;38:426-39. Pasternak GW. Neuropharmacol. 2004;47(suppl 1):312-23.
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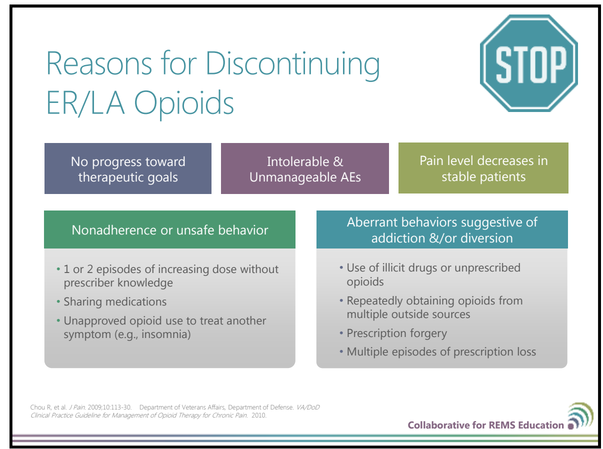
Reasons for Discontinuing ER/LA Opioids
STOP
No progress toward therapeutic goals
Intolerable & Unmanageable AEs
Pain level decreases in stable patients
Nonadherence or unsafe behavior
1 or 2 episodes of increasing dose without prescriber knowledge
Sharing medications
Unapproved opioid use to treat another symptom (e.g., insomnia)
Aberrant behaviors suggestive of addiction &/or diversion
Use of illicit drugs or unprescribed opioids
Repeatedly obtaining opioids from multiple outside sources
Prescription forgery
Multiple episodes of prescription loss
Chou R, et al. J Pain. 2009;10:113-30. Department of Veterans Affairs, Department of Defense. VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010.
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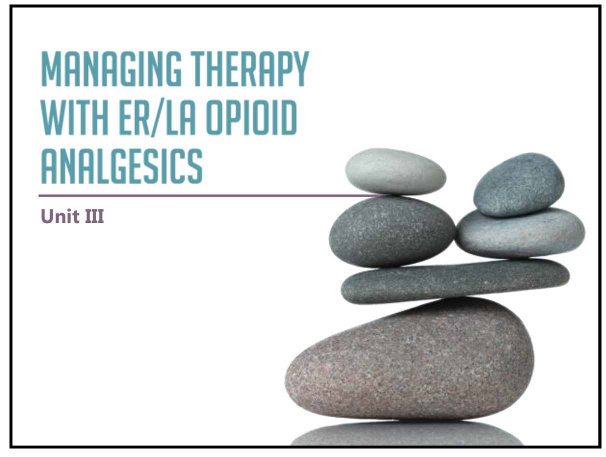
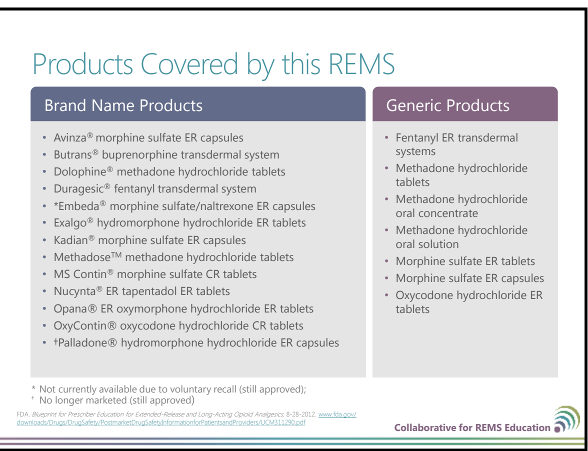
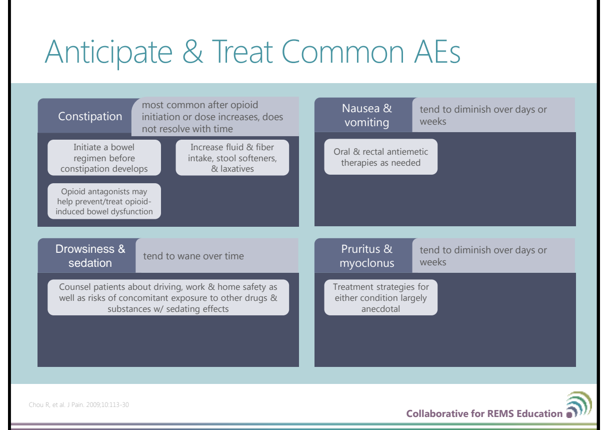
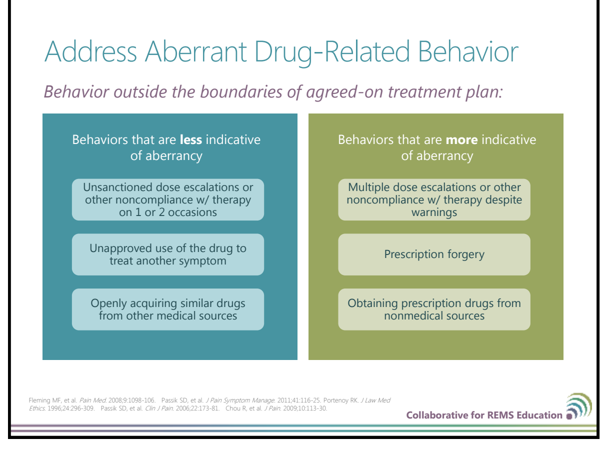
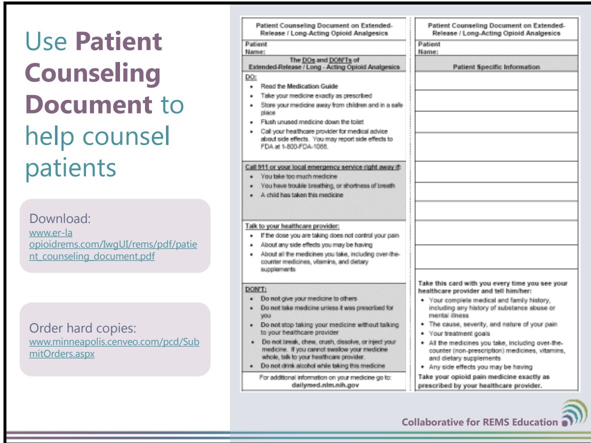










Patient Counseling Document on Extended-Release / Long-Acting Opioid Analgesics

Patient Name:

The DOs and DON'Ts of Extended-Release / Long - Acting Opioid Analgesics

DO:
- Read the Medication Guide
- Take your medicine exactly as prescribed
- Store your medicine away from children and in a safe place
- Flush unused medicine down the toilet
- Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Call 911 or your local emergency service right away if:
- You take too much medicine
- You have trouble breathing, or shortness of breath
- A child has taken this medicine

Talk to your healthcare provider:
- If the dose you are taking does not control your pain
- About any side effects you may be having
- About all the medicines you take, including over-the-counter medicines, vitamins, and dietary supplements

DON'T:
- Do not give your medicine to others
- Do not take medicine unless it was prescribed for you
- Do not stop taking your medicine without talking to your healthcare provider
- Do not break, chew, crush, dissolve, or inject your medicine. If you cannot swallow your medicine whole, talk to your healthcare provider.
- Do not drink alcohol while taking this medicine

For additional information on your medicine go to: dailymed.nlm.nih.gov

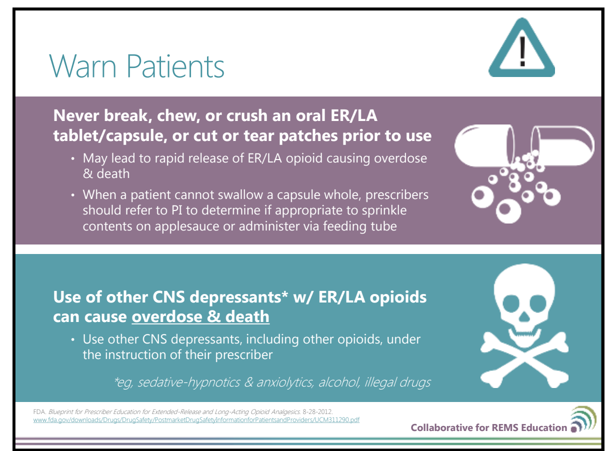
Patient Counseling Document on Extended-Release / Long-Acting Opioid Analgesics

Patient Name:

Patient Specific Information

Take this card with you every time you see your healthcare provider and tell him/her:
- Your complete medical and family history, including any history of substance abuse or mental illness
- The cause, severity, and nature of your pain
- Your treatment goals
- All the medicines you take, including over-the-counter (non-prescription) medicines, vitamins, and dietary supplements
- Any side effects you may be having

Take your opioid pain medicine exactly as prescribed by your healthcare provider.


Warn Patients
Never break, chew, or crush an oral ER/LA tablet/capsule, or cut or tear patches prior to use
May lead to rapid release of ER/LA opioid causing overdose & death
When a patient cannot swallow a capsule whole, prescribers should refer to PI to determine if appropriate to sprinkle contents on applesauce or administer via feeding tube
Use of other CNS depressants* w/ ER/LA opioids can cause overdose & death
Use other CNS depressants, including other opioids, under the instruction of their prescriber
*eg, sedative-hypnotics & anxiolytics, alcohol, illegal drugs
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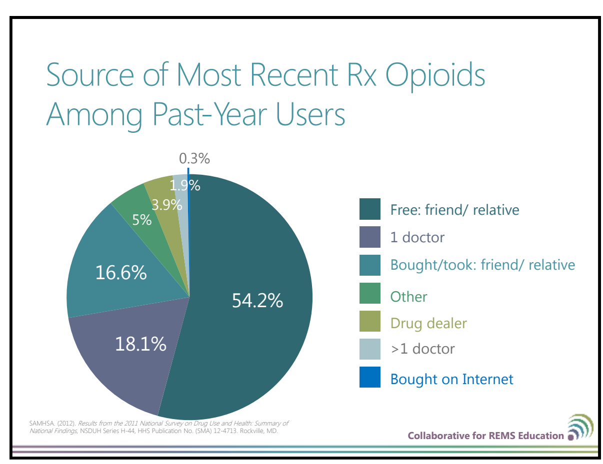
Source of Most Recent Rx Opioids Among Past-Year Users
0.3%
1.9%
3.9%
5%
16.6%
54.2%
18.1%
Free: friend/ relative
1 doctor
Bought/took: friend/ relative
Other
Drug dealer
>1 doctor
Bought on Internet
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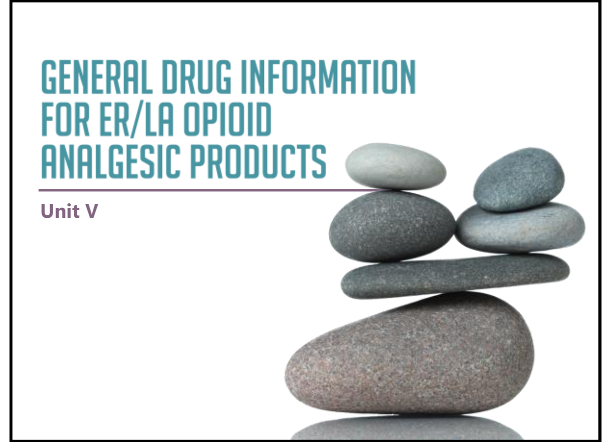
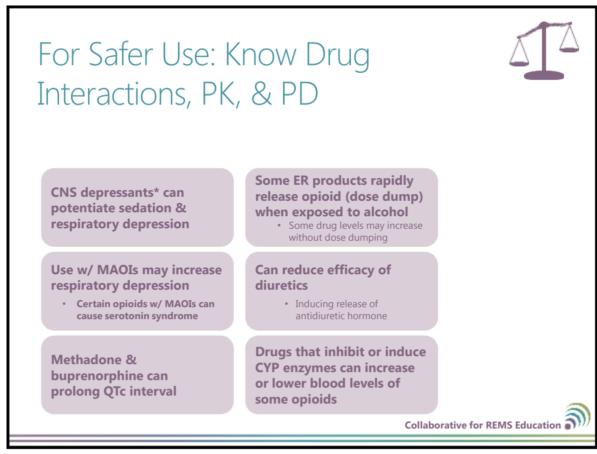

GENERAL DRUG INFORMATION FOR ER/LA OPIOID ANALGESIC PRODUCTS
Unit V


For Safer Use: Know Drug Interactions, PK, & PD
CNS depressants* can potentiate sedation & respiratory depression
Some ER products rapidly release opioid (dose dump) when exposed to alcohol
Some drug levels may increase without dose dumping
Use w/ MAOIs may increase respiratory depression
Certain opioids w/ MAOIs can cause serotonin syndrome
Can reduce efficacy of diuretics
Inducing release of antidiuretic hormone
Methadone & buprenorphine can prolong QTc interval
Drugs that inhibit or induce CYP enzymes can increase or lower blood levels of some opioids
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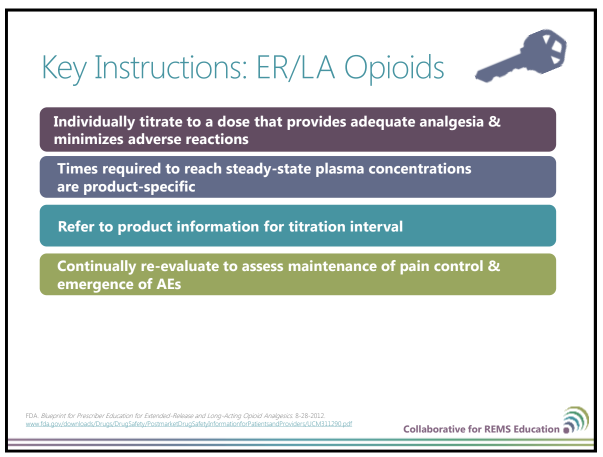
Key Instructions: ER/LA Opioids
Individually titrate to a dose that provides adequate analgesia & minimizes adverse reactions
Times required to reach steady-state plasma concentrations are product-specific
Refer to product information for titration interval
Continually re-evaluate to assess maintenance of pain control & emergence of AEs
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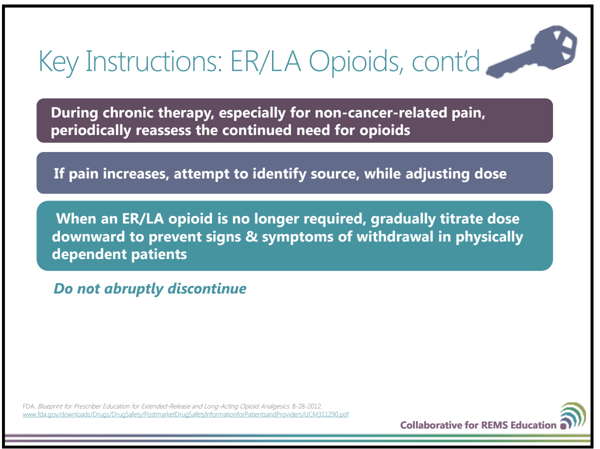
Key Instructions: ER/LA Opioids, cont'd
During chronic therapy, especially for non-cancer-related pain, periodically reassess the continued need for opioids
If pain increases, attempt to identify source, while adjusting dose
When an ER/LA opioid is no longer required, gradually titrate dose downward to prevent signs & symptoms of withdrawal in physically dependent patients
Do not abruptly discontinue
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STRATEGIES FOR INTEGRATION OF ER/LA OPIOID REMS INTO NP CURRICULUM

Joyce Knestrick, PhD, CRNP, FAANP, Georgetown University

Strategies for Integration into Current Curriculum

- Assign the modules
- Students submit certificate of successful completion

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Clinical Case Study

- A 71 year old widowed man comes to your office complaining of worsening back pain over the past 8 months. He has had back pain off and on for the past 4 years. He recently had knee surgery and is taking enteric coated aspirin and Lortab for pain. He states that the pain medication helps his back and his knee but only lasts an hour or two. He has no past history of a request for excessive medication and does not ask for early refills. He states that he is now unable to sit for long periods to watch his grandson play baseball. Recently he was seen in local pain clinic who recommended return to PCP for initiation of long-acting opioid (patient brought the report).
- PMH: Sees multiple specialists including cardiologist, internal medicine, does not have a specific Primary Care Provider. Hypothyroid since age 35: GERD since CABG; CABG age 58, stents put in at age 70. Tonsillectomy age 20. Hospitalized for pneumonia age 26. R knee replacement age 65. His last MRI showed degenerative disc disease at T12 – L1/L2. No evidence of neoplasm. Last prostate exam one year ago, unremarkable.

Case Study

- **Medications**
  - Lescol 40mg qd
  - Synthroid 175 mcg
  - Imdur 30mg
  - Prevacid 30 mg
  - Lortab 10/500mg QID
  - Indomethacin 50mg BID
  - Cardura 8mg qd
  - Foltex pal-2 qd
  - Vit E 400 IU
  - Glucosamine 500mg BID
  - Chondritin 400mg
  - Centrum Silver
  - Cranberry capsule
  - Meclazine 25 mg ½ tab prn dizziness
  - Enteric coated aspirin HS
- **Immunizations**
  - Pneumovax, 2010
  - Tetanus, unsure of last
  - flu vaccine does not want
- **Allergies**
  - none known

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Case Study

- **Family Medical History**
  - Grandparents medical hx unknown
  - Father deceased MI age 54
  - Mother deceased age 92 after multiple strokes and hip replacement, thyroid disease
  - Brother deceased age 80 after second (massive) stroke
  - Brother deceased age 72 liver cancer (worked for Dupont)
  - Sister deceased age 78 type II DM, heart disease
  - Sister age 75 obesity, type II DM, carotid endarterectomy, rheumatoid arthritis
  - Sister age 73 obesity, heart disease
  - Brother, age 69, chronic neck and back pain, injuries related to farm equipment accidents
- **Social History**
  - widower since 13 years ago when wife died of cancer
  - He has 2 grown daughters, one is married professional, the other is single professional who has one son, 13 years old
  - His 13 year old grandson and his single daughter live with him
  - He has a "friend" he has been seeing for 9 years, who has 2 daughters and 2 grandchildren
  - He attends church, other events, No hobbies
  - No smoking or rec drug use
  - Drinks decaf coffee and tea since CABG
  - Previous history of alcohol intake, but stopped after his CABG
  - Weight fluctuates 10-20 lbs in past 10 years

Case Study

- **Review of Systems**
  - General: no fever, chills, malaise
  - Skin, hair nails: Toenails hardened for years w/ fungus- self treated
  - HEENT: headaches, recent bouts of unexplained dizziness. Wears glasses. Decreased hearing secondary to years of working in GE plant environment
  - CV: shortness of breath and chest pain occasionally. Doesn't always use Nitroglycerine to help chest pain
  - Endocrine: hypothyroid
  - Heme: bruises easily
  - Lymph: no enlargement
  - GI: BM qd, sometimes constipation, occasional indigestion/stomach upset attributed to meds "but Nexium helps the GI upset I get from taking the NSAID's. No blood in stool.
  - GU: typical "old man" problems- gets up 3-4 times /night to void. Hx enlarged prostate for past 15 years- bx always neg
  - MS: lots of pain in various places but most pronounced in lower back. Not positional, no radiculopathy. Dx w/ "fibromyalgia" in past. Trouble w/ balance. Uses no assistive devices.
  - Psych: denies sx of depression or anxiety, though claims to be "Type A"

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Case Study

- **Physical Examination**
  - General: Alert, oriented, cooperative
  - VS: BP 150/78, HR 62, Pain 8/10
  - Wt: 220 lb, Ht: 5'8"
  - Skin, hair nails: skin on lower extremities shiny, with few hairs. Toenails hardened. No clubbing or cyanosis
  - HEENT: normal
  - Neck: thyroid non-palp
  - Chest and lungs: Respiratory effort normal. No use of accessory muscles. Lungs clear
  - CV: HRRR w/o m. Peripheral pulses decreased on LE. Bilat 1+ pitting edema of LE
  - Abd: soft, round
  - GU: deferred
  - MS: FROM w/ hesitancy secondary to pain and limited flexibility. Point tenderness at several places along spine, specifically at T12 – L1/L2. SLR painful at 30 degrees
  - Neuro: CN grossly intact. Waddling gait and abnormal balance. Hesitant movements transitioning from chair to standing

Case Study

- What information from the patient's history and physical exam would indicate a need for an ER/LA?

Case Study

- As the primary care provider, what assessment instruments would you employ to determine if he is a candidate for ER/LA?
- Provide links to assessment instruments to students
  - Screener for Opioid Assessment of Patients with Pain (SOAPP 14 Q)
  - Opioid Risk Tool (ORT)
  - D.I.R.E. Score: Patient selection for chronic opioid analgesic

Case Study

- Treatment
  - Which of the ER/LA opioids would you consider prescribing? Provide rationale.
    - Module 6 "Specific Drug Information for EL/LA Analgesic Products"
  - What other management strategies would you put in place?
    - Module 2 "Initiating Therapy, Modifying Dosing, and Discontinuing ER/LA Opioid Analgesics"
    - Module 3 "Managing Therapy with ER/LA Opioid Analgesics"
    - Module 4 "Counseling Patients and Caregivers about the Safe Use of ER/LA Opioid Analgesics"

Case Study

- As the primary care provider, what are other essential elements of this patient's care must be put in place?
  - Module 4 "Counseling Patients and Caregivers about the Safe Use of ER/LA Opioid Analgesics"

Case Study

- Patient is back for his sixth follow up visit after six months of therapy. His pain has been controlled with the ER/LA you prescribed is no longer on his formulary. What steps do you take to continue his pain control?
  - Equianalgesic Dose Tables (EDT)

Thoughts on Case Study

- Older adult
- Co-morbidities
- Poly pharmacy
- Stable but declining mobility
- Reason for visit, pertinent HPI, PMH, other history and PE

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Suggestions for Use in Curriculum

- Can be used in pharmacology or in a chronic care course
- May use as a group discussion , presentation, wiki
- May be used as an individual assignment as discussion, presentation or a concept map to show decision making process

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Discussion Questions

- Can use these suggestions or develop your own
- Several elements are covered
  - Age
  - Poly pharmacy/co morbidities
  - Decision making
  - Social Justice

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Using the Case Study

- The case may be adapted according to the class content, time and student level
- May have components throughout the courses to discuss issues as:
  - What happens when insurance no longer covers an affective medication (social justice)?
  - How might care differ is provided in primary care, specialty pain clinic and hospital-based setting?
  - Describe how to use the dosing tables to adjust or change select ER/LA opioids

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Additional Thoughts on Case Study

You may have students role play or identify approaches for managing encounters with a demanding or verbally abusive patient

Integration with inter-professional teams (social work, pharmacy, medicine, business)

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STATE REQUIREMENTS REGARDING ER/LA OPIOID PRESCRIBING

Elizabeth Barker, PhD, CNP, FAANP, FACHE, FAAN, The Ohio State University

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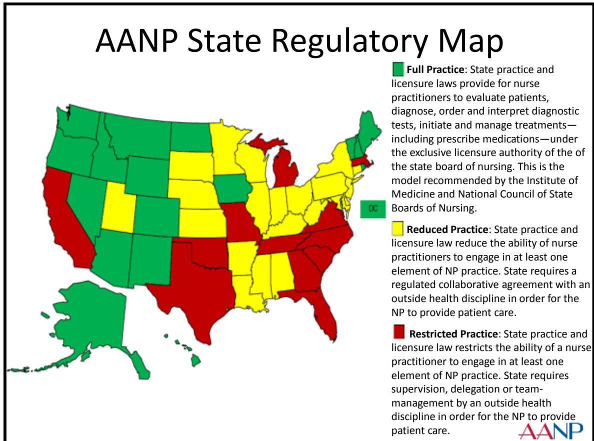
State Assignment

- Important to have students know the laws in their state for prescribing ER/LA opioids
- You can have the students look for the regulations in their state.
  - What are the barriers?
  - Any additional requirements to prescribe opioids?
    - Continued education
    - Stipulations in collaborative agreement

Examples

- In Florida the NP will not be able to prescribe, NP will have to work with a physician or pain clinic
- In Pennsylvania a CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as identified in the collaborative agreement
- What are the regulations in your state?

AANP State Regulatory Map



Awareness of the regulations in your state will help you to establish a plan for your patient!

ER/LA OPIOID REMS TOOLKIT

Diane O. Tyler, PhD, APRN, FNP, FAAN, University of Texas Austin, Director of AANPCP

TOOLKIT Contents

I. FDA Blueprint for Prescriber Education for ER/LA Opioid Analgesics
II. Assessing Patients for Treatment
III. Starting, Progressing and Discontinuing ER/LA Opioids
IV. Managing Ongoing Treatment
V. Counseling Patients and Families on Safe Use
VI. Know General and specific drug information
VII. Other Resources

FDA Blueprint

FDA Blueprint for Prescriber Education for ER/LA Opioid Analgesics

http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM277916.pdf

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Assessing Patients for Treatment

- Pain Inventory Tools
  - Brief Pain Inventory (short and long forms)
    - Short: https://static.medicine.iupui.edu/divisions/rheu/content/physicians/bpisf.pdf
    - Long: http://www.champsonline.org/assets/files/ToolsProducts/ClinicalResources/ChronicPain/ChronicPainDocs/Brief-Pain-Inventory-LongForm.pdf
  - Numeric Pain Rating Scale
    - http://www.britishpainsociety.org/pain_scales_eng.pdf
  - Faces (Wong-Baker)
    - http://www.wongbakerfaces.org/public_html/wp-content/uploads/2014/01/Wong-Baker-FACES®-Qualities.pdf
  - McGill Pain Questionnaire
    - http://www.ama-cmeonline.com/pain_mgmt/pdf/mcgill.pdf

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Assessing Patients for Treatment

- Risk Assessment Tools
  - Screener for Opioid Assessment of Patients with Pain (SOAPP 14Q)
    - http://nhms.org/sites/default/files/Pdfs/SOAPP-14.pdf
  - Opioid Risk Tool
    - http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf
  - D.I.R.E. Score: Patient selection for chronic opioid analgesia
    - http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/maperc/online/Documents/D.I.R.E.%20Score.pdf

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Starting, Progressing, Stopping ER/LA Opioids

- Treatment Guidelines
  - Chou, R. et al. (2009) American Pain Society – American Academy of Pain Medicine Opioids Guidelines Panel. Clinical Guidelines for the use of chronic opioid therapy in chronic non-cancer pain. *J Pain, 10*, 113-130.
  - http://www.va.gov/painmanagement/docs/cpg_opioidtherapy_fulltext.pdf
- Sample Agreements and Consents for Chronic Opioid Therapy
  - Low Literacy Medication Management Contract
    - http://www.painedu.com/Downloads/tools/LowLiteracyMedicationManagementContract.pdf
  - Agreement for Opioid Maintenance Therapy for Non-Cancer and Cancer Pain
    - http://www.painedu.org/Downloads/AdditionalMaterials/Agreement_for_Opioid_Maintenance_Therapy_for_Non-Cancer_and_Cancer_Pain.pdf
- Urine Drug Screening and Testing
  - Screening: http://www.aafp.org/afp/2010/0301/p635.pdf
  - Testing: http://painmedicinenews.com/download/UDT_PMNSE2013_WM.pdf
- Control Substance Drug Database:
  http://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf
- Clinical Opiate Withdrawal Scale (COWS): http://pathwaysrecovery.com/wp-content/uploads/2011/07/COWS_induction_flow_sheet.pdf

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Managing Ongoing Treatment

- Tools for Monitoring
  - Patient Pain and Medication Tracking Chart
    - http://health.utah.gov/prescription/pdf/guidelines/PatientPain-FunctionTracking.pdf
  - Pain Assessment and Documentation Tool (PADT)
    - http://www.prescriberesponsibly.com/sites/default/files/pdf/pain/PADT.pdf
  - Current Opioid Misuse Measure (COMM)
    - http://www.emergingsolutionsinpain.com/content/tools/monitoring_tools/COMM_Tool.pdf
- Know your state's guidelines
  - Federation of State Medical Boards www.fsmb.org/directory_smb.html

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Counseling on Safe Use

- Patient Counseling Document (English and Spanish)
  - English: http://www.er-la-opioidrems.com/IwgUI/rems/pdf/patient_counseling_document.pdf
  - Spanish: http://www.er-la-opioidrems.com/IwgUI/rems/pdf/patient_counseling_document_spanish.pdf
- National Council on Patient Information and Education (NCPIE)
  - www.talkaboutrx.org/documents/safe_storage.pdf
  - www.bemedwise.org
  - www.mypillbox.org
- How to Dispose of Unused Drugs Safely Guideline
  - www.fda.gov/cder/consumerinfor/DPAdefault.htm
- Medication Take Back: http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

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General and Specific Drug Info

- Medication Guide
  - http://www.er-la-opioidrems.com/IwgUI/rems/products.action

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TOOLKIT: Additional Resources

- American Academy of Pain Medicine www.PainEdu.com
- American Chronic Pain Association www.theacpa.org
- Universal Precautions in Pain Medicine:
  - Gourlay, D.L., Heit, H. A., Almahrezi, A. (2005). Universal precautions in pain medicine: A rational approach to the treatment of chronic pain. *Pain Med, 6,* 107-112.
  - http://www.doctordeluca.com/Library/Pain/UniversalPrecautionsForCP05.pdf
- Controlled Substances laws and regulations
  - FDA REMS main website www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm
  - Drug Enforcement Administration websites www.deadiversion.usdoj.gov/21cfr/index.html
  - www.deadiversion.usdoj.gov/faq/rx_monitor.htm

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Links to AANP Website

- AANP CE Center
  - https://cecenter.aanp.org
- The 3 hour CE program: *ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care* can be found here: https://cecenter.aanp.org/
- AANP Education Tools and Resources
  - http://www.aanp.org/education/education-toolkits

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Questions?

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Collaborative for REMS Education