Department of Defense (DoD)
Opioid Prescriber Safety Training (OPST) Program:

Opioid Safety Resources and Tools

Presenter

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Disclosures

- Dr. Kim has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Opioid Safety Resources and Tools

Opioid Use in Active Duty

DoD Instruction (DoDI) 1010.16

Establishes and updates policies, assigns responsibilities, and prescribes procedures for the Military Personnel Drug Abuse Testing Program. Published on June 15, 2020.

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Why is this DoDI important to providers and pharmacists?

Section is 2.4.f(3):

"Absent a specified time period when prescribed, prescriptions for substances included on Schedules II through V of Section 812 of Title 21, United States Code, will be considered expired 6 months after the most recent date of filling, as indicated on the prescription label. For example, a prescription with a fill date of August 14th will be considered expired after February 14th of the following year."

DoD Instruction 1010.16

What does Section is 2.4.f(3) mean?

If a controlled substance (CS) does not have an expiration date written on the prescription (Rx), the default expiration is 6 months after the last fill date of the prescription. After 6 months the prescription will no longer be considered valid. If the service member has an expired CS Rx and screens positive during a urine drug test, they may be subjected to Uniform Code of Military Justice (UCMJ) action.

What can providers and pharmacists do?

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- Talk with the service member to alert them of this DoD Instruction
- Indicate an expiration date on the prescription

HQDA EXORD 224-17

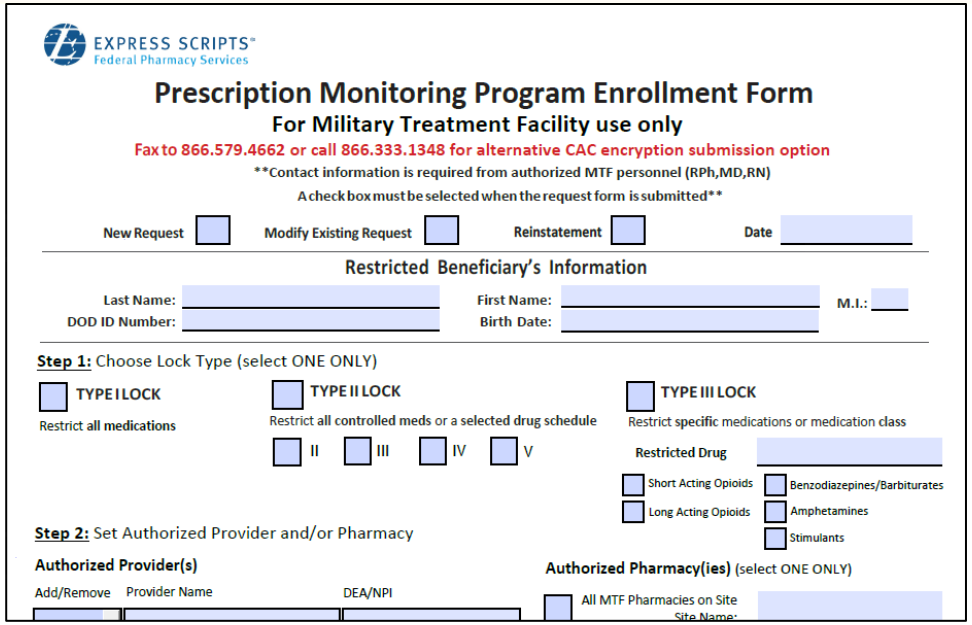
- Opioid Therapy Profiling Standardization
- Required for any Army Soldiers prescribed opioids, including tramadol, even short-term use
- "All opioid prescribing providers will effectively communicate readiness and mission restrictions to the chain of command ensuring awareness of duty-limiting conditions or treatments. The DA Form 3349 (physical profile) via the E-profile system…"

HQDA- Headquarters, Department of the Army
EXORD- Execute Order

Military Treatment Facility (MTF) Programs

Sole Provider and Pharmacy Lock

- Sole provider and pharmacy lock (Prescription Monitoring Program) when appropriate.
  - Policy overview: https://www.express-scripts.com/TRICARE/tools/rxMonitoring.shtml
  - Prescription Monitoring Program Enrollment Form: https://www.express-scripts.com/TRICARE/tools/MTF_Rx_Restriction_Request_Form.pdf



EXPRESS SCRIPTS
Federal Pharmacy Services

Prescription Monitoring Program Enrollment Form

For Military Treatment Facility use only

Fax to 866.579.4662 or call 866.333.1348 for alternative CAC encryption submission option

**Contact information is required from authorized MTF personnel (RPh,MD,RN)

A check box must be selected when the request form is submitted**

New Request ☐ Modify Existing Request ☐ Reinstatement ☐ Date

Restricted Beneficiary's Information

Last Name: First Name: M.I.:

DOD ID Number: Birth Date:

Step 1: Choose Lock Type (select ONE ONLY)

☐ TYPE I LOCK
Restrict all medications

☐ TYPE II LOCK
Restrict all controlled meds or a selected drug schedule
☐ II ☐ III ☐ IV ☐ V

☐ TYPE III LOCK
Restrict specific medications or medication class
Restricted Drug
☐ Short Acting Opioids ☐ Benzodiazepines/Barbiturates
☐ Long Acting Opioids ☐ Amphetamines
☐ Stimulants

Step 2: Set Authorized Provider and/or Pharmacy

Authorized Provider(s)
Add/Remove Provider Name DEA/NPI

Authorized Pharmacy(ies) (select ONE ONLY)
☐ All MTF Pharmacies on Site
Site Name:

- Type I Lock: Restrict all medications.
- Type II Lock: Restrict controlled medications or selected drug schedule.
- Type III Lock: Restrict specific medication or drug list.

Adapted from Stepped Care training

Military Health System (MHS) Drug Take Back Program

- Provides TRICARE beneficiaries with a mechanism to properly and safely dispose of their unused or expired controlled and non-controlled prescription and over-the-counter medications.
  - DoD- Instruction 6025.25, Drug Take Back Program
    - Published on April 2016
  - DHA-Procedural Instruction (DHA-PI) 6025.25, Drug Take Back Program
    - Published on February 2018

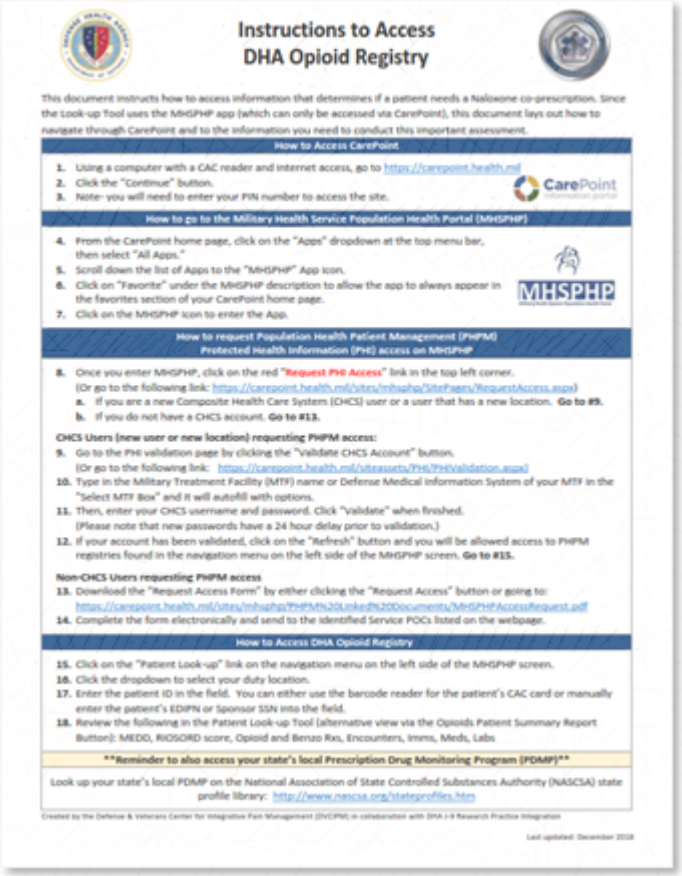
MHS Drug Take Back Program

- September 2016- MTF Implementation of DoD's Drug Take Back Program
  - Collection Receptacles located in MTF pharmacies
  - Mail Back Envelopes provided by MTF pharmacies upon request

CarePoint: Risk Mitigation Online Tool

Risk Mitigation Tools

- CarePoint: https://carepoint.health.mil
- Military Health System Population Health Portal
  - DHA Opioid Registry
  - Patient Look up Tool
- Opioid Prescriber Trend Report



Instructions to Access
DHA Opioid Registry

This document instructs how to access information that determines if a patient needs a Naloxone co-prescription. Since the Look-up Tool uses the MHSPHP app (which can only be accessed via CarePoint), this document lays out how to navigate through CarePoint and to the information you need to conduct this important assessment.

How to Access CarePoint

1. Using a computer with a CAC reader and internet access, go to https://carepoint.health.mil
2. Click the "Continue" button.
3. Note- you will need to enter your PIN number to access the site.

How to go to the Military Health Service Population Health Portal (MHSPHP)

4. From the CarePoint home page, click on the "Apps" dropdown at the top menu bar, then select "All Apps."
5. Scroll down the list of Apps to the "MHSPHP" App Icon.
6. Click on "Favorite" under the MHSPHP description to allow the app to always appear in the favorites section of your CarePoint home page.
7. Click on the MHSPHP icon to enter the App.

How to request Population Health Patient Management (PHPM) Protected Health Information (PHI) access on MHSPHP

8. Once you enter MHSPHP, click on the red "Request PHI Access" link in the top left corner.
   (Or go to the following link: https://carepoint.health.mil/sites/mhsphp/SitePages/RequestAccess.aspx)
   a. If you are a new Composite Health Care System (CHCS) user or a user that has a new location. **Go to #9.**
   b. If you do not have a CHCS account. **Go to #13.**

CHCS Users (new user or new location) requesting PHPM access:

9. Go to the PHI validation page by clicking the "Validate CHCS Account" button.
   (Or go to the following link: https://carepoint.health.mil/siteassets/PHI/PHIValidation.aspx)
10. Type in the Military Treatment Facility (MTF) name or Defense Medical Information System of your MTF in the "Select MTF Box" and it will autofill with options.
11. Then, enter your CHCS username and password. Click "Validate" when finished.
    (Please note that new passwords have a 24 hour delay prior to validation.)
12. If your account has been validated, click on the "Refresh" button and you will be allowed access to PHPM registries found in the navigation menu on the left side of the MHSPHP screen. **Go to #15.**

Non-CHCS Users requesting PHPM access

13. Download the "Request Access Form" by either clicking the "Request Access" button or going to: https://carepoint.health.mil/sites/mhsphp/PHPM%20Linked%20Documents/MHSPHPAccessRequest.pdf
14. Complete the form electronically and send to the identified Service POCs listed on the webpage.

How to Access DHA Opioid Registry

15. Click on the "Patient Look-up" link on the navigation menu on the left side of the MHSPHP screen.
16. Click the dropdown to select your duty location.
17. Enter the patient ID in the field. You can either use the barcode reader for the patient's CAC card or manually enter the patient's EDIPN or Sponsor SSN into the field.
18. Review the following in the Patient Look-up Tool (alternative view via the Opioids Patient Summary Report Button): MEDD, RIOSORD score, Opioid and Benzo Rxs, Encounters, Imms, Meds, Labs

****Reminder to also access your state's local Prescription Drug Monitoring Program (PDMP)****

Look up your state's local PDMP on the National Association of State Controlled Substances Authority (NASCSA) state profile library: http://www.nascsa.org/stateprofiles.htm

Created by the Defense & Veterans Center for Integrative Pain Management (DVCIPM) in collaboration with DHA J-9 Research Practice Integration

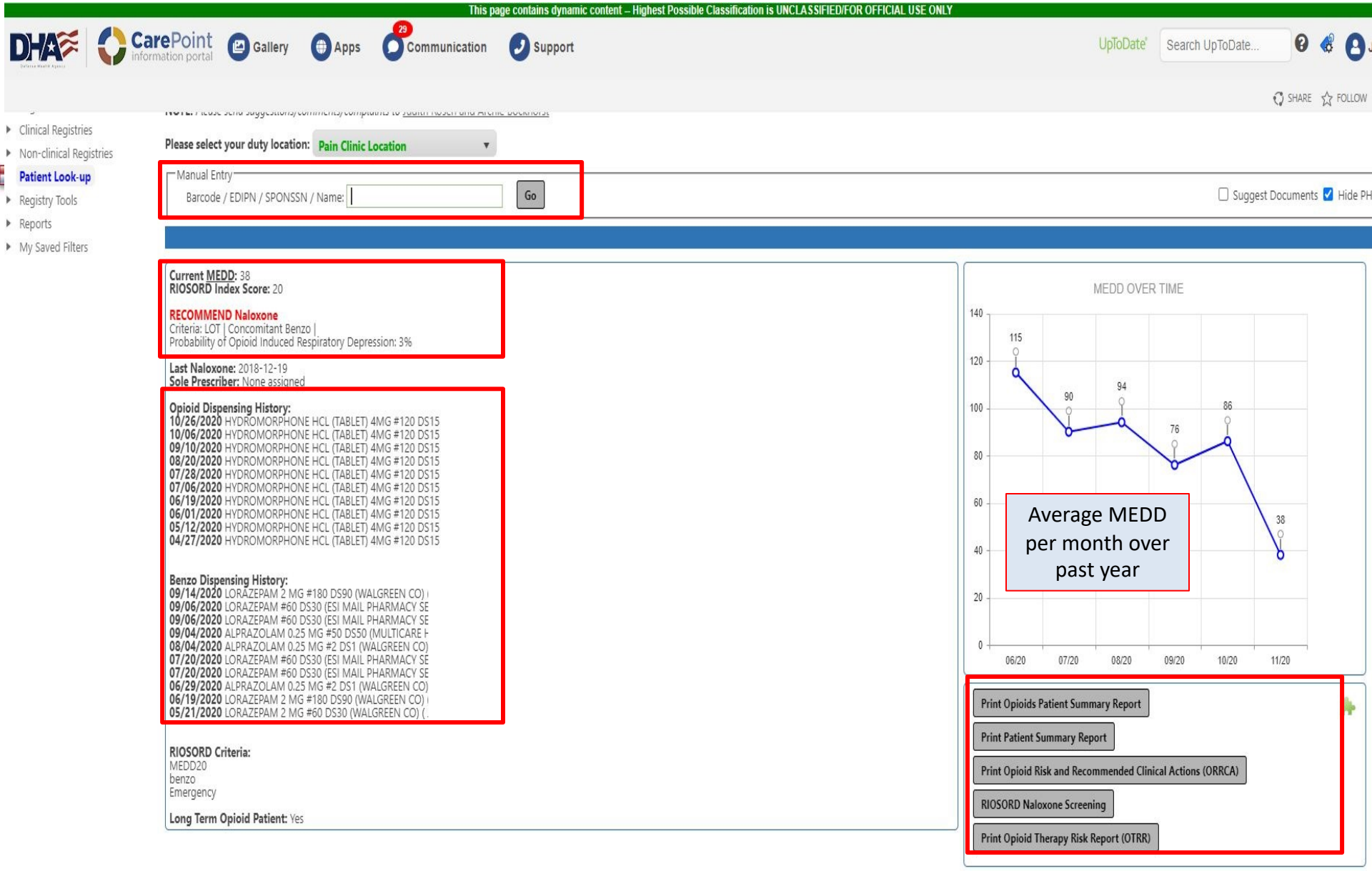
Last updated: December 2018

Instructions to Access DHA Opioid Registry

Patient Look-up Tool: What is it and what can it do for me?

- Patient Look-up Tool is a clinical decision support tool designed to increase Naloxone co-prescription to individuals most vulnerable to adverse opioid outcomes.
- Provides data elements including the patient's:
  - Morphine equivalent daily dose (MEDD) trend over time
  - Risk Index for Overdose or Serious Opioid-induced Respiratory Depression (RIOSORD) score and associated probability of opioid-induced respiratory depression
  - A DHA-PI aligned recommendation of whether the patient should be prescribed Naloxone based on known comorbidities and factors.

CarePoint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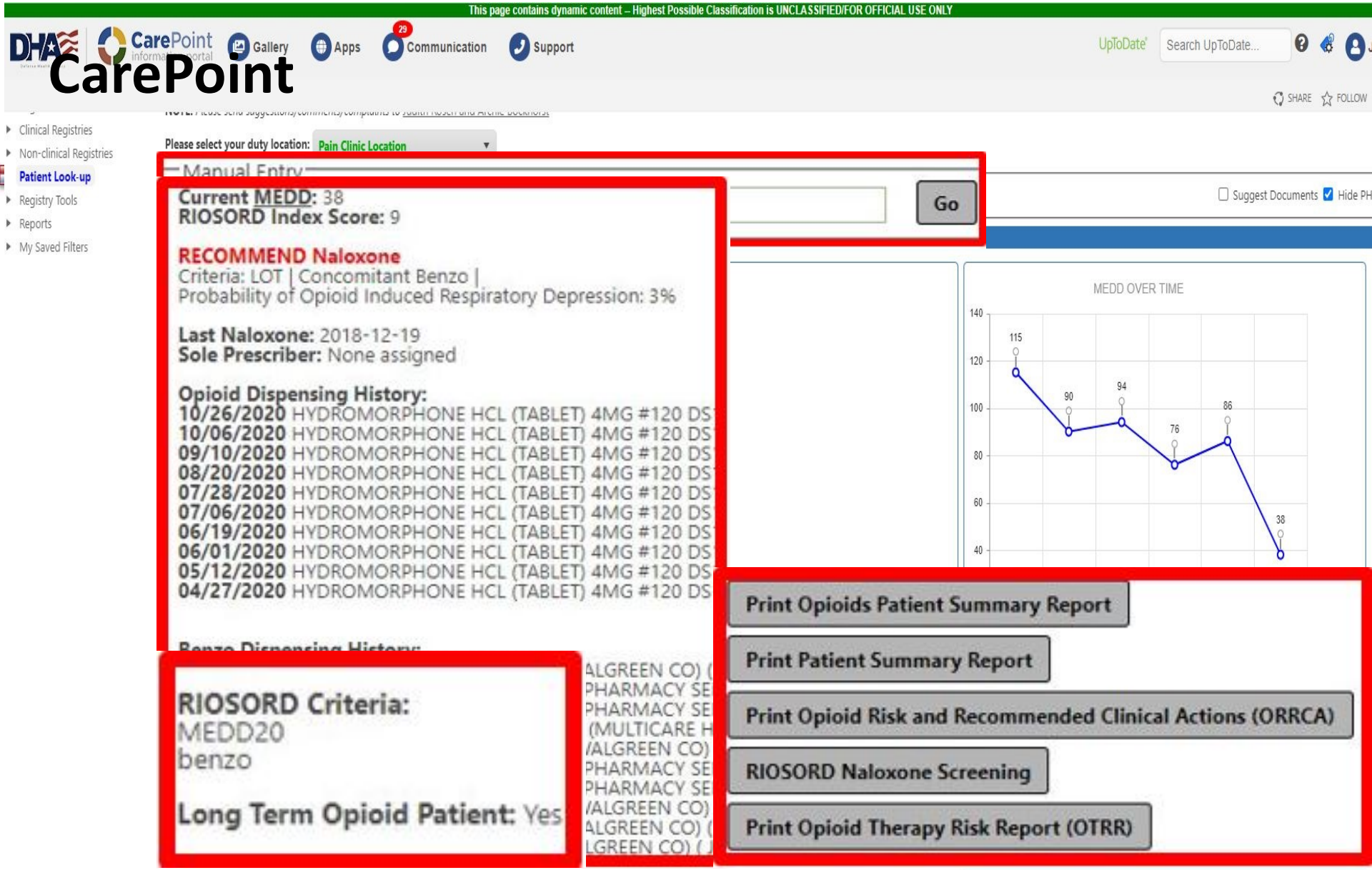
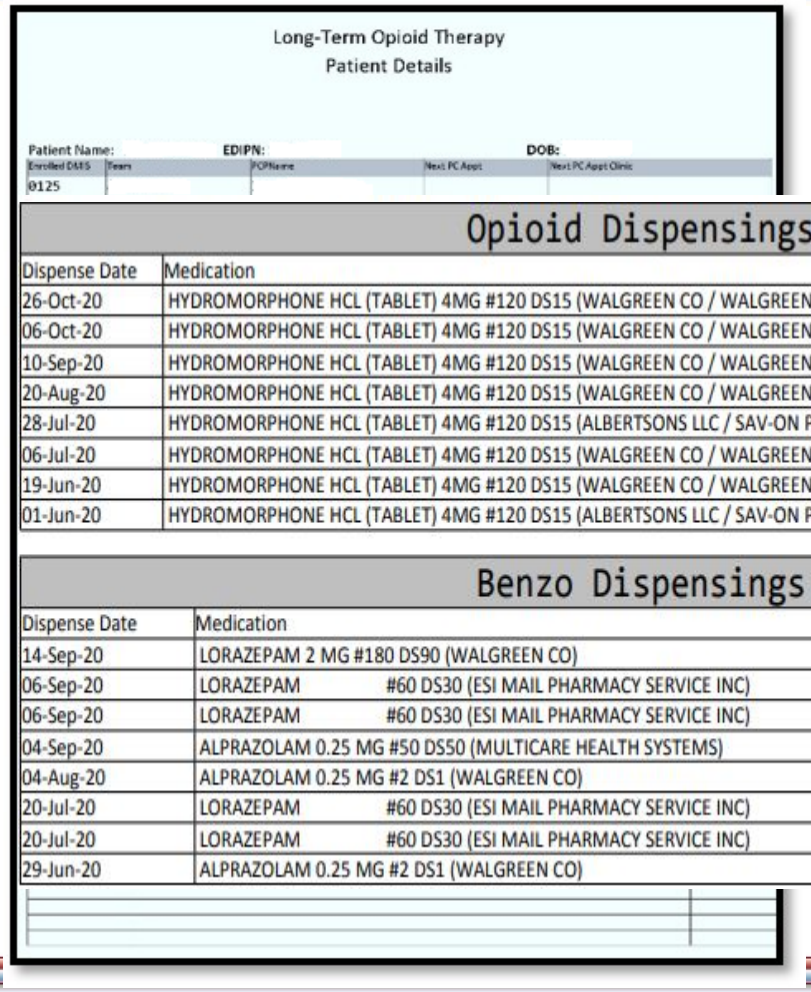
CarePoint information portal
Gallery
Apps
29
Communication
Support
UpToDate
Search UpToDate...
SHARE
FOLLOW
Clinical Registries
Non-clinical Registries
Patient Look-up
Registry Tools
Reports
My Saved Filters
Please select your duty location: Pain Clinic Location
Manual Entry
Barcode / EDIPN / SPONSSN / Name:
Go
Suggest Documents
Hide PH
Current MEDD: 38
RIOSORD Index Score: 20
RECOMMEND Naloxone
Criteria: LOT | Concomitant Benzo |
Probability of Opioid Induced Respiratory Depression: 3%
Last Naloxone: 2018-12-19
Sole Prescriber: None assigned
Opioid Dispensing History:
10/26/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
10/06/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
09/10/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
08/20/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
07/28/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
07/06/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
06/19/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
06/01/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
05/12/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
04/27/2020 HYDROMORPHONE HCL (TABLET) 4MG #120 DS15
Benzo Dispensing History:
09/14/2020 LORAZEPAM 2 MG #180 DS90 (WALGREEN CO)
09/06/2020 LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SE
09/06/2020 LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SE
09/04/2020 ALPRAZOLAM 0.25 MG #50 DS50 (MULTICARE
08/04/2020 ALPRAZOLAM 0.25 MG #2 DS1 (WALGREEN CO)
07/20/2020 LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SE
07/20/2020 LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SE
06/29/2020 ALPRAZOLAM 0.25 MG #2 DS1 (WALGREEN CO)
06/19/2020 LORAZEPAM 2 MG #180 DS90 (WALGREEN CO)
05/21/2020 LORAZEPAM 2 MG #60 DS30 (WALGREEN CO)
RIOSORD Criteria:
MEDD20
benzo
Emergency
Long Term Opioid Patient: Yes
MEDD OVER TIME
140
120
100
80
60
40
20
0
115
90
94
76
86
38
06/20
07/20
08/20
09/20
10/20
11/20
Average MEDD per month over past year
Print Opioids Patient Summary Report
Print Patient Summary Report
Print Opioid Risk and Recommended Clinical Actions (ORRCA)
RIOSORD Naloxone Screening
Print Opioid Therapy Risk Report (OTRR)

CarePoint

CarePoint



Opioid Therapy Risk Report (OTRR)



Long-Term Opioid Therapy
Patient Details

Patient Name: EDIPN: DOB:

Enrolled DMIS	Years	PCPName	Next PC Appt	Next PC Appt Clinic
0125				

Opioid Dispensings

Dispense Date	Medication
26-Oct-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
06-Oct-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
10-Sep-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
20-Aug-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
28-Jul-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (ALBERTSONS LLC / SAV-ON PHARMACY #0493 / BOISE,ID)
06-Jul-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
19-Jun-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05697 / DANVILLE,IL)
01-Jun-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (ALBERTSONS LLC / SAV-ON PHARMACY #0493 / BOISE,ID)

Benzo Dispensings

Dispense Date	Medication
14-Sep-20	LORAZEPAM 2 MG #180 DS90 (WALGREEN CO)
06-Sep-20	LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SERVICE INC)
06-Sep-20	LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SERVICE INC)
04-Sep-20	ALPRAZOLAM 0.25 MG #50 DS50 (MULTICARE HEALTH SYSTEMS)
04-Aug-20	ALPRAZOLAM 0.25 MG #2 DS1 (WALGREEN CO)
20-Jul-20	LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SERVICE INC)
20-Jul-20	LORAZEPAM #60 DS30 (ESI MAIL PHARMACY SERVICE INC)
29-Jun-20	ALPRAZOLAM 0.25 MG #2 DS1 (WALGREEN CO)

nic	Mental Health	Opioid/Benzo Overlap Previous 90 Days
		64

ion Date:

PIATE	OXY	TCA

Opioid risk information, including RIOSORD score

"Medically Ready Force…Ready Medical Force"

Opioid Risk Recommended Clinical Actions Report

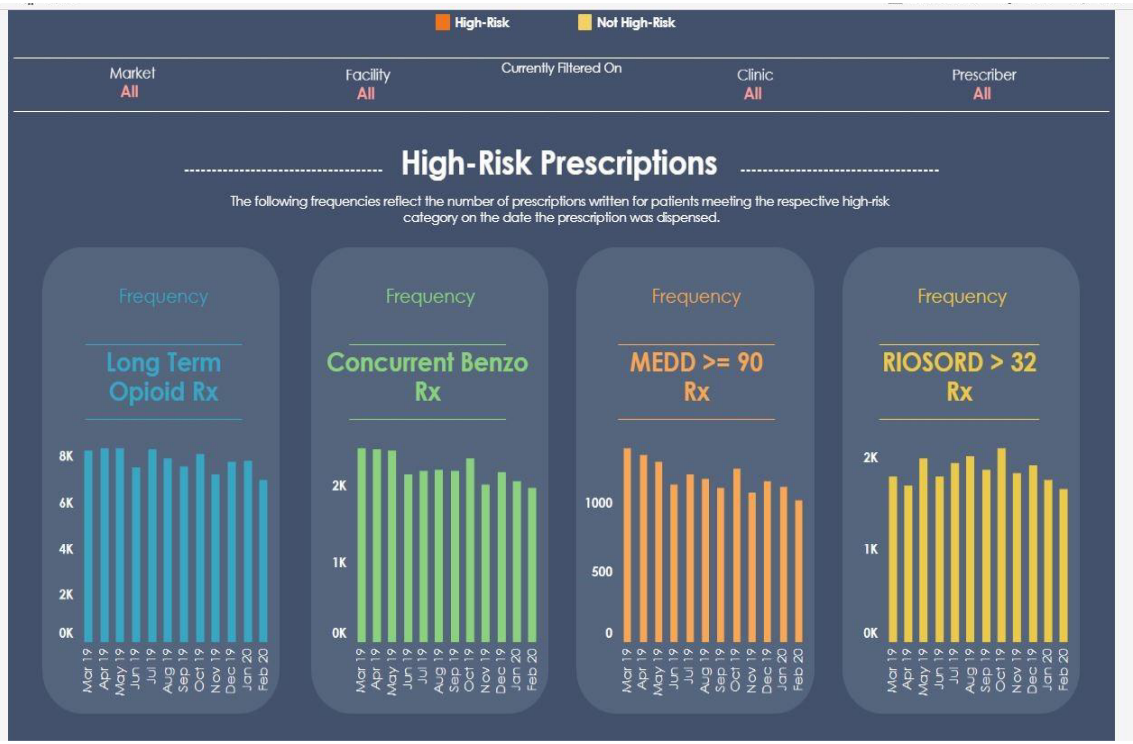
- Provides guidance based on clinical features of each patient

Guidelines recommend **against starting** long-term opioids (LOT) for chronic pain and recommend against use of LOT particularly in patients with untreated **substance use disorder**, concurrent **benzodiazepine** use and/or **age <30**.

	LOT Guideline recommendation	Recommended Clinical action	Notes
	Pharmacologic		
✓	Recommend against >90 MEDD	Gradually taper dosage to	DHA and VA-DOD recommends tapering opioid
✓	Avoid >50 MEDD		
✓	Avoid use of methadon		
✓	Avoid use of fentanyl patch		
✓	Avoid use of long-acting opioids (ie, MS contin, oxy-Contin)		
✗	Recommend against prescribing opioids for patients taking benzodiazepines		
✓	Prescribe naloxone if MEDD is >50 or RIOSORD≥33 or other high-risk condition.		

	Surveillance		
✗	Urine drug screen (UDS) at least yearly	Order UDS before next Rx renewal	DHA and CDC recommend UDS at least annually and more frequently in patients at higher risk.
If not done	State prescription drug monitoring program (PDMP) at least yearly	Check state PDMP if not done within past year	DHA directs the use of state PDMP to determine if patient is obtaining controlled substances outside of the MHS.
If not done	Opioid education and consent	Instruct patient to read and sign Opioid Informed Consent before next renewal.	DHA directs education and informed consent to provide patients with the rationale for current opioid prescribing recommendations.
	Co-morbid conditions		
Evaluate for these condi-tions	Substance use disorder	Consider buprenorphine	SUD is the single highest risk factor for opioid-related overdose. Medication assisted therapy provides best outcomes.
	Sleep apnea	If sleep apnea status unknown, consider sleep study if STOP-BANG 3+	Opioid use exacerbates both obstructive and central sleep apnea, which increases risk of overdose.
	Alcohol use disorder	Evaluate patient's alcohol use	Alcohol increases risk of opioid-related overdose.

Opioid Prescriber Trend Report



- The Opioid Prescriber Trend report provides information on the number of patients in each of four categories at elevated risk
  - RIOSORD >32
  - MEDD ≥90
  - Opioid / Benzodiazepine combination
  - Long-term opioid therapy
- Naloxone prescribing trends
- Can be filtered by MTF, primary care team or opioid prescriber

Summary

- References
  - DOD Instruction 1010.6
  - HQDA EXORD 224-17
- Military Treatment Facility Programs
  - Sole Provider
  - Express Scripts Prescription Monitoring Program
  - Drug Take Back Program
- CarePoint
  - Patient Look-up Tool
  - Opioid Prescriber Trend Report

Opioid Overdose Education and Naloxone Distribution (OEND) Program:
A Guide for Prescribing Naloxone

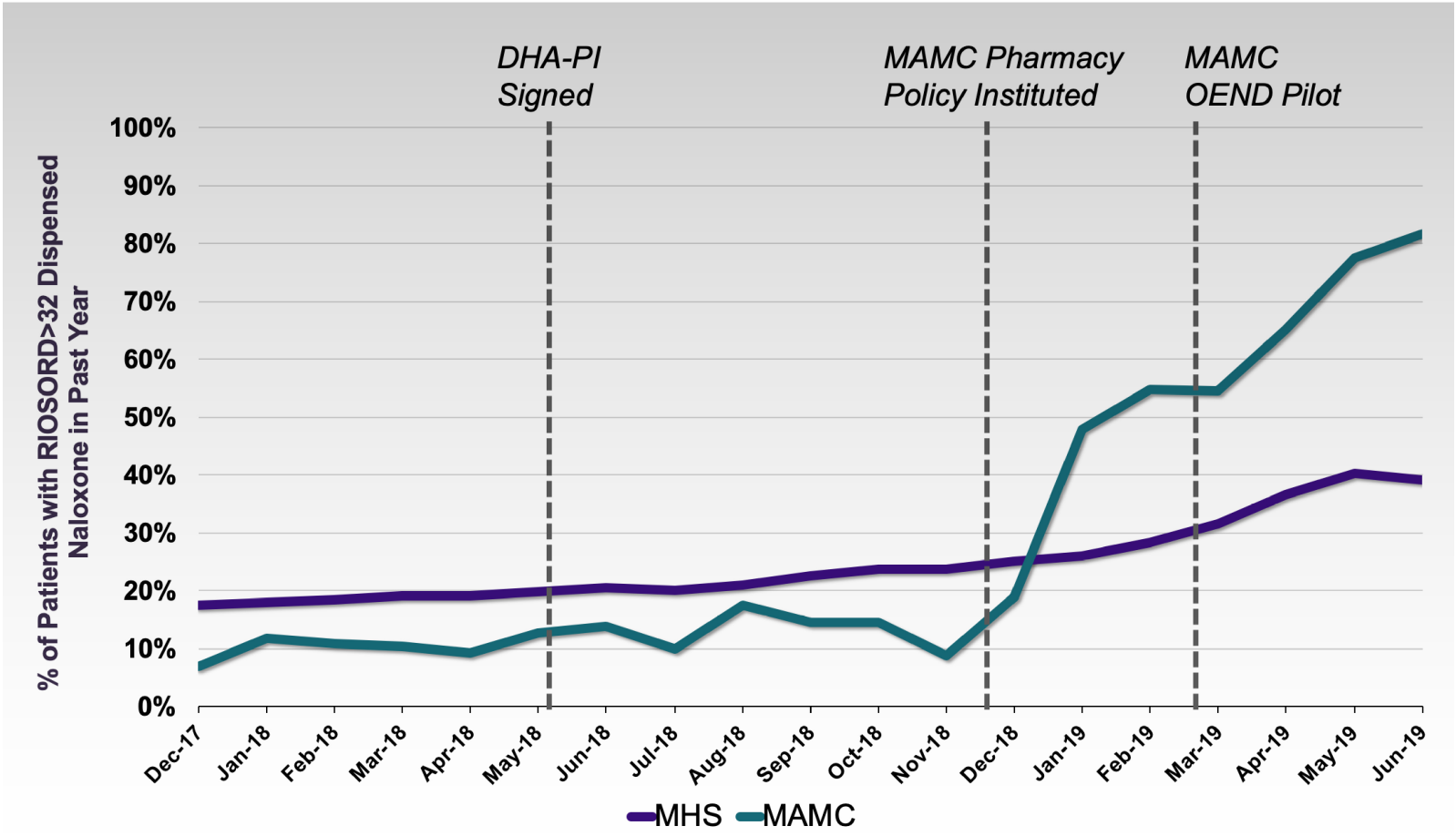
OEND Program

- **Mission:** Reduce opioid-related overdoses and deaths
- **Goal:** Increase co-prescribing of Naloxone

- **Policy Alignment:**
  - DoD/Veteran Affairs (VA) Clinical Practice Guidelines (CPG) for Opioid Therapy for Chronic Pain (link)
  - DHA-PI 6025.04: Pain Management and Opioid Safety in the Military Health System (MHS) (link)
  - DHA-PI 6025.07: Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs) (link)

Nasal Spray
Narcan

Where We Are Now



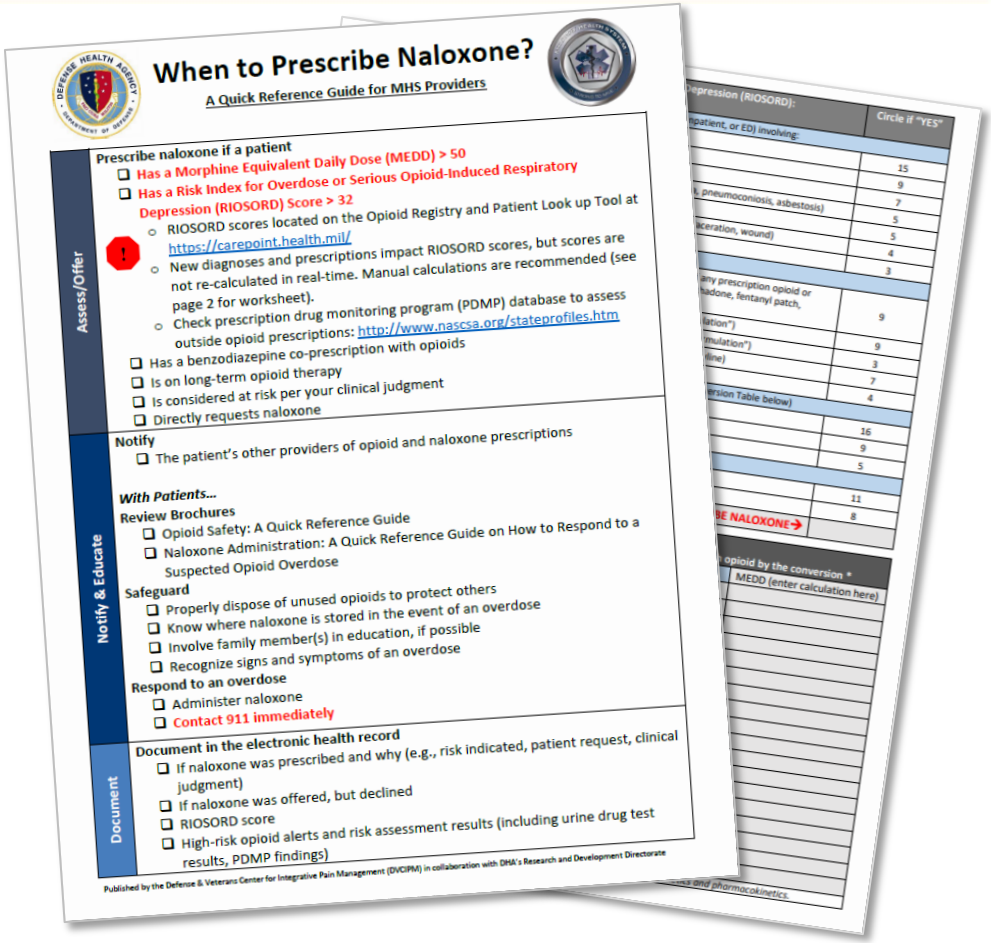
"Medically Ready Force…Ready Medical Force"

In Your Practice…

- Have you prescribed Naloxone in the past?
  - What prompted you to prescribe Naloxone?
  - Was the patient receptive?
  - What were some barriers you encountered?
- What strategies have you used to address patients' concerns?
  - What are some concerns you have about co-prescribing Naloxone to your patients?

Review the Quick Reference Guide

- Developed to help prescribers and pharmacists understand when and how to prescribe Naloxone



When to Prescribe Naloxone?

A Quick Reference Guide for MHS Providers

Assess/Offer

Prescribe naloxone if a patient

- ☐ Has a Morphine Equivalent Daily Dose (MEDD) > 50
- ☐ Has a Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) Score > 32
  - RIOSORD scores located on the Opioid Registry and Patient Look up Tool at https://carepoint.health.mil/
  - New diagnoses and prescriptions impact RIOSORD scores, but scores are not re-calculated in real-time. Manual calculations are recommended (see page 2 for worksheet).
  - Check prescription drug monitoring program (PDMP) database to assess outside opioid prescriptions: http://www.nascsa.org/stateprofiles.htm
- ☐ Has a benzodiazepine co-prescription with opioids
- ☐ Is on long-term opioid therapy
- ☐ Is considered at risk per your clinical judgment
- ☐ Directly requests naloxone

Notify & Educate

Notify

- ☐ The patient's other providers of opioid and naloxone prescriptions

With Patients…

Review Brochures

- ☐ Opioid Safety: A Quick Reference Guide
- ☐ Naloxone Administration: A Quick Reference Guide on How to Respond to a Suspected Opioid Overdose

Safeguard

- ☐ Properly dispose of unused opioids to protect others
- ☐ Know where naloxone is stored in the event of an overdose
- ☐ Involve family member(s) in education, if possible
- ☐ Recognize signs and symptoms of an overdose

Respond to an overdose

- ☐ Administer naloxone
- ☐ Contact 911 immediately

Document

Document in the electronic health record

- ☐ If naloxone was prescribed and why (e.g., risk indicated, patient request, clinical judgment)
- ☐ If naloxone was offered, but declined
- ☐ RIOSORD score
- ☐ High-risk opioid alerts and risk assessment results (including urine drug test results, PDMP findings)

Published by the Defense & Veterans Center for Integrative Pain Management (DVCIPM) in collaboration with DHA's Research and Development Directorate

Review the Quick Reference Guide

- Assess/Offer
  - RIOSORD> 32
  - MEDD≥ 50
  - Opioid/Benzodiazepine combination use
  - On long-term opioid therapy
  - Is considered at risk per your clinical judgment
  - Patient directly requests Naloxone

Review the Quick Reference Guide

- Notify & Educate
  - Inform patient's other providers of Naloxone prescriptions
  - Review Brochures
    - Opioid Safety: A Quick Reference Guide
    - Naloxone Administration: A Quick Reference guide on how to Respond to a Suspected Opioid Overdose
  - Safeguard
    - Proper disposal of opioid medications
    - Storage Naloxone
    - Involve family member(s) in education, if possible
    - Recognize signs and symptoms of an overdose
  - Respond to an overdose
    - Administer Naloxone
    - Contact 911 immediately
- Document in the electronic health record

Quick Reference Guide: RIOSORD and MEDD Assessment Tools

Defense Health Agency

- CarePoint Patient- Look Up tool
- Option to manually calculate two key indicators for whether your patient should be prescribed Naloxone:
  - RIOSORD Score > 32
  - MEDD ≥ 50

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment	Circle if "YES"
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:	
• Opioid dependence?	15
• Chronic hepatitis of cirrhosis?	9
• Bipolar disorder of schizophrenia?	7
• Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)	5
• Chronic kidney disease with clinical significant renal impairment?	5
• Active traumatic injury, excluding burns? (fracture, dislocation, contusion, laceration, wound)	4
• Sleep apnea?	3
Does the patient consume:	
• Extended release or long acting (ER/LA) formulation: An ER/LA formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)	9
• Methadone? (Methadone is a long-acting opioid, so also circle for "ER/LA formulation")	9
• Oxycodone? (If it has an ER/LA formulation [OxyContin], also circle for "ER/LA formulation")	3
• A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)	7
• A prescription benzodiazepine? (e.g., diazepam, alprazolam)	4
Is the patient's current maximum prescribed opioid dose: (Use Opioid Daily Dose Conversion Table below)	
• ≥100 mg morphine equivalents per day?	16
• 50 – <100 mg morphine equivalents per day?	9
• 20 – <50 mg morphine equivalents per day?	5
In the past 6 months, has the patient:	
• Had 1 or more ED visits?	11
• Been hospitalized for 1 or more days?	8
TOTAL SCORE (add up "YES" response values). If score > 32, PRESCRIBE NALOXONE→	

Opioid Daily Dose Conversion Table: Calculate Morphine Equivalent Daily Dose (MEDD) by multiplying daily dose for each opioid by the conversion *		
Type of Opioid (doses in mg/day except where noted)	Conversion Factor	MEDD (enter calculation here)
• Buprenorphine patch	12.6	
• Buprenorphine tab or film	10	
• Butorphanol (Stadol)	7	
• Codeine	0.15	
• Fentanyl transdermal (in mcg/hr)	2.4	
• Hydrocodone	1	
• Hydromorphone	4	
• Meperidine	0.1	
• Methadone		
○ 1-20 mg/day	4	
○ 21-40 mg/day	8	
○ 41-60 mg/day	10	
○ ≥ 61-80 mg/day	12	
• Morphine	1	
• Oxycodone	1.5	
• Oxymorphone	3	
• Tapentadol IR	0.4	
• Tramadol	0.1	
*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.		

Defense Health Agency

CASE STUDY

Case Example

Patient John Smith comes in for an outpatient visit regarding his chronic lower back pain.

He has been on hydrocodone for about a year. He requests a renewal of his prescription.

You have not yet established an account in CarePoint but want to determine if you should prescribe Naloxone.

He currently has a prescription for citalopram for mild depression.

His current average daily opioid dosage is 52 mg morphine equivalent dosage per day.

The patient had one emergency department visit 4 months ago and was hospitalized for 3 days.

Based on the information provided, what is John's RIOSORD score?

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment	Circle if "YES"
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:	
• Opioid dependence?	15
• Chronic hepatitis of cirrhosis?	9
• Bipolar disorder of schizophrenia?	7
• Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)	5
• Chronic kidney disease with clinical significant renal impairment?	5
• Active traumatic injury, excluding burns? (fracture, dislocation, contusion, laceration, wound)	4
• Sleep apnea?	3
Does the patient consume:	
• Extended release or long acting (ER/LA) formulation: An ER/LA formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)	9
• Methadone? (Methadone is a long-acting opioid, so also circle for "ER/LA formulation")	9
• Oxycodone? (If it has an ER/LA formulation [OxyContin], also circle for "ER/LA formulation")	3
• A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)	7
• A prescription benzodiazepine? (e.g., diazepam, alprazolam)	4
Is the patient's current maximum prescribed opioid dose: (Use Opioid Daily Dose Conversion Table below)	
• >100 mg morphine equivalents per day?	16
• 50-100 mg morphine equivalents per day?	9
• 20-50 mg morphine equivalents per day?	5
In the past 6 months, has the patient:	
• Had 1 or more ED visits?	11
• Been hospitalized for 1 or more days?	8
TOTAL SCORE (add up "YES" response values). **If score > 32, PRESCRIBE NALOXONE→**	**35**

Myths and Facts

TRIVIA

Question 1

True or False?

- My patient does not have an addiction problem, so they are not at risk for an opioid overdose.

Question 1

- **False:** Even if your patient does not abuse their medication, accidental overdoses can happen and Naloxone is an important safety precaution that helps keep them and their loved ones safe.
  - While your patient may not seem like they are at risk for an overdose, having a RIOSORD > 32 indicates that they may have a combination of smaller risk factors that puts them at a greater overall risk.

Question 2

True or False?

- If I inform patients that Naloxone is available, this will **not** encourage them to abuse drugs.

Question 2

- **True:** Studies report that Naloxone does not encourage drug use. In some cases, Naloxone has been shown to decrease drug use. Naloxone blocks the effects of opioids and can produce unpleasant withdrawal symptoms.
  - Following a successful overdose reversal, a patient can access additional treatment options that they may not have considered previously.

Question 3

True or False?

- My patients that are active duty service members will be flagged or placed on a “list” if they are co-prescribed Naloxone.

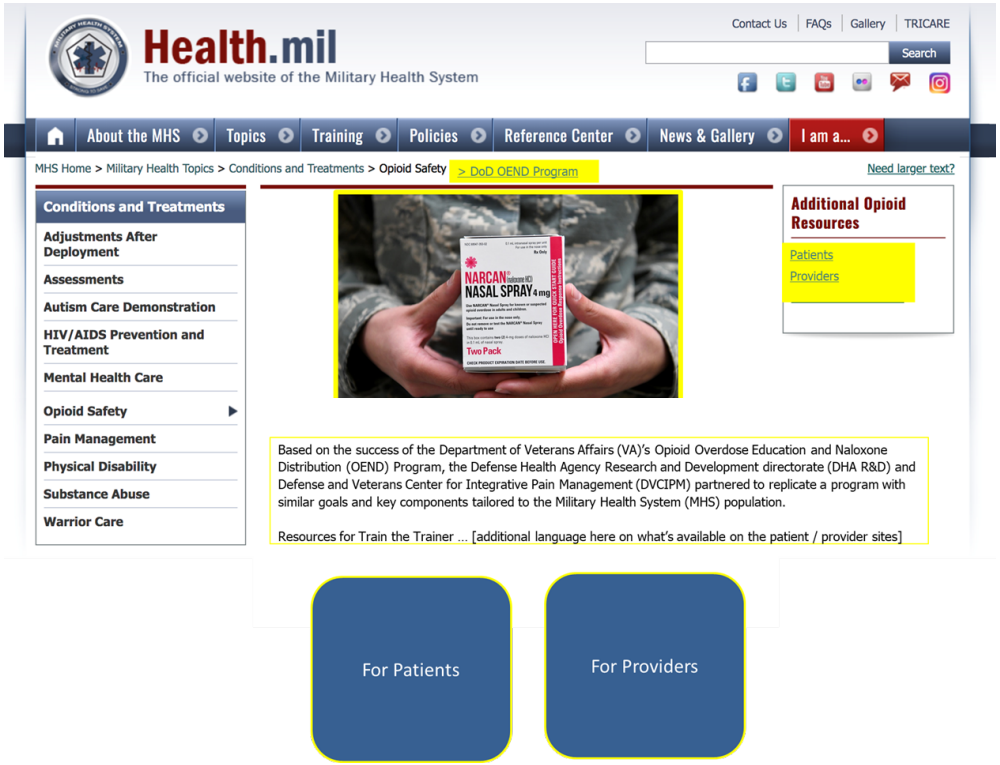
Question 3

- **False:** The policy for administering Naloxone applies to the entire MHS. MTF Commanders should ensure that their MTF implements this policy and service members should not encounter any issues for having a Naloxone prescription.

Additional Resources

- The OEND page provides additional resources for patients, caregivers, prescribers, and pharmacists, such as:
  - Training Resources
  - CarePoint Instructions
  - The Quick Reference Guide:

    health.mil/oend



Key Takeaways

- For many pain conditions, opioids do not provide superior pain relief compared with non-opioid therapies. Explore safer, non-opioid therapies before considering opioids
- If opioids are used, implement measures to mitigate risk
- If a controlled substance does not have an expiration date written on the prescription, the prescription is invalid after 6 months after the last fill date
- CarePoint is a tool available to assess opioid therapy related risks and identify patients who need Naloxone co-prescribed
- Prescribing Naloxone is standard best practice

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