

## OPST Reference Links

Subject	Reference
<b>Policy Guidance, Guidelines &amp; CPGS</b>	
DHA-PI 6025.04	<b>Pain Management and Opioid Safety in the Military Health System (MHS) 06/08/2018</b> <a href="https://www.health.mil/Reference-Center/Policies/2018/06/08/DHA-PI-6025-04-Pain-Management-and-Opioid-Safety-in-the-MHS">https://www.health.mil/Reference-Center/Policies/2018/06/08/DHA-PI-6025-04-Pain-Management-and-Opioid-Safety-in-the-MHS</a>
DHA-PI 60-25.07	<b>Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs) 06/19/2019</b> <a href="https://health.mil/Reference-Center/Policies/2018/06/19/DHA-PI-6025-07-Naloxone-in-the-MTFs">https://health.mil/Reference-Center/Policies/2018/06/19/DHA-PI-6025-07-Naloxone-in-the-MTFs</a>
DHA-PI 6025. 15	<b>Management of Problematic Substance Use by DoD Personnel 04/16/2019</b> <a href="https://health.mil/Reference-Center/Policies/2019/04/16/Management-of-Problematic-Substance-Use-by-DoD-Personnel">https://health.mil/Reference-Center/Policies/2019/04/16/Management-of-Problematic-Substance-Use-by-DoD-Personnel</a>
DHA-PI 6025.25	<b>Military Health System (MHS) Drug Take Back (DTB) Program 02/20/2018</b> <a href="https://www.health.mil/Reference-Center/Policies/2018/02/20/DHA-PI-6025-25-MHS-Drug-Take-Back">https://www.health.mil/Reference-Center/Policies/2018/02/20/DHA-PI-6025-25-MHS-Drug-Take-Back</a>
DoD Instruction 1010.16	<p><b>Technical Procedures for the Military Personnel Drug Abuse Testing Program</b> <a href="https://prhome.defense.gov/Portals/52/Documents/RFM/Readiness/DDR/RR/docs/1%20DODI%201010.16%20Drug%20Lab%20Technical%20Procedures.pdf">https://prhome.defense.gov/Portals/52/Documents/RFM/Readiness/DDR/RR/docs/1%20DODI%201010.16%20Drug%20Lab%20Technical%20Procedures.pdf</a></p> <p><b>DoD Instruction 1010.16</b> <i>Establishes and updates policies, assigns responsibilities, and prescribes procedures for the Military Personnel Drug Abuse Testing Program. Published on June 15, 2020.</i></p> <p><b>Why is this DoDI important to providers and pharmacists?</b> 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."</p>
DoD- Instruction 6025.25	<b>DoD- Instruction 6025.25, Drug Take Back Program</b> <a href="https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602525p.pdf">https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602525p.pdf</a>
SEC Army Directive, MAR 2019	<a href="https://www.army.mil/article/219444/policy_change_allows_soldiers_to_seek_voluntary_alcohol_related_behavioral_healthcare">https://www.army.mil/article/219444/policy_change_allows_soldiers_to_seek_voluntary_alcohol_related_behavioral_healthcare</a>
VA/DoD Clinical Practice Guidelines	<a href="https://www.healthquality.va.gov/guidelines/pain/cot/">https://www.healthquality.va.gov/guidelines/pain/cot/</a>
CDC Guidelines for Prescribing	<a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf</a>

Opioids for Chronic Pain	
Graphics	
Stepped Care Model for Pain	<p>The diagram illustrates the Stepped Care Model for Pain, showing a progression from Self-Management to Tertiary Level Pain Management Clinic. The model is based on Patient Complexity (Acute Pain: No Comorbidity to Chronic Pain: Comorbidities) and Care Complexity (Step Clinician: PCM to Many Clinicians: Pain Specialists). The goal is to return patients to function and restore health.</p> <p><b>Clinical Indicators:</b> Pain Severity, Opioid Prescriptions, Mood Disorders, Treatment Refractory, Referents/Visits, Functional Activities, ER Utilization, Concurrent Medications, Sleep Quality.</p> <p><b>Escalation Criteria:</b> Pain Severity, Opioid Prescriptions, Mood Disorders, Treatment Refractory, Referents/Visits, Functional Activities, ER Utilization, Substance use disorder, Sleep Quality.</p> <p><b>De-Escalation Criteria:</b> Pain Severity, Mood Disorders, Referents/Visits, Opioid Prescriptions, Functional Activities.</p> <p><b>Levels of Care:</b></p> <ul style="list-style-type: none"> <li><b>Self-Management:</b> Patient</li> <li><b>Primary Level: Patient-Centered Medical Home:</b> PCM</li> <li><b>Secondary Level: Medical Neighborhood:</b> PCM, IBHC (Clinical Pharmacist, Physical Therapist, Care Coordinator (CCO))</li> <li><b>Tertiary Level: Pain Management Clinic:</b> Case Manager, Clinical Pharmacist, Health Psychologist, Addiction Specialist, Physical Therapist, Acupuncturist</li> </ul> <p><b>Hand-off:</b> From Secondary Level to Tertiary Level.</p> <p><b>Coordination:</b> Between Primary and Secondary Levels.</p>
Opioid Overdose Education and Naloxone Distribution Program (OEND)	<p><a href="https://health.mil/Military-Health-Topics/Conditions-and-Treatments/Opioid-Safety/DoD-OEND-Program/For-Champions-and-Trainers">https://health.mil/Military-Health-Topics/Conditions-and-Treatments/Opioid-Safety/DoD-OEND-Program/For-Champions-and-Trainers</a></p> <h3>For Champions &amp; Trainers</h3> <p>The Train-the-Trainer Model shows a hierarchy of training:</p> <ul style="list-style-type: none"> <li><b>Pain CSS</b> – follow up with site champions and reports compliance/outcomes to DHA leadership</li> <li><b>MTF and Market Leadership</b> – provide support for program; protect champion time to engage in program responsibilities</li> <li><b>Site Champions</b> – conduct training with identified clinic trainers; review site compliance/data</li> <li><b>OEND Training Facilitators</b> – conduct training at local clinics; provide guidance for staff to ensure compliance</li> <li><b>Clinic Staff</b> – participate in trainings; follow guidance</li> </ul> <p><b>Train-the-Trainer Model</b></p>
PASTOR DATA	<p>The PASTOR DATA dashboard provides a comprehensive overview of patient data:</p> <ul style="list-style-type: none"> <li><b>Alerts:</b> A table listing various alerts and their status.</li> <li><b>DVPRS:</b> A graph showing the patient's Visual Analog Pain Rating Scale (DVPRS) over time.</li> <li><b>Treatment History:</b> A table detailing the patient's treatment history, including the type of treatment, when it was used, and its effectiveness.</li> <li><b>Assessments:</b> A list of assessments including Depression, Anxiety, Anger, Sleep, Fatigue, Pain interference, Physical function, Social roles, and Catastrophizing.</li> <li><b>Important activities impacted by pain:</b> A graph showing the patient's engagement in important activities (e.g., Outdoor activities with family, Doing things at work, Sleeping at night) over time.</li> </ul>

## Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) Assessment Tool

1. Calculate Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) using chart provided below.

RIOSORD Questions	Comorbidities	Medications	Opioid daily dosage	ED visits, Hospitalizations	Circle for "YES" response
In the past 6 months, has the patient had:					
Opioid dependence?	• Opioid dependence	• Extended release opioid	• High, Moderate, Low		15
Chronic hepatitis or cirrhosis?	• Psychological condition(s)	• Methadone, oxycodone			9
Bipolar disorder or schizophrenia?	• Liver, lung, kidney disease	• Antidepressant			7
Chronic pulmonary disease? (e.g., emphysema)	• Trauma	• Benzodiazepine			5
Chronic kidney disease with clinically significant impairment?	• Sleep apnea				5
Active traumatic injury, excluding burns?					4
Sleep apnea?					3
Does the patient consume:					
An extended-release or long-acting (ER/LA) or variable half-life? (e.g., OxyContin, Oramorph)					9
Methadone? (Methadone is a long-acting opioid)					9
Oxycodone? (If it has an ER/LA formulation)					3
A prescription antidepressant? (e.g., fluoxetine, sertraline)					7
A prescription benzodiazepine? (e.g., diazepam, lorazepam)					4
Is the patient's current maximum prescribed opioid dose? (Use Opioid Daily Dose Conversion Table provided on the next page)					
>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:					

Maximum score=115

## Risk Index for Overdose or Serious Opioid-induced Respiratory Depression (RIOSORD) Assessment Tool

2. Determine Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index.  
NOTE: Score of more than 32/14% indicates a high risk and naloxone prescription is indicated.

Risk index score	OIRD probability (%)
0-24	3
25-32	14
33-37	23
38-42	37
43-46	51
47-49	55
50-54	60
55-59	79
60-66	75
>67	86

**Naloxone Indicated**

RIOSORD may be manually computed or automatically computed in CarePoint

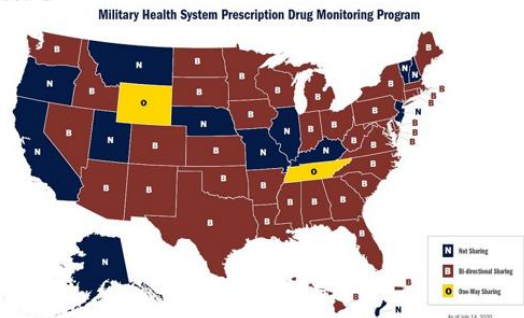
## Prescription Drug Monitoring Program

### Prescription Drug Monitoring Program



- Tool to help identify patients who may be misusing controlled substances, particularly opioids
- MHS also has a PDMP
  - ☐ Bi-directional sharing: 38 PDMPs\*
  - ☐ One-way sharing: 2
  - ☐ Not sharing: 13

\* as of 14Jul20



**"Medically Ready Force...Ready Medical Force"**

<https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Prescription-Drug-Monitoring-Program-Procedures>

## DHA Consent for Opioid Therapy



- ❑ Consent includes
  - Information about patient's treatment
    - Reason for opioid therapy
    - Location of pain
    - Goals of opioid therapy
    - Name of opioid prescribed
  - Brief description of LOT
  - Potential limited benefits of LOT
  - Known risks and side effects of LOT
  - Alternatives to LOT
  - Opioid monitoring
  - Routine periodic urine drug screening

**Consent for Long-Term Opioid Therapy for Pain**

**A. IDENTIFICATION**

1. Patient Name and Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name Last, First, Middle: \_\_\_\_\_

2. Decision-making capacity:  
☐ The patient HAS decision-making capacity (skip to item 5).  
☐ The patient DOES NOT HAVE decision-making capacity. Enter OUTSIDE LAST and relationship to the patient: \_\_\_\_\_

3. Prescriber Name Last, First, Middle: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name of the treatment: Long-Term Opioid Therapy for Pain

5. Medication (generic name): \_\_\_\_\_

6. Name Last, First, Middle: \_\_\_\_\_

7. Supervising practitioner (if applicable): \_\_\_\_\_

8. Name Last, First, Middle: \_\_\_\_\_

9. Additional practitioners participating in supervising the treatment (if not listed above): \_\_\_\_\_

**B. INFORMATION ABOUT THE TREATMENT**

1. Reason for long-term opioid therapy (diagnosis, condition, or indication): \_\_\_\_\_

2. Location of pain: \_\_\_\_\_

3. Goals of long-term opioid therapy (e.g., pain score, functional status such as go back to work, sleep starts, work short distances, sleep through the night, do daily household chores, drive a light vehicle program): \_\_\_\_\_

4. Name of current or initial opioid medication(s): \_\_\_\_\_

***"Medically Ready Force...Ready Medical Force"***

DHA-PI 6025.04  
MHS Drug Take  
Back Program



<https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Drug-Take-Back-Program>

Medication  
Assisted  
Therapies (MAT)

<https://www.healthquality.va.gov/guidelines/mh/sud/>

<https://www.samhsa.gov/medication-assisted-treatment>

National Capital Region Pain Initiative (NCRPI)

<https://ncrpi.org/>

Buprenorphine

Requires additional DEA certification- Available Virtually in DoD Contact:

[Christopher.j.spevak.civ@mail.mil](mailto:Christopher.j.spevak.civ@mail.mil) <<mailto:Christopher.j.spevak.civ@mail.mil>>

Available at DOD pharmacies

-Suboxone ( buprenorphine + naloxone )

-naloxone is not absorbed sublingually, added to prevent 'diversion'

-Naltrexone



Available in oral and long-acting injection  
 -Methadone  
 -Only for use in Federal Opioid Treatment Programs (OTPs) - not in DoD for OUD MAT

Consult Pain Teams when dealing with post op or acute pain

Active Duty Service Member non Deployable on Medication Assisted Therapy:

Consider military career implications

## CarePoint Patient Look-up Tool

### Where can I find it?

PLT-N is updated DAILY

- Step 1 - Visit [carepoint.health.mil](http://carepoint.health.mil)
- Step 2 - Login using CAC Card
- Step 3 - Search for "MHSPHP" in "Popular Apps"



- Step 4 - Open MHSPHP
- Step 5 - Select "Patient Look-up" from the toolbar on the left hand side of the screen

## CarePoint Look-Up Tool

### CarePoint Look Up Tool

**Current MEDD: 38**  
**RIOSORD Index Score: 9**

**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:**

Date	Medication	Strength	Quantity	Days Supply
10/26/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
10/06/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
09/10/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
08/28/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
07/28/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
07/06/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
06/19/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
06/01/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
05/12/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		
04/27/2020	HYDROMORPHONE HCL (TABLET)	4MG #120 DS		

**Medo Over Time**

**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)**

[https://bitab.health.mil/views/PatientLookupToolDashboard/PatientLookupToolUsageStatistics?embed=y&:display\\_count=no&:showVizHome=no#1](https://bitab.health.mil/views/PatientLookupToolDashboard/PatientLookupToolUsageStatistics?embed=y&:display_count=no&:showVizHome=no#1)

Opioid Therapy  
Risk Report  
(OTRR)

## Opioid Therapy Risk Report (OTRR)



Long-Term Opioid Therapy Patient Details		nic		Mental Health		Opioid/Benzo Overlap Previous 90 Days		Opioid risk information, including RIOSORD score
Patient Name:	ED/ID#:	DOB:					64	
<b>Opioid Dispensings</b>								
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)							
<b>Benzo Dispensings</b>								
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)							

Prescription  
Monitoring  
Program (PMP)  
Opioid Registry

## Prescription Monitoring Program



- ❑ 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](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 (BPL/MD/RN)  
A checkbox 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** ☐ **TYPE II LOCK** ☐ **TYPE III LOCK**  
Restrict all medications Restrict all controlled meds or a selected drug schedule Restrict specific medications or medication class

☐ II ☐ III ☐ IV ☐ V

**Restricted Drug**  
☐ Short Acting Opioids ☐ Benzodiazepines/Barbiturates  
☐ Long Acting Opioids ☐ Antipsychotics  
☐ 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 Number: \_\_\_\_\_)

- 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.





Behaviorally-based Treatments	<p>1. The Diagnosis and Treatment of Low Back Pain Work Group. (2017). VA/DoD clinical practice guideline for Diagnosis and Treatment of Low Back Pain. Washington (DC): Veterans Health Administration, Department of Defense.</p> <p>2. Ehde, D. M., Dillworth, T. M., &amp; Turner, J. A. (2014). Cognitive-behavioral therapy for individuals with chronic pain: Efficacy, innovations, and directions for research. <i>American Psychologist</i>, 69(2), 153.</p>
BHC Intervention: Brief CBT for Acute Pain (CBT-AP)	Psychological Health Center of Excellence. (2018). <i>Brief Cognitive Behavioral Therapy for Acute Pain</i> . Silver Spring, MD: Defense Health Agency
BHCs Support Treatment of Pain in a Variety of Ways	Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). <i>Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention (2<sup>nd</sup> ed.)</i> . Washington, DC: American Psychological Association.
Reference	Beehler, G. P., Dobmeyer, A.C., Hunter, C. L., & Funderburk, J. S. (2018). <i>Brief Cognitive Behavioral Therapy for Chronic Pain: IBHC Manual</i> . Silver Spring, MD: Defense Health Agency.
Reference	Beehler, G. P., Murphy, J. L., King, P. R., & Dollar, K. M. (2017). <i>Brief cognitive behavioral therapy for chronic pain: Therapist manual</i> . Washington, DC: U.S. Department of Veterans Affairs.
Reference	Diagnosis and Treatment of Low Back Pain Work Group. (2017). VA/DoD clinical practice guideline for diagnosis and treatment of low back pain. Washington (DC): Veterans Health Administration, Department of Defense.
Reference	Ehde, D. M., Dillworth, T. M., & Turner, J. A. (2014). Cognitive-behavioral therapy for individuals with chronic pain: Efficacy, innovations, and directions for research. <i>American Psychologist</i> , 69(2), 153. <a href="https://doi.org/10.1037/a0035747">https://doi.org/10.1037/a0035747</a>
Reference	Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). <i>Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention (2<sup>nd</sup> ed.)</i> . Washington, DC: American Psychological Association.
Reference	Joint Pain Education Program Videos. (Producer). (2016). Defense and Veterans Pain Rating Scale (DVPRS) [Video file]. <a href="https://vimeo.com/174237044">https://vimeo.com/174237044</a>
Reference	Joint Pain Education Program Videos. (Producer). (2016). <i>Essentials of Good Pain Care</i> [Video file]. <a href="https://vimeo.com/185018655">https://vimeo.com/185018655</a>
Reference	Psychological Health Center of Excellence. (2018). <i>Brief Cognitive Behavioral Therapy for Acute Pain</i> . Silver Spring, MD: Defense Health Agency.
Reference	Defense Health Agency. (2018). <i>Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs)</i> (Procedural Instruction No.6025.07). Retrieved from <a href="https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications">https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications</a>

Reference	Department of Defense. (2020). <i>Technical Procedures For the Military Personnel Drug Abuse Testing Program</i> (DOD Instruction 1010.16). Retrieved from <a href="https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/101016p.pdf">https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/101016p.pdf</a>
Reference	Department of Defense. (2016). Drug Take Back Program (DOD Instruction 6025.25). Retrieved from <a href="https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602525p.pdf">https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602525p.pdf</a>
Reference	Defense Health Agency. (2018). <i>Drug Take Back Program</i> . (Procedural Instruction No.6025.25). Retrieved from <a href="https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications">https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications</a>
Reference	Defense Health Agency. (2018). <i>Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs)</i> (Procedural Instruction No.6025.07). Retrieved from <a href="https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications">https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications</a>
Reference	Defense Health Agency. (2018). <i>Pain Management and Opioid Safety in the Military Health System (MHS)</i> (Procedural Instruction No.6025.04). Retrieved from <a href="https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications">https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Resources-and-Management/DHA-Publications</a>
Reference	Centers for Disease Control and Prevention (March 18, 2016). Guideline for Prescribing Opioids for Chronic Pain. <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf</a>
Reference	Department of Veterans Affairs-Department of Defense. (February 2017). Clinical Practice Guidance for Opioid Therapy for Chronic Pain, February 2017
Reference	Department of Veterans Affairs-Department of Defense. (February 2017). Clinical Practice Guidance for Opioid Therapy for Chronic Pain, February 2017
<b>Weblinks</b>	
Sole provider and pharmacy lock (Prescription Monitoring Program) when appropriate.	Policy overview: <a href="https://www.express-scripts.com/TRICARE/tools/rxMonitoring.shtml">https://www.express-scripts.com/TRICARE/tools/rxMonitoring.shtml</a> Prescription Monitoring Program Enrollment Form: <a href="https://www.express-scripts.com/TRICARE/tools/MTF_Rx_Restriction_Request_Form.pdf">https://www.express-scripts.com/TRICARE/tools/MTF_Rx_Restriction_Request_Form.pdf</a>
Defense and Veterans Pain Rating Scale (DVPRS)	<a href="https://www.dvcipm.org/clinical-resources/defense-veterans-pain-rating-scale-dvprs/">https://www.dvcipm.org/clinical-resources/defense-veterans-pain-rating-scale-dvprs/</a>
Pain Assessment Screening Tool and Outcomes Registry (PASTOR)	<a href="https://www.dvcipm.org/clinical-resources/pain-assessment-screening-tool-and-outcomes-registry-pastor/">https://www.dvcipm.org/clinical-resources/pain-assessment-screening-tool-and-outcomes-registry-pastor/</a>
CarePoint	<a href="https://carepoint.health.mil">https://carepoint.health.mil</a>

	
OEND Train the Trainer Material	<a href="https://health.mil/Military-Health-Topics/Conditions-and-Treatments/Opioid-Safety/DoD-OEND-Program/For-Champions-and-Trainers">https://health.mil/Military-Health-Topics/Conditions-and-Treatments/Opioid-Safety/DoD-OEND-Program/For-Champions-and-Trainers</a>
VA/DOD Opioid Therapy and Substance Use Disorder Clinical Practice Guidelines	<a href="https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGProviderSummaryRevised081017.pdf#:~:text=disorders%20%28SUD%29%2C%20leading%20to%20improved%20clinical%20outcomes.%20In,expanded%20the%20general%20knowledge%20and%20understanding%20of%20SUD">https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGProviderSummaryRevised081017.pdf#:~:text=disorders%20%28SUD%29%2C%20leading%20to%20improved%20clinical%20outcomes.%20In,expanded%20the%20general%20knowledge%20and%20understanding%20of%20SUD</a>
Addictive Substance Misuse Advisory (ASMAC)	<p>Web: Psychological Health by the Numbers <a href="https://pdhealth.mil/research-analytics/psychological-health-numbers">https://pdhealth.mil/research-analytics/psychological-health-numbers</a></p> <p>Email: <a href="mailto:dha.ncr.j-9.mbx.phcoe-asmac-support@mail.mil">dha.ncr.j-9.mbx.phcoe-asmac-support@mail.mil</a></p>