

OPST Resource Information

Subject	Reference
Policy Guidance, Guidelines & CPGs	
DHA-PI 6025.04*	<p>Pain Management and Opioid Safety in the Military Health System (MHS) 06/08/2018</p> <p>https://www.health.mil/-/media/Files/MHS/Policy-Files/SIGNED--DHAPI-602504-Pain-Management-and-Opioid-Safety-in-the-MHS.ashx</p> <p><i>*will be revised and changed to DHA-AI in 2023</i></p>
DHA-PI 6025.07	<p>Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs) 06/19/2019</p> <p>https://www.health.mil/-/media/Files/MHS/Policy-Files/SIGNED--DHAPI-602507--Naloxone-in-the-MTFs.ashx</p>
DHA-PI 6025.15	<p>Management of Problematic Substance Use by DoD Personnel 04/16/2019</p> <p>https://www.health.mil/-/media/Files/MHS/Policy-Files/SIGNED--DHAPI-602515--Management-of-Problematic-Substance-Use-by-DoD.ashx</p>
DHA-PI 6025.25	<p>Military Health System (MHS) Drug Take Back (DTB) Program 02/20/2018</p> <p>https://www.health.mil/-/media/Files/MHS/Policy-Files/DHA-IPM/Military-Health-System-MHS-Drug-Take-Back-DTB-Program.ashx</p>
DoD Instruction 1010.16	<p>Technical Procedures for the Military Personnel Drug Abuse Testing Program</p> <p>https://prhome.defense.gov/Portals/52/Documents/RFM/Readiness/DDR/Docs/1%20DODI%201010.16%20Drug%20Lab%20Technical%20Procedures.pdf</p> <p>DoD Instruction 1010.16 <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>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."</p>
DoD- Instruction 6025.25	<p>DoD- Instruction 6025.25, Drug Take Back Program</p> <p>https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602525p.pdf</p>
DoD-PI 6025.07	<p>Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs) (DHA Procedural Instruction No.6025.07).</p> <p>https://www.health.mil/-/media/Files/MHS/Policy-Files/SIGNED--DHAPI-602507--Naloxone-in-the-MTFs.ashx</p>
SEC Army Directive, MAR 2019	<p>https://www.army.mil/article/219444/policy_change_allows_soldiers_to_seek_voluntary_alcohol_related_behavioral_healthcare</p>

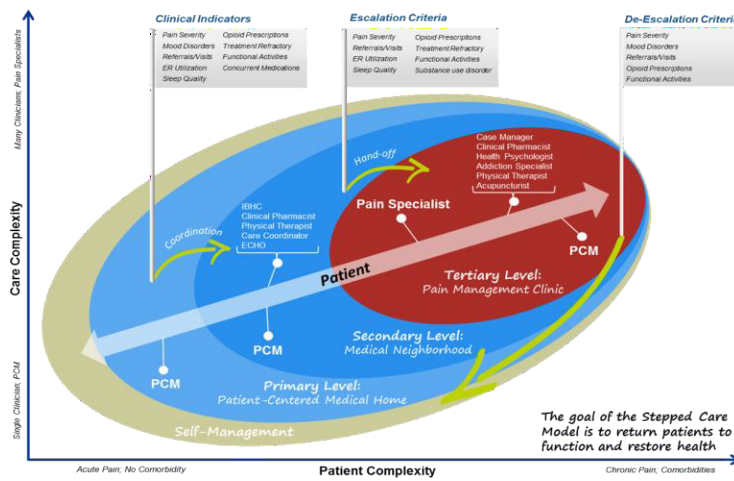
OPST Resource Information

VA/DoD Clinical Practice Guideline: Use of Opioids in the Management of Chronic Pain (2022)	https://www.healthquality.va.gov/guidelines/pain/cot/
CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022	https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm

OPST Resource Information

Graphics

Stepped Care Model for Pain



Opioid Overdose Education and Naloxone Distribution Program (OEND)

<https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Pharmacy-Operations/OEND-Program>

For Champions & Trainers



PASTOR DATA

Pain map

DVPRS

Treatment history

Type of Treatment (examples)	When it was used	Effectiveness
Exercise, physical therapy or occupational therapy	Currently	No
Other physical treatments (heat, massage, TENS)	Currently	Slightly
Behavioral treatment (CBT, relaxation, distraction)	Currently	Slightly
Muscle relaxants (cyclobenzaprine, methocarbamol, diazepam, etc.)	Currently	Slightly
Non-steroidal anti-inflammatory medication (ibuprofen) and/or acetaminophen (Tylenol, etc.)	Currently	Slightly
Neuropathic pain medications (gabapentin, nortriptylin, duloxetine, etc.)	Currently	Moderately
Complementary and integrative therapies (acupuncture, yoga, etc.)	Currently	Slightly
Opioid medications (oxycodone, morphine)	1-3 years ago	Slightly
Injection therapies (epidural steroid or joint injections, etc.)	Never	N/A
Orthopedic or neurosurgical surgeries (spinal fusion, arthroscopic joint surgeries, joint replacement, etc.)	Never	N/A

Alerts

Alert	Response
Pharmacy Pain Medication	Positive Screen
Other	Positive Screen
Functional Screen	Positive Screen
Depression	Positive Screen
Substance Use	Positive Screen
Neuropathic Pain Screen	Positive Screen

Assessments

- Depression
- Anxiety
- Anger
- Sleep
- Fatigue
- Pain interference
- Physical function
- Social roles
- Catastrophizing

Important activities impacted by pain

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DHA Consent for Opioid Therapy

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

"Medically Ready Force...Ready Medical Force"

https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20105.pdf

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DHA-PI 6025.25

MHS Drug Take Back Program



<https://www.health.mil/-/media/Files/MHS/Policy-Files/DHA-IPM/Military-Health-System-MHS-Drug-Take-Back-DTB-Program.ashx>

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

OPST Resource Information

Medication Assisted Therapies (MAT)	<p>https://www.healthquality.va.gov/guidelines/mh/sud/</p> <p>https://www.samhsa.gov/medication-assisted-treatment</p> <p>National Capital Region Pain Initiative (NCRPI) https://ncrpi.org/</p> <p>Buprenorphine</p> <p>Requires additional DEA certification- Available Virtually in DoD Contact: Christopher.j.spevak.civ@mail.mil <mailto:Christopher.j.spevak.civ@mail.mil></p> <p>Available at DOD pharmacies</p> <ul style="list-style-type: none">-Suboxone (buprenorphine + naloxone)-naloxone is not absorbed sublingually, added to prevent 'diversion'-Naltrexone
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OPST Resource Information

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:

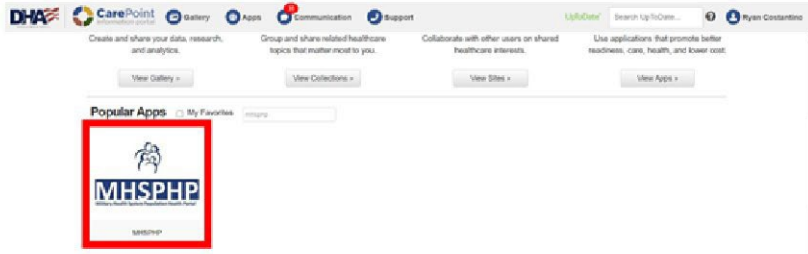
Consider military career implications

CarePoint Patient Look-up Tool

Where can I find it?

PLT-N is updated DAILY

- Step 1 - Visit carepoint.health.mil
- 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

Manual Entry:
 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:
 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
 08/20/2020 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

Benzo Dispensing History:
 ALGREEN CO (PHARMACY SE
 PHARMACY SE
 (MULTICARE H
 (ALGREEN CO)
 PHARMACY SE
 PHARMACY SE
 (ALGREEN CO)
 (ALGREEN CO)
 (ALGREEN CO)

RIOSORD Criteria:
 MEDD20
 benzo

Long Term Opioid Patient: Yes

MEDO OVER TIME

Date	MEDO
10/26/2020	115
10/06/2020	98
09/10/2020	94
08/20/2020	76
07/28/2020	86
07/06/2020	58

Report Generation Buttons:
 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?%3Aembed=y&%3Adisplay_count=no&%3AshowVizHome=no#1

OPST Resource Information

Opioid Therapy Risk Report (OTRR)

Opioid Therapy Risk Report (OTRR)



Long-Term Opioid Therapy
Patient Details

Patient Name: [Redacted] ED/PA: [Redacted] DOB: [Redacted]

Opioid Dispensings		Major procedure	Last PCP Visit	Pain Clinic	Mental Health	Opioid/Benzo Overlap Previous 90 Days
26-Oct-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)		10/06/17			64
06-Oct-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)					
10-Sep-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)					
20-Aug-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)					
29-Jul-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (ALBERTSONS LLC / SAV-ON PHARM)					

Opioid risk information, including RIOSORD score

Lab Collection Date:		METHADONE	OPIATE	OXY	TCA
06-Jul-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)				
19-Jun-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (WALGREEN CO / WALGREENS #05)				
01-Jun-20	HYDROMORPHONE HCL (TABLET) 4MG #120 DS15 (ALBERTSONS LLC / SAV-ON PHARM)				

Benzo Dispensings	
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://militaryrx.express-scripts.com/prescription-monitoring-program>

PMP Enrollment Form:

<https://xforce.tricare-prod.s3.amazonaws.com/s3fs-public/2021-06/MTF%20enr%20Restriction%20Request%20Form.pdf>

<https://xforce.tricare-prod.s3.amazonaws.com/s3fs-public/2021-06/Prescription%20Monitoring%20Program%20Enrollment%20Form%20%28PDF%29.pdf>

EXPRESS SCRIPTS
Express Scripts Pharmacy

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 (RPLM,ARM)
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.: _____
 DDD 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
 TYPE III LOCK Restrict specific medications or medication class

Restricted Drug: Short Acting Opioids Benzodiazepines/Barbiturates
 Long Acting Opioids Anesthetics
 Insulin

Step 2: Set Authorized Provider and/or Pharmacy

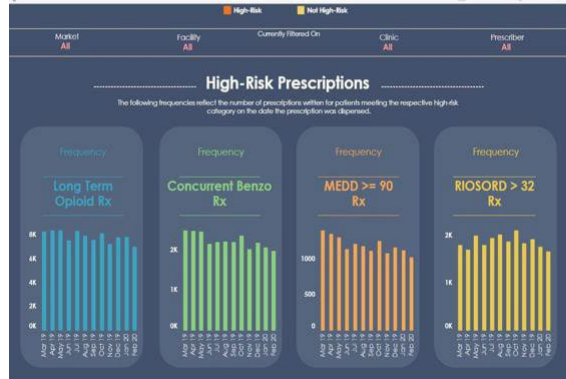
Authorized Provider(s): Add/Remove: _____ Provider Name: _____ DEANR: _____
 Authorized Pharmacy(ies) (select ONE ONLY): All MTF Pharmacies on Site (via Name)

- 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.

OPST Resource Information

Opioid Prescriber Trend Report

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

https://bitab.health.mil/#/views/Opioid_Prescriber_Trend_Report/OpioidPrescriberMonthlyTrendReport

Opioid Risk Recommended Clinical Action Report (ORRCA)

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	✗ Surveillance	Order UDS before next Rx renewal	
✓ Avoid use of methadone		DHA and CDC recommend UDS at least annually and more frequently in patients at higher risk.	
✓ Avoid use of fentanyl patch	✗ If not done: State prescription drug monitoring program (PDMP) at least yearly	Check state PDMP if not done within past year	
✓ Avoid use of long-acting opioids (ie, MS contin, oxy-Contin)	✗ If not done: Opioid education and consent	Instruct patient to read and sign Opioid Informed Consent before next renewal.	
✗ Recommend against prescribing opioids for patients taking benzodiazepines	✗ Evaluate for these conditions	Co-morbid conditions	
✗ Prescribe naloxone if MEDD is >50 or RIOSORD ≥33 or other high-risk condition.		Substance use disorder	Consider buprenorphine
		Sleep apnea	If sleep apnea status unknown, consider sleep study if STOP-BANG 3+
		Alcohol use disorder	Evaluate patient's alcohol use
			SUD is the single highest risk factor for opioid-related overdose. Medication assisted therapy provides best outcomes.
			Opioid use exacerbates both obstructive and central sleep apnea, which increases risk of overdose.
			Alcohol increases risk of opioid-related overdose.

Video Links

Joint Pain Education Program Videos

<https://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/pain-educational-videos/#understandpain>

Articles

The Pain Cycle

Beehler, G. P., Murphy, J. L., King, P. R., & Dollar, K. M. (2017). *Brief cognitive behavioral therapy for chronic pain: Therapist manual*. Washington, DC: U.S. Department of Veterans Affairs.


OPST Resource Information

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., & 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 (2nd 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. https://doi.org/10.1037/a0035747
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 (2nd ed.)</i> . Washington, DC: American Psychological Association.
Reference	Joint Pain Education Program Videos. (Producer). (2016). Defense and Veterans Pain Rating Scale (DVPRS) [Video file]. https://vimeo.com/174237044
Reference	Joint Pain Education Program Videos. (Producer). (2016). <i>Essentials of Good Pain Care</i> [Video file]. https://vimeo.com/185018655
Reference	Psychological Health Center of Excellence. (2018). <i>Brief Cognitive Behavioral Therapy for Acute Pain</i> . Silver Spring, MD: Defense Health Agency.

OPST Resource Information

Defense and Veterans Pain Rating Scale (DVPRS)	https://www.dvcipm.org/clinical-resources/defense-veterans-pain-rating-scale-dvprs/
Pain Assessment Screening Tool and Outcomes Registry (PASTOR)	https://www.dvcipm.org/clinical-resources/pain-assessment-screening-tool-and-outcomes-registry-pastor/
CarePoint	https://carepoint.health.mil

OPST Resource Information

	
OEND Train the Trainer Material	https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Pharmacy-Operations/OEND-Program/For-Champions-and-Trainers
VA/DOD Opioid Therapy and Substance Use Disorder Clinical Practice Guideline	https://www.healthquality.va.gov/guidelines/MH/sud/
Addictive Substance Misuse Advisory (ASMAC) Contact	Email: dha.ncr.i-9.mbx.phcoe-asmac-support@mail.mil