



Dear Mr. Ellis,

On behalf of the American Association of Psychiatric Pharmacists, the American College of Clinical Pharmacy, the American Pharmacists Association, the American Society of Consultant Pharmacists, the American Society of Health-System Pharmacists, the Hematology/Oncology Pharmacy Association, and the Society of Pain & Palliative Care Pharmacists it is our privilege to submit the attached petition to the Board of Pharmacy Specialties requesting recognition of pain management pharmacy practice as a specialty.

Pain is a symptom that impacts every patient at some point in their lives, ranging from a toothache to postoperative pain, to cancer pain. There are significant barriers to appropriate care for patients with pain, including lack of adequate training of health care professionals, system and organizational barriers, cultural attitudes about pain, and stereotyping and societal biases. Pharmacists play a critical role in decreasing barriers to access, improving pain-related health outcomes, improving safety, and assuring high-quality patient care.

Pain management pharmacist specialists (PMPS) are experts in delivering direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, within all care settings, and across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life care.

PMPS utilize pharmacokinetic and pharmacogenomic data, and their knowledge and experience with biopsychosocial factors, to design patient centered pain regimens and implement, monitor, and modify comprehensive medication plans to improve safety and efficacy to ensure optimal outcomes. Specialty pain pharmacy practice enhances public health by optimizing pain management, mitigating risk, and implementing harm reduction strategies. Highly advanced communication skills, the ability to interpret published literature in a dynamic and evolving practice area, and a focus on quality and safety in compliance with established standards, regulations, and professional best practices are required for PMPS.

The partnering associations believe there is strong evidence for support of this specialty through analysis of public health needs and trends; review of the role delineation study for pharmacists whose practice includes pain management; survey results from PMPS and employers; evaluation of peer-reviewed literature; and support evident through discussions with association and practice leaders.



Our profession, patients, and society would benefit through the specialty recognition and credentialing of PMPS.

We look forward to consideration of this petition by BPS and the profession of pharmacy. Each of us would be willing to answer questions or provide additional insights and information as needed.

Sincerely,

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**A Petition to the  
Board of Pharmacy Specialties  
Requesting Recognition of  
Pain Management Pharmacy Practice  
as a Specialty**

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**Sponsored by:**

**American Association of Psychiatric Pharmacists (AAPP)  
American College of Clinical Pharmacy (ACCP)  
American Pharmacists Association (APhA)  
American Society of Consultant Pharmacists (ASCP)  
American Society of Health-System Pharmacists (ASHP)  
Hematology/Oncology Pharmacy Association (HOPA)  
Society of Pain and Palliative Care Pharmacists (SPPCP)**

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Disclosure: Jann B. Skelton is under contract with the petitioning organizations to coordinate the development and submission of this petition. She received payment for her work on this initiative.

### ***Definition of Pain Management Pharmacist Specialists***

*Pain management pharmacist specialists are experts in the delivery of direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings.*

*Pain management pharmacist specialists utilize pharmacokinetic and pharmacogenomic data, and biopsychosocial factors, to design patient-centered pain regimens and implement, monitor, and modify comprehensive medication plans to improve safety and efficacy that result in optimal outcomes. Specialty pain pharmacy practice enhances public health by optimizing pain management, mitigating risk, and implementing harm reduction strategies. Highly advanced communication skills, the ability to interpret published literature in a dynamic and evolving practice area, and a focus on quality and safety in compliance with established standards, regulations, and professional best practices are required for pain management pharmacist specialists.*

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***A Petition to the Board of Pharmacy Specialties (BPS) Requesting Recognition of  
Pain Management Pharmacy Practice as a Specialty***

***Executive Summary***

***Definition of Pain Management Pharmacist Specialists***

*Pain management pharmacist specialists are experts in the delivery of direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings.*

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*—AAPP/ACCP/APhA/ASCP/ASHP/HOPA/SPPCP Task Group*

***Background***

By acquiring specialized knowledge and skills and creating a unique practice beyond the scope of pharmacy practice defined by licensure examination, an increasing number of pharmacists have distinguished themselves through the care of patients with pain in various practice settings according to the above definition of pain management pharmacist specialists (PMPS). In recognition of these efforts, the American Association of Psychiatric Pharmacists (AAPP),

American College of Clinical Pharmacy (ACCP), American Pharmacists Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), Hematology/Oncology Pharmacy Association (HOPA), and Society of Pain and Palliative Care Pharmacists (SPPCP) have partnered to develop a petition to the Board of Pharmacy Specialties (BPS) to recognize pain management pharmacy practice as a specialty.

### ***Petition Overview***

Pain is a symptom that impacts every person at some point in their lives, ranging from a toothache to a broken bone to cancer pain. There are significant barriers to appropriate care for patients with pain, including lack of adequate professional training for health care providers, system and organizational barriers, cultural attitudes about pain, and stereotyping and societal biases. Pharmacists play a critical role in decreasing barriers to access, improving pain-related health outcomes, improving safety, and assuring high-quality patient care.

Pain can be considered a public health challenge for a number of important reasons having to do with prevalence, seriousness, disparities, the impact on vulnerable populations, the utility of population health strategies, and the importance of prevention at both the population and individual levels. Although the exact scope of the impact of pain is somewhat challenging to quantify, it is large. In 2016, an estimated 20.4% of U.S. adults had chronic pain, and 8.0% of U.S. adults had high-impact chronic pain. Both were more prevalent among adults living in poverty, adults with less than a high school education, and adults with public health insurance. Chronic pain alone contributes to an estimated \$560 billion to \$635 billion each year in direct medical costs, lost productivity, and disability programs. Inadequate pain management interferes with daily activities, causes emotional distress, and results in a reduction in quality of life.

### ***BPS Petition Process***

The BPS *Petitioner's Guide for Recognition of a Pharmacy Practice Specialty* outlines seven criteria, each with a list of supporting guidelines, to be addressed in a petition for specialty recognition.<sup>1</sup> The petitioning organizations conducted a comprehensive literature review and examined, in detail, the BPS *Role Delineation Study: Pain Management Pharmacy* to support the development of this petition.<sup>2</sup> We also conducted a web-based survey of PMPS and their employers, the *Survey of Pain Management Pharmacist Specialists Interested in Board Certification*, to provide additional, timelier data for the petition. The evidence presented in the petition for each of the BPS criteria is briefly summarized below.

### ***Criterion A: Need***

*This criterion identifies the public health and patient care needs that are currently unmet by pharmacists in generalized practice, pharmacists practicing in other specialty areas, or other*

*health professionals. The petition establishes how pain management pharmacists can effectively meet these needs.*

Pharmacists have played an important role in the care of patients with pain for decades. The pioneers in this specialty worked to define standards of care and professional ethics for the care of patients with pain. They navigated the balance between ensuring medication access for patients in pain and working to mitigate the challenges of diversion and misuse of controlled substances, often in an environment that was much less patient-centered. Pioneers in this clinical practice also worked to support patients with substance use disorders, including managing withdrawal symptoms, providing patient and caregiver education, and managing medication-assisted treatment.

There is considerable breadth and depth to the pain management services specialists provide. PMPS focus on the care of patients across the lifespan and across all practice settings, including inpatient, outpatient, community-based, long-term care, and hospice.

The focus on improving pain management for patients led to the increased use of opioid medications, ushering in more challenging patient safety risks. These rapid shifts have necessitated an increase in pain management services and interventions across pharmacy practice settings, with goals to optimize pain management, decrease adverse events, decrease the use of inappropriate medications for pain, and improve patient satisfaction.

There is a need for a mechanism to identify, recognize, and provide access to PMPS who can meet patient needs for specialized medication management. Individuals who have obtained specialist recognition and have attained the additional training, experience, and expertise to lead patients, the profession, other health care providers, and society to better public health are necessary for managing diseases and reducing preventable conditions, complications, and sequelae. BPS recognition of pain management pharmacy practice as a specialty would provide a mechanism through which pharmacists could attain voluntary certification that recognizes the achievement of a focused and distinct level of specialized knowledge, experience, and skills in serving the unique medication needs of patients.

There is likely some potential level of overlap between the proposed PMPS and virtually all existing BPS specialties, possibly with the exception of nutrition support, nuclear pharmacy, and compounded sterile preparations. Pain can be evident in most disease areas, at ages across the lifespan, and across all practice settings. The petitioning organizations feel strongly that the evidence presented in this petition will justify the recognition of PMPS.

The *Role Delineation Study: Pain Management Pharmacy* outlines four domains within the proposed pain management specialty, with validation of 58 distinct and specialized knowledge bases underpinning these domains. There are distinct domains and functional areas for pain management practice compared with each of the minor overlapping tasks within other recognized BPS specialties. Without additional training and experience, the knowledge, skills, training, and functions of other BPS-credentialed specialists lack the depth of specificity required to provide care to patients with pain. These significant differences between pain management pharmacy practice and other recognized BPS specialties, reinforced by the nuanced complexity of managing medications for a broad spectrum of patients and disease areas, make it important for BPS to independently recognize PMPS.<sup>2</sup>

***Criterion B: Demand***

*The criterion establishes that there exists a significant and clear health demand to provide the necessary public reason for certification. This is demonstrated through employer survey data, assessment of employment opportunities for pain management pharmacist specialists, and letters and statements by individuals in specific areas within the health care system. Demand is viewed as a willingness and ability to purchase the services of a board certified pharmacist.*

The demand for PMPS is demonstrated through sustained growth in employer demand and the increase in specialty training programs. Additionally, 18 individuals and organizations contributed letters of support that specifically attest to the demand for pharmacists with training and knowledge to provide specialized services in pain management pharmacy practice.

The value of specialty recognition is becoming increasingly important to employers of PMPS. The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* included a subset of questions that were completed by individuals with direct responsibility for hiring pharmacists in pain management practice. Hiring managers that responded indicated they had recruited for 162 PMPS over the past 3 years and had filled more than 86% of these positions. These same employers estimate that they will fill an additional 142 positions over the next 3 years and currently report 78.4 vacant positions within their organizations. Employers also estimated the growth in the number of pain management pharmacy positions within their organizations over the next 5 years, with 97.6% of respondents anticipating an increase in these positions.

Over 86% of employers responding to the *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* indicated that it was “highly likely,” “likely,” or “somewhat likely” that they would require a new specialty credential in pain management if approved by BPS for newly hired pharmacists. Of those responses, over 70% indicated that it was “highly

likely,” “likely,” or “somewhat likely” that they would require a new specialty credential in pain management if approved by BPS for currently employed PMPS. The survey also showed that only 27% of PMPS positions currently require BPS certification or another earned credential. These results imply that a credential more targeted to the specific needs of PMPS would be in demand in the marketplace.

**Criterion C: Number and Time**

*This criterion quantifies that there are a reasonable number of individuals who devote time in their practice to pain management pharmacy practice.*

The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* was fielded to members of AAPP, ACCP, APhA, ASCP, ASHP, HOPA, and SPPCP who self-identified as PMPS, which received 352 responses. Of the responding pharmacists, 95% indicated that they are practicing at a specialty level. Based on these survey results and the available literature, we draw the conclusion that approximately 12,000 pharmacists are currently engaged as PMPS. Likely, this number is underestimated because not all PMPS are members of the partnering professional organizations. However, we believe that pharmacists who are engaged as members of professional associations are more likely than others to pursue specialty recognition.

Pain management pharmacy practice has significantly grown over the past decade, as evidenced by the increased number of postgraduate year two (PGY2) specialty residency programs in pain management/palliative care pharmacy. In 2008, there were two ASHP-accredited specialty residency programs in pain management/palliative care. Today, these programs number 31, a 1,450% increase. Approximately 35 PMPS graduate annually from these programs.

Results from the role delineation study show that respondents are highly engaged in pain management pharmacy practice, with 61% of respondents reporting 21 or more hours per week spent in pain management pharmacy practice. The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* showed that over 93% of respondents, or 312 pharmacists, indicated that they would be “highly likely,” “likely,” or “somewhat likely” to pursue specialty recognition in pain management certification within 5 years if such recognition were made available.

**Criterion D: Specialized Knowledge and Criterion E: Specialized Tasks/Skills**

*These criteria outline the specialized knowledge of one or more of the pharmaceutical sciences and the biological, physical, behavioral, and administrative sciences which underlie them that are required by pain management pharmacists and represent the specialized tasks/skills of pain*



*management pharmacists, which are distinct from other BPS-recognized pharmacy specialties.*

BPS has conducted a role delineation study for pain management pharmacy practice and issued a call for petitions in this specialty area. Therefore, Criterion D and Criterion E are not required as part of the petition to BPS.

***Criterion F: Education and/or Training***

*This criterion describes the education, training, and experience required to acquire specialized knowledge and skills to perform the specialized functions and distinguishes from the generalized practitioner and the requirements of initial licensure.*

According to the Accreditation Council for Pharmacy Education's *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*, the pharmacy curriculum provides a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. The degree program prepares graduates to:

- Enter advanced pharmacy practice experiences (APPE-ready).
- Provide direct patient care in a variety of health care settings (practice-ready).
- Contribute as a member of an interprofessional collaborative patient care team (team-ready).<sup>3</sup>

Following licensure, pharmacists can acquire the differentiated knowledge and skills required for specialized pain management pharmacy practice by a variety of methods. These methods may include, but are not limited to:

- Doctor of Pharmacy degree, clinical work experience, and self-study.
- Doctor of Pharmacy degree, postgraduate year one (PGY1) residency training, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, clinical and/or research fellowship programs, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, postgraduate year two (PGY2) specialty residency in pain management/palliative care, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, postgraduate year two (PGY2) specialty residency in internal medicine or other specialty area, clinical work experience, and self-study.

The most effective way to prepare for a career as a PMPS is to complete a PGY1 pharmacy residency and a PGY2 residency in pain management/palliative care. PGY2 pain management/palliative care residency programs provide the most comprehensive experiential learning opportunities in pain management pharmacy practice. In the *Survey of Pain*

*Management Pharmacist Specialists Interested in Board Certification*, fielded by the petitioning organizations, employers of PMPS were asked the desired level of training for pharmacists practicing in this specialty. Ranked highest was a PGY2 residency in pain management/palliative care. As of July 11, 2022, there were 31 PGY2 pain management/palliative care residency programs with 35 residency positions.

***Criterion G: Transmission of Knowledge***

*The criterion establishes that there is adequate transmission of specialized knowledge through professional, scientific, and technical literature directly related to specialized pain management pharmacy practice.*

Transmission and dissemination of specialized knowledge in pain management pharmacy practice occurs through national standards and guidance, formal networking groups within professional practice associations, peer-reviewed publications and periodicals, live educational programming, and enduring educational resources in print- and web-based vehicles. National standards and guidance transmit knowledge through rules, regulations, standards, guidelines, and position papers authored by national organizations and government entities. Professional organizations and networking groups help PMPS practice at the top of their license by encouraging professional interactions and providing opportunities for practice advancement through educational programming, newsletters, research networks, and leadership. Each year, pharmacy and other health care organizations offer live and web-based continuing pharmacy education opportunities related to new developments and issues concerning pain management pharmacy practice that facilitate the dissemination of knowledge and practice excellence. Enduring resources are also available through various methods. A significant number of articles pertaining to pain management pharmacy practice are published annually and are detailed within the petition.

***Conclusion***

PMPS have been involved and focused on the care of patients with pain for decades. In all areas of pain management practice, collaboration with other members of the health care team is critical to prevent medication errors, ensure appropriate medication use, and ensure that desired therapeutic outcomes are achieved. The highly variable needs of patients with pain are sufficiently diverse to support recognition of PMPS as a separate and distinct specialty. Effective, successful, high-quality care for these patients will require the full application of specialized knowledge and skills of PMPS and those who would seek to achieve specialty recognition in pain management pharmacy practice.

The ultimate goal of pharmacotherapy specialization is to ensure quality patient care and

improve therapeutic outcomes by optimizing medication use. As the public demand for pain management continues to expand, the field of pain management continues to expand in both scope and complexity. There is a clear need for highly trained specialists with expertise in pain management. A stand-alone specialty in pain management pharmacy practice would clearly identify for employers, physicians, patients, and the public those individuals with specialized competencies and expertise in pain management.

## **References**

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<sup>1</sup> Board of Pharmacy Specialties. Petitioner's Guide for Recognition of a Pharmacy Practice Specialty. May 2015. Accessed [date]. Available at:

<https://www.bpsweb.org/wp-content/uploads/2015/11/petitionersguide.pdf>

<sup>2</sup> Board of Pharmacy Specialties. *Role Delineation Study: Pain Management Pharmacy*. Unpublished data, October 2021.

<sup>3</sup> Accreditation Council for Pharmacy Education. *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree ("Standards 2016")*. Accessed February 14, 2023. Available at: <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>

## CRITERION A: Need

The area of specialization shall be one for which specifically trained practitioners are needed to fulfill the responsibilities of the profession of pharmacy in improving the health and welfare of the public, which responsibilities may not otherwise be effectively fulfilled. ***This criterion addresses NEED.*** BPS defines NEED as a condition of requiring supply.

Pain is one of the most common reasons adults seek medical care in the United States.<sup>1</sup> The symptom of pain impacts every person at some point in their lives, ranging from a toothache to postoperative pain to cancer pain. There are significant barriers to appropriate care for patients with pain, including lack of adequate professional training, system and organizational barriers, cultural attitudes about pain, and stereotyping and societal biases.<sup>2</sup> Pharmacists play a critical role in decreasing barriers to access, improving pain-related health outcomes, improving safety, and assuring high-quality patient care.

Pain can be considered a public health challenge for several important reasons: prevalence, seriousness, disparities, the impact on vulnerable populations, the utility of population health strategies, and the importance of prevention at both the population and individual levels.<sup>3</sup> Although the exact scope of the impact of pain is somewhat challenging to quantify, it is large. In 2016, an estimated 20.4% of U.S. adults had chronic pain, and 8.0% of U.S. adults had high-impact chronic pain. Both were more prevalent among impoverished adults, adults with less than a high school education, and adults with public health insurance.<sup>4</sup>

Chronic pain alone contributes to an estimated \$560 billion to \$635 billion yearly in direct medical costs, lost productivity, and disability programs.<sup>5</sup> Inadequate pain management interferes with daily activities, causes emotional distress, and reduces quality of life. These impacts can be serious, with untreated pain or inappropriate medication management being linked to patient suicide.<sup>6</sup>

The practice area of pain management has experienced significant growth and expanded clinical sophistication over the last several decades as pharmacists work to ensure that patients' pain is adequately and safely addressed. Many pain management pharmacist specialists (PMPS)

have completed formal, postgraduate residency training and possess unique knowledge about pain management and the care of patients with pain.

There is considerable breadth and depth to the pain management services specialists provide. PMPS focus on the care of patients across the lifespan and across all practice settings, including inpatient, outpatient, community-based, long-term care, and hospice. PMPS engage in patient care services delivered face-to-face and virtually and are integral members of pain management care teams.

**GUIDELINE 1. Identify specific public health and/or patient care needs that are not being met currently and which pharmacists in the proposed specialty can meet effectively. If these needs are currently being met by another BPS Specialty, other areas of pharmacy practice, or by other health professionals, describe how these needs can be met more effectively by pharmacists in the proposed specialty.**

### ***Roles of Pain Management Pharmacist Specialists***

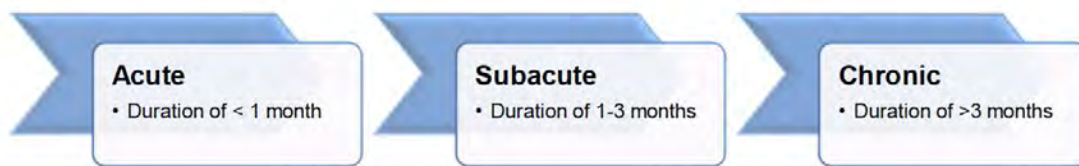
Pharmacists have played an important role in caring for patients with pain for decades. The pioneers in this specialty worked to define standards of care and professional ethics for the care of patients with pain.<sup>7</sup> They navigated the balance between ensuring medication access for patients in pain and working to mitigate the challenges of diversion and misuse of controlled substances, often in an environment that was much less patient centered.<sup>8,9</sup> PMPS were leaders in implementing pain and palliative care services. Pioneers in this clinical practice also worked to support patients with substance use disorders, including managing withdrawal symptoms, providing patient and caregiver education, and managing medication for opioid use disorders (OUD).<sup>10,11,12</sup>

There has been a significant evolution over the last 30 years in how pain is assessed and treated. The focus on improving patient pain management led to the increased use of opioid medications, ushering in more challenging patient safety risks. These rapid shifts have necessitated an increase in pain management services and interventions across pharmacy practice settings, with goals to optimize pain management, decrease adverse events, increase the appropriate use of medications for pain, and improve patient satisfaction.<sup>13</sup>

In 2022, the Centers for Disease Control and Prevention (CDC) updated the CDC Clinical Practice Guideline for Prescribing Opioids for Pain, which acknowledges explicitly the pharmacist's role within team-based care and promotes integrated pain management and collaborative working relationships among clinicians, including behavioral health specialists such as social workers or psychologists, pharmacists, and registered nurses. These same guidelines differentiated the

types of pain—acute, subacute, and chronic—and reinforced the need for pain to be assessed and treated independent of whether opioids are part of a treatment regimen (Figure A-1).<sup>14</sup>

**Figure A-1. Types of Pain<sup>14</sup>**



According to the Board of Pharmacy Specialties (BPS) *Role Delineation Study: Pain Management Pharmacy*, pain management pharmacists are medication experts on the health care team and provide integrated pain management services for patients in a wide variety of settings, including inpatient units, outpatient clinics, emergency departments, operating rooms/post-anesthesia care units, and end-of-life palliative care, among others. Pharmacists in this specialty provide pain management care to patients with a variety of pain-related pathologies and comorbidities, including:<sup>15</sup>

- Acute pain.
- Cancer-related pain.
- Chronic noncancer pain.
- Post-surgical pain.
- Complex comorbid disease states.

### ***Opioid Stewardship***

Ensuring access to opioids for patients who have a medical need while working to prevent misuse, abuse, and diversion is a complex balancing act for pharmacists.<sup>16</sup> “Stewardship” is defined as supervising or taking care of something. It is a term found in many aspects of health care, most specifically in pharmacy practice as it relates to antimicrobials and opioids.<sup>17</sup>

Learning from the well-established parallel of antimicrobial stewardship, requirements that need to be applied to opioid stewardship for optimal outcomes are a dedicated and trained pharmacist resource and a declaration that opioid stewardship is essential for health-system accreditation. Pharmacists have extensive knowledge of analgesic medications and are best equipped to guide appropriate medication use and educate patients and clinicians. PMPS can discuss various analgesic options with patients, help empower them to participate in their care, and facilitate shared decision-making.<sup>18</sup>

According to the National Quality Forum's *National Quality Partners Playbook: Opioid Stewardship*, proficiency in managing complex pain is central to opioid stewardship.<sup>19</sup> This includes an understanding of the pharmacology of analgesics and their therapeutic application and extends into the appropriate and safe use of analgesics, with effective monitoring and surveillance.

Since the U.S. Department of Health and Human Services (HHS) declared the opioid epidemic to be a public health emergency in 2017, significant interest and effort have been placed into improving safe and effective pain management for patients and decreasing the risk for patients caused by opioid medications.<sup>20</sup> Opioid misuse remains a significant health issue across all patient populations. PMPS have extensive roles to play in educating and supporting patients and ensuring the appropriate use of opioid medications.

Contemporary data indicate that the economic burden of the opioid crisis is \$78.5 billion a year in the United States, including the costs of health care, lost productivity, and addiction treatment.<sup>21</sup> Studies highlight the pharmacist's critical role in addressing this crisis by ensuring the safe and appropriate use of opioids, which can decrease morbidity, mortality, use of health services and societal resources, and costs. The expanding scope of practice and the amendment of existing regulations and legislations have the potential to maximize the contribution of pharmacists to address this crisis.<sup>22</sup>

In 2016, the American Society of Health-System Pharmacists (ASHP) released a statement on the pharmacists' role in substance abuse prevention, education, and assistance which states that pharmacists have the unique knowledge, skills, and responsibilities for assuming an important role in substance abuse prevention, education, and assistance. Pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, health systems, and the pharmacy profession.<sup>23</sup>

In 2019, the ASHP Opioid Task Force examined how pharmacists, as the medication experts on the interprofessional team, can improve patient and public health while driving practice change, engaging in community-wide opioid-related efforts, and advancing policy solutions. The following recommendations were published to provide a synergistic roadmap on how pharmacists can address the opioid epidemic while ensuring safe and effective pain management:<sup>24</sup>

- Identify pharmacists' roles in initiating, building, and growing opioid stewardship.
- Identify best medication-related pain management prescribing practices that optimize the use of nonopioid therapies.

- Identify the public health roles that pharmacists play in their communities in relation to prevention and treatment of OUD.
- Develop recommendations on a solutions-focused public policy agenda.
- Identify education, tools, and other resources to help hospitals and health systems address the opioid crisis, including in areas related to drug diversion prevention and mitigation.

The National Institute on Drug Abuse, the National Institutes of Health, and the Office of the Assistant Secretary for Planning and Evaluation of the HHS specifically outlined roles for pharmacists in addressing the opioid crisis. These roles include:<sup>25</sup>

- Utilize available prescription drug monitoring programs to help prevent the diversion of opioids.
- Identify signs of opioid misuse by patients (e.g., multiple prescriptions from different physicians) and inappropriate prescribing or hazardous drug combinations.
- Supply patients with information on the risks of opioids, proper storage and disposal of medications, and the harms of sharing medications with others.
- Serve as a site for distributing the opioid antagonist naloxone and provide guidance about its use.
- Recommend addiction treatment to patients and be a resource for information on addiction treatment options in the community.
- Provide medications such as buprenorphine and methadone to patients.
- Implement research to enhance the delivery of addiction interventions and medications in pharmacy settings.
- Provide education about the neurobiology and management of pain and its links to opioid misuse and addiction in patients.

Increasingly, other members of the health care team recognize the roles that pharmacists can play in opioid stewardship.<sup>26</sup> Osteopaths recommend one strategy to avoid and mitigate opioid-involved drug interactions and obtain a favorable risk-benefit associated with opioid use: partnering with pharmacists in clinical practice.<sup>27</sup> PMPS have been shown to improve opioid prescribing and risk mitigation implementation, avoid costs associated with opioid-related adverse events, and increase patient and team satisfaction.<sup>13,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42</sup> These professionals have also improved patient outcomes and decreased morbidity and mortality by reducing the coprescribing of opioids and benzodiazepines.<sup>43,44</sup>

Quality indicators for opioid stewardship continue to evolve. The American Hospital Association has developed an Opioid Stewardship Measurement Implementation Guide to provide an effective and actionable list of measures to implement best practices using data, address



potential gaps in patient care, and identify opportunities for continued improvements in opioid stewardship.<sup>45</sup> In addition, a multiprofessional stakeholder group within a health system developed a set of 19 valid and feasible quality indicators that can be used to evaluate opioid stewardship interventions in the hospital and emergency department settings. The selected indicators emphasize the importance of safe inpatient opioid use and discharge prescriptions, and most quality indicators could be positively impacted by a PMPS. The top five quality indicators by priority were the proportion of patients with:<sup>46</sup>

- Naloxone administrations.
- As-needed opioids with duplicate indications.
- Long-acting or extended-release opioids if opioid-naïve.
- The average dose of morphine milligram equivalents (MME) administered per day.
- The proportion of opioid discharge prescriptions exceeding 7 days.

The U.S. Department of Veterans Affairs (VA) has been a leader in the engagement of pharmacist specialists in addressing opioid use. The Opioid Safety Initiative focuses on the safe and appropriate use of opioids in the veteran population and requires well-orchestrated, interprofessional team-based care across practice settings when opioids are needed as part of patient care. The VA leverages Clinical Pharmacist Practitioners (CPP) as advanced practice providers authorized, under a scope of practice (the VA version of a collaborative practice agreement), to autonomously prescribe medications and provide comprehensive medication management services across primary, specialty, and acute care practice settings. The impact of CPPs on metrics related to opioid safety are outlined in Table A-1.<sup>47</sup>

**Table A-1. Clinical Pharmacist Practitioner Impact on Veterans Health Administration Metrics Related to Opioid Safety<sup>47</sup>**

Opioid Safety Metric	Most Common Practice Areas	CPP Impact through Comprehensive Medication Management (CMM) Services
Rate of Opioid Prescribing	<ul style="list-style-type: none"> <li>• PACT</li> <li>• Acute Care</li> <li>• Pain Specialty</li> </ul>	<ul style="list-style-type: none"> <li>• CPP evaluates opioid prescriptions for appropriateness, effectiveness, adherence, and risk mitigation. Patients may be referred, or the CPP may use population management tools to review and coordinate care with the Primary or Specialty Care Provider.</li> <li>• CPP may manage opioid tapers and implement non-opioid based pain treatments to mitigate opioid use.</li> </ul>
Use of Benzodiazepines in combination with Opioids	<ul style="list-style-type: none"> <li>• Pain Specialty</li> <li>• Mental Health (MH)</li> <li>• PACT</li> </ul>	<ul style="list-style-type: none"> <li>• CPP educates the patient related to risk of concomitant use and offers other treatment options.</li> <li>• CPP may initiate and monitor medication tapers or changes as well as withdrawal assessment and symptom management.</li> <li>• CPP may use population management tools to review and coordinate care with the Primary, Pain Specialty or MH Provider.</li> </ul>
High Dose Opioids (based on MEDD)	<ul style="list-style-type: none"> <li>• Pain Specialty</li> <li>• PACT</li> </ul>	<ul style="list-style-type: none"> <li>• Pain CPP addresses high dose opioid use and initiates and monitors medication changes and/or tapers.</li> <li>• Patients may be referred, or the CPP may use population management tools to review and coordinate care with the Primary or Specialty Provider</li> </ul>
Naloxone Prescribing	All Practice Settings	<ul style="list-style-type: none"> <li>• CPP provides opioid overdose education, naloxone education, and prescribes naloxone kits for patients at risk of opioid overdose.</li> <li>• CPP may use population management tools to identify and outreach to patients who may need a naloxone kit.</li> </ul>
Informed Consent for Long Term Opioid Therapy for Chronic Pain (non-cancer)	<ul style="list-style-type: none"> <li>• PACT</li> <li>• Pain Specialty</li> </ul>	<ul style="list-style-type: none"> <li>• CPP provides opioid medication education for patients focused on safe use of pain medications, risks, benefits.</li> <li>• CPP may provide “Safe and Responsible Use of Opioids for Chronic Pain – A Patient Education Guide” for patients on chronic opioids as part of provision of care.</li> </ul>
Urine Drug Testing (UDT)	<ul style="list-style-type: none"> <li>• Pain Specialty</li> <li>• MH</li> <li>• PACT</li> <li>• Acute Care</li> <li>• Other specialty</li> </ul>	<ul style="list-style-type: none"> <li>• CPP orders UDT as part of safety monitoring, interprets and intervenes on unexpected results for patients they are actively managing or when consulted (e.g. e-consults).</li> <li>• CPP may identify unexpected UDT results and coordinate response with the attending provider.</li> </ul>
Prescription Drug Monitoring Program (PDMP)	<ul style="list-style-type: none"> <li>• Pain Specialty</li> <li>• MH</li> <li>• PACT</li> <li>• Acute Care</li> <li>• Other specialty</li> </ul>	<ul style="list-style-type: none"> <li>• CPP performs PDMP queries as part of safety monitoring, interprets and intervenes on unexpected findings for patients they are actively managing or when consulted (e.g. e-consults).</li> <li>• CPP may identify unexpected PDMP results and coordinate response with the attending provider.</li> </ul>
OUD treatment (SUD16 metric - % pts w/OUD receiving medication)	<ul style="list-style-type: none"> <li>• PACT</li> <li>• Pain</li> <li>• MH</li> <li>• Acute Care</li> </ul>	<ul style="list-style-type: none"> <li>• CPP increases access to OUD treatment by prescribing and managing naltrexone for patients with an OUD diagnosis and collaborating with X-waivered prescribers for buprenorphine induction, stabilization and maintenance phases. CPP refers for higher level of care when indicated.</li> </ul>

PMPS have multiple, complex roles in ensuring safe and appropriate opioid use. They uniquely practice at the interface between health care professionals and the general public, and are trained in a range of biological, biochemical, pharmacologic, clinical, communicative, and social sciences.<sup>48</sup> PMPS work to reduce the stigma surrounding OUD by applying education and practice approaches.<sup>49</sup> Specialists engage with patients and physicians, make treatment recommendations, optimize pain management, conduct patient assessments, engage in risk

stratification, provide education, make appropriate referrals, and implement risk reduction strategies.<sup>33,35,50,51,52,53,54,55,56,57,58,59,60</sup>

Evidence that supports the role of PMPS in the management of opioid medications includes:

- A pilot program assessed the feasibility of pharmacist-led identification of a population for pain management and opioid stewardship. All patients admitted to the hospital were screened; electronic health record reports identified all opioid, antidepressant, and benzodiazepine administrations within the previous 24 hours and pertinent family and social history risk factors for OUD and opioid-induced respiratory depression (OIRD). Data were exported to spreadsheets and calculated risk scores for OUD and OIRD, and opioid utilization and MME were tabulated. Chart reviews were completed on patients identified as high risk for OUD or OIRD if MME was 90 or greater, or those receiving four or more opioid doses “as needed” in the previous 24 hours. Potential regimen adjustments based on the primary investigator’s judgment were categorized. The mean number of patients identified per day to receive stewardship was 13, and 18.6 potential interventions per day were identified. Based on the results of this pilot, pharmacist-led identification of inpatients warranting pain and opioid stewardship were considered feasible.<sup>61</sup>
- This project identified the impact of an advanced practice pharmacist with controlled substance prescriptive authority on MME dose and compliance with opioid risk mitigation. Patients seen in the Pharmacy Pain Clinic had a statistically significant reduction in MME from consult (93 MME) to discharge (31 MME) ( $P < 0.01$ ). There was also a statistically significant ( $P < 0.01$ ) improvement in the use of opioid risk mitigation strategies, including urine drug screen, informed consent, naloxone, prescription drug monitoring program checks, and stratification tool for opioid risk mitigation dashboard reviews. An advanced practice pharmacist with controlled substance prescriptive authority improved patient care with demonstrated statistically significant differences in MME and adherence with opioid risk mitigation from consult to discharge.<sup>62</sup>
- A pilot study aimed to evaluate care gaps in risk- and harm-reduction strategies for 23 patients prescribed opioids and implement pharmacist-led interventions focused on identifying medication-related problems and developing treatment plans for pain management. The pilot program’s goal was to optimize pain management, improve provider–patient engagement, and reduce risk and harm associated with opioids. Untreated depression, anxiety, and insomnia were the most common problems identified by pharmacists in this study (68%). Psychopathology is a predictor of opioid abuse, misuse, and overdose and should be a treatment target as part of a pain management regimen. Pharmacists implemented and documented risk-reduction strategies and coprescribed naloxone more frequently compared with clinic providers. The program enhanced the pharmacists’ ability to make safe and clinically appropriate decisions with regard to filling opioid prescriptions.<sup>63</sup>
- A retrospective analysis was conducted to evaluate the impact of a pharmacy-directed pain management service designed to optimize analgesic pharmacotherapy, minimize adverse events, and improve patients’ pain management experience. Significant decreases in the use of institutionally defined high-risk opioid medications (e.g., parenteral hydromorphone, fentanyl, transdermal fentanyl patches), a decrease in total institutional opioid use, increased coanalgesic and adjunctive medication use, and a decrease in rapid response team and code blue events associated with opioid-induced oversedation were seen after service implementation.<sup>13</sup>
- This prospective study evaluated the effectiveness of an integrated pain team (IPT) clinic in decreasing opioid dose and mitigating opioid risk. Interdisciplinary IPT—consisting of a

collocated medical provider, psychologist, and pharmacist—embedded in VA primary care providing short-term biopsychosocial management of veterans with chronic pain and problematic opioid use. Compared with veterans receiving usual primary care (UPC), those followed by IPT had a greater mean morphine equivalent daily dose decrease of 42 mg versus 8 mg after 3 months and 56 mg versus 17 mg after 6 months. In adjusted analysis, compared with UPC, veterans in IPT achieved a 34-mg greater mean reduction at 3 months ( $P = 0.002$ ) and 38-mg greater mean reduction at 6 months ( $P = 0.003$ ). Nearly twice as many patients receiving care through IPT versus UPC reduced their daily opioid dose by  $\geq 50\%$ , representing more than a 2-fold improvement at 3 months, which was sustained at 6 months (odds ratio [OR], 2.03; 95% confidence interval [CI], 1.04-3.95;  $P = 0.04$ ). Significant improvements were also demonstrated in opioid risk mitigation by 6 months, including increased urine drug screen monitoring, naloxone kit distribution, and decreased coprescription of opioids and benzodiazepines (all  $P$  values  $< 0.001$ ).<sup>64</sup>

- A pilot study evaluated the impact of a previsit pharmacist review of 45 high-risk patients treated with opioids for chronic pain on compliance to guideline recommendations at a family medicine residency clinic. Adult patients with an appointment for chronic pain who were prescribed  $> 50$  MME/day had charts reviewed by a pharmacist before each appointment. Recommendations were sent electronically to the provider before the appointment. After 4 months of implementation, each patient's chart was manually reviewed to gather outcome variables. The primary outcomes were the mean MME/day and pain scores. When comparing outcomes before and after the intervention, the mean MME/day decreased by 14% ( $P < 0.001$ ), with no change in pain scores ( $P = 0.783$ ). Statistically significant improvements were noted in multiple other secondary opioid safety outcomes. Clinical pharmacists providing previsit recommendations were associated with decreased opioid utilization with no corresponding increase in pain scores and increased compliance to guideline recommendations.<sup>37</sup>
- The implementation of a chronic pain protocol helped to identify patients who were receiving long-term opioid therapy at the Federally Qualified Health Center clinic. Clinical pharmacists identified patients whose long-term opioid doses were over the clinic-recommended morphine equivalent dose threshold, needed a pain contract, or were due for a urine drug screen. The number of patients for whom long-term opioids were prescribed decreased for all clinicians, including an 88% reduction by nurse practitioners. Over 12 months, 97 fewer patients with chronic pain were treated with a long-term opioid at the clinic. The number of patients with pain contracts increased by 22.9% ( $P < 0.001$ ), and the number of patients who had a urine drug screen over a 12-month period increased by 18.3% ( $P = 0.0016$ ).<sup>65</sup>
- The literature reports that dentists are the third most frequent prescribers of opioids. The findings from an observational study using a retrospective chart review suggest that collaboration between pharmacists and dentists has the potential to decrease opioid utilization in primary dental practice. Opioid prescribing rates were 5 times greater when pharmacy services were not integrated ( $P < 0.001$ ); and dentists were 81% less likely to prescribe opioids when pharmacy was fully integrated (OR, 0.19; 95% CI, 0.124-0.293;  $P < 0.001$ ).<sup>66</sup>

### *Opioid Tapering*

Opioid tapering is an essential clinical tool to gradually and carefully reduce opioid doses and prevent the precipitation of cognitive, emotional, and/or physical withdrawal symptoms. Currently, there are no evidence-based guidelines on tapering; however, the Veterans Health Administration and HHS have proposed principles that outline possible indications for tapering,

goals, speed of tapering, and possible adjustments to an opioid regimen.<sup>67,68</sup> The need for individualized tapering regimens reveals a corresponding need for health care providers who can actively manage patients throughout the process. Increasingly, PMSP fill this role.<sup>69</sup> Clinicians follow up frequently with patients engaging in opioid tapering. Team members (e.g., nurses, pharmacists, behavioral health professionals) can support the clinician and patient during the ongoing taper process through telephone contact, telehealth visits, or face-to-face visits.<sup>14</sup>

A practice-based survey of 55 pharmacists who are members of the Society of Pain and Palliative Care Pharmacists showed that pharmacists in pain management and palliative care are actively involved in opioid tapering. The majority of respondents (87%) indicated they specialized in pain management. Almost all respondents (98%) reported providing tapering recommendations, and 82% reported being involved with patient monitoring throughout the taper. Indications for initiating an opioid taper were due to abuse/misuse (91%), reduced overall efficacy (89%), and adverse drug reactions (78%). The most common follow-up intervals during tapering were weekly (15%), every 2 weeks (22%), and every 4 weeks (44%).<sup>69</sup>

Examples of the published literature that support the role of PMPS in opioid tapering include:

- A retrospective chart review assessed the outcomes of the pain pharmacist recommendations for opioid tapering and opioid pharmacotherapy by quantifying the number of recommendations accepted/implemented by prescribers. The study team identified 464 eConsults placed, with 89% having at least 1 recommendation accepted/implemented. Eleven patients experienced 32 adverse events likely associated with opioid dose decrease or tapering. Health care professional satisfaction with the pharmacy electronic consult service was 83%, with 90% planning to use the service in the future and would recommend the service to other health care professionals.<sup>70</sup>
- Qualitative interviews of 35 stakeholders were conducted to identify factors that influence or interfere with referrals by primary care providers (PCPs) to a pharmacist-led telephone-based program to assist patients undergoing opioid tapering. The Support Team Onsite Resource for Management of Pain (STORM) program provides individualized patient care and supports PCPs in managing opioid tapers and includes pharmacist team members. Primary care physicians recognized that the program supported patient safety and reduced clinician burden and benefitted from the co-location of STORM pharmacists in primary care facilities.<sup>71</sup>
- This paper describes the rationale, structure, and delivery of this unique pharmacist-led program, which partners with PCPs and provides individualized care to help patients reduce opioid use, and the Facilitating Lower Opioid Amounts Through Tapering study, which examines the program's effectiveness, cost-effectiveness, and implementation. The STORM program includes a pain medicine physician, a social worker or nurse, and pharmacists who have received specialized clinical and communications training. The program has a 2-fold role: (1) to provide PCP education about pain management and opioid use and (2) to offer clinician and patient support with opioid tapering and pain management. After program training, PCPs are equipped to discuss the need for tapering with a patient and to refer to the program. Program



pharmacists provide a range of services, including opioid taper plans, nonopioid pain management recommendations, and taper-support outreach to patients.<sup>72</sup>

- Retrospective and prospective chart reviews of 50 patients at a VA Medical Center were conducted to determine if patients receiving chronic opioid therapy can be tapered to lower opioid doses without a subsequent increase in pain. The tapers were implemented by primary care providers, the pain service, or the pharmacist-run pain management clinic. The average percent reduction of opioid doses was 46% over a 12-month period. Seventy percent of patients either experienced no change in pain or had less pain when comparing baseline to 12 months. An equal percentage of patients either had no change in the number of adjuvant medications prescribed or had more adjuvant medications prescribed when comparing baseline to 12 months.<sup>28</sup>

### *Opioid Misuse, Abuse, and Diversion*

In part, as an effort to address recommendations from the ASHP Opioid Task Force, ASHP released the revised [ASHP Guidelines on Preventing Diversion of Controlled Substances](#) in December 2022. Diversion puts patients at risk of harm or death, directly or indirectly, including inadequate relief of pain, risk of overdose, inaccurate documentation of their care in the medical record, and exposure to infectious diseases from contaminated needles and drugs. These guidelines provide a detailed and comprehensive framework to support organizations in developing their controlled substance diversion prevention program to protect patients, health care workers, the organization, and the community-at-large.<sup>73</sup> Often, PMPS can partner with other health care professionals to enact policy changes to increase pharmacists' authority to prescribe. The collaboration between pharmacists and physicians may increase physician willingness and confidence to carry out opioid tapers, coprescribe naloxone, and prescribe buprenorphine for pain.<sup>74</sup>

Pharmacists are on the front lines of reducing opioid misuse, abuse, and diversion.<sup>75,76,77,78,79</sup> Roles they play in this regard include:<sup>80,81</sup>

- Understanding mandates on prescription limitations.
- Supporting prescription drug monitoring program interpretation.
- Participating in drug take-back programs and having knowledge of local resources for opioid disposal.
- Educating patients on the risks of opioid abuse, safe storage, and proper disposal of unused medications.
- Identifying “red flag” behavior that may indicate opioid misuse.
- Using assessments that help identify a patient’s risk for opioid abuse.
- Interacting with other health care professionals to discuss a patient’s care.
- Understanding how abuse-deterrent opioids work and their limitations.
- Preparing for opioid overdose management.
- Understanding the local regulations on naloxone availability.

- Staying up-to-date on current guidelines.
- Implementing safety programs such as prescription drug monitoring programs.
- Knowing when to refer patients to addiction services.

### *Naloxone Provision*

For patients experiencing or at risk for opioid overdose, access to an opioid-reversal agent can be lifesaving and cost-effective. Clinical guidelines state that “naloxone coprescribing can be facilitated by clinics or practices with resources to provide naloxone training, by collaborative practice models with pharmacists, or through statewide protocols or standing orders for naloxone at pharmacies.”<sup>14</sup>

States have significantly expanded patient access to naloxone, especially for patients at risk of overdose. Standing orders, both via state authority and collaborative practice agreements with providers, allow pharmacists to mitigate risk through the prescribing, dispensing, and administration of these medications.<sup>38,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96</sup> Pharmacists also play an important role in educating and counseling patients, caregivers, and other health care professionals on the safe and effective administration of these reversal agents.<sup>36,97,98,99,100,101</sup>

Examples of the published literature that support the role of pharmacists in the provision of naloxone include:

- A prospective 4-month, interventional study evaluated if a proactive offer for counseling by pharmacists improves the percent change of patients who receive a prescription for naloxone nasal spray compared with the previous year’s naloxone nasal spray fill history and to determine if the pharmacist’s counseling affects a patient’s confidence with opioid overdose and naloxone use. A total of 121 naloxone prescriptions were dispensed, an increase of 36% compared with the same period during the previous year. In total, 38 patients completed the postintervention survey. After receiving pharmacist counseling, patients indicated being very confident with administering naloxone correctly and recognizing an opioid overdose, 73.9% and 65.2%, respectively. Of the patients who completed the survey, 60.5% received a prescription for naloxone and accepted counseling from the pharmacist.<sup>102</sup>
- Within an interdisciplinary outpatient pain and palliative care clinic, pharmacists implemented naloxone prescribing and education. Eleven patients at increased risk for overdose were prescribed naloxone and educated on overdose risk factors, recognition, and management. Seven patients reported picking up their naloxone prescription from the pharmacy, and none reported using it within 2 weeks of the initial education.<sup>103</sup>
- This article describes the development of effective pharmacy-based interventions to mitigate harm from OUD. Programs include responsible opioid prescribing, expanded access to medication-assisted treatment, naloxone, and community interventions within the Indian Health Service. Pharmacists in this setting have expanded professional competencies to include coprescribing naloxone and training first responders on naloxone use. The interventions resulted in expanded access to naloxone for trained first responders, coupled with an emphasis on enhanced education, and illustrates pharmacists’ impact on the opioid epidemic.<sup>96</sup>

- A retrospective chart review demonstrated that pharmacists embedded in a primary care practice are well poised to develop a targeted naloxone coprescribing program to increase patients' access to naloxone. A total of 1,297 patients on chronic opioid therapy who met the CDC guidelines for offering naloxone were identified, and 709 met the criteria for chronic opioid use. Nearly one-half (n = 350; 49.4%) of these patients met the criteria for naloxone, although only 3.4% had naloxone on their medication list. Doses of 50 mg or more morphine equivalents daily was the primary reason for needing naloxone (n = 216; 61%) with concomitant benzodiazepine use as the second most likely reason (n = 130; 37.1%). For patients taking 50 mg or more morphine equivalents daily, 37.5% were also on a benzodiazepine and 4.1% also had a history of substance use disorder.<sup>104</sup>
- An academic health center designed and implemented a health system-wide program increasing provision of take-home naloxone in patients at risk for opioid overdose, with the downstream aim of reducing fatalities. The program trained 252 physicians, pharmacists, and nurses in overdose education and take-home naloxone resulting in an increase in the number of prescriptions for naloxone from a baseline of 4.5 per month to an average of 46 per month during the 3 months following full program implementation.<sup>105</sup>

### ***Management of Medications for Opioid Use Disorder***

As the death toll continues to rise in the opioid overdose crisis, increasing access to medications for opioid use disorder (MOUD), such as buprenorphine, is important, and a role that can be filled by PMPS. Untreated pain and withdrawal contribute to poor health outcomes and result in patient-directed discharges that are associated with increased morbidity and mortality.<sup>106</sup> Collaborative practice models decrease barriers and increase medication access for patients with OUD. The majority of patients with OUD do not receive medication treatment.<sup>107,108,109</sup> MOUD treatment rates continue to be low across the United States, and currently, evidence suggests access to evidence-based treatment is even more difficult for those with OUD as a result of the COVID-19 pandemic.<sup>110</sup>

Pharmacist interventions can support the successful treatment of high-risk patients with OUD, especially in the context of an expected shortage of physicians in the next 10 to 15 years. Pain management in patients with OUD is a frequent need in acute care. Due to significant opioid tolerance and hyperalgesia resulting from chronic opioid use and comorbid chronic pain, acute pain management is complex and a niche where PMPS are often involved. This area of practice also often includes initiating MOUD with methadone or microdosing buprenorphine to help treat withdrawal, craving, and pain. PMPS are best equipped to assist with this aspect of care because it requires significant knowledge of OUD and pain management principles.<sup>111,112</sup> Pharmacists can provide primary care to patients by providing medication therapy in a collaborative setting, allowing physicians, nurses, and psychologists to practice in their scopes of expertise most effectively.<sup>96,113,114,115</sup>

Many patients with OUD are complex, affected by chronic pain and mental health diagnoses, with medications that must be carefully managed. Many patients with OUD have concomitant



pain. One study found 64.4% of patients with OUD suffered from chronic pain, with 61.8% having chronic pain prior to OUD development. Often, managing both disease states begins with using buprenorphine or methadone to effectively treat both conditions.<sup>116</sup> Another example of the value of collaboration between psychiatric pharmacists and PMPS is the changing drug supply of fentanyl contaminated with xylazine, leading to painful wounds and complex pain management within the context of severe withdrawal due to the potency of fentanyl.

The shortage of behavioral health providers in the United States contributes to the untreated and undertreated needs of the large number of patients requiring therapy for psychiatric and substance use disorders. Mental health conditions are often managed by a Board Certified Psychiatric Pharmacist (BCPP), and care coordination with PMPS can provide evidence-based care and be more extensively used as a collaborative solution to the mental health and substance use disorder crisis in the United States.<sup>117</sup>

According to the published literature, patients have substantial unmet needs in these areas:

- A recent letter to the editor in the *New England Journal of Medicine* highlights that lack of access to buprenorphine impedes care and the authors advocate that pharmacists can expand access with the use of collaborative practice agreements that allow prescribers to delegate evaluation and some treatment decisions to pharmacists. The authors conducted a feasibility pilot trial involving six behavioral health pharmacies and 21 pharmacists trained to implement facilitated unobserved (“take-home”) induction by the participant and to provide ongoing follow-up care at the pharmacy. In this pilot trial, more than half of the eligible patients were able to be engaged in pharmacies for the initiation of buprenorphine treatment for OUD. Of the 58 patients whose condition was stabilized and who went on to receive maintenance care, 25 patients (89%) receiving pharmacy-based care continued to attend visits at 1 month after randomization compared with 5 patients (17%) receiving usual care (difference, 72%; 95% CI, 48-84).<sup>113</sup>
- A quality improvement initiative developed and implemented a physician–pharmacist collaborative practice model (PPCPM) for managing patients on MOUD with buprenorphine/naloxone to minimize provider burden, expand access to treatment, and enhance overall patient care. Twenty-five patients were seen over 44 appointments, with an estimated 33 hours of psychiatrist time saved. Average initial and final buprenorphine doses, urine drug screen results, and mental health medication interventions were similar between patients seen in PPCPM appointments compared with those seen in psychiatrist-only appointments. Collection of urine drug screenings, identification and management of MOUD adherence issues, other service referrals, and medication reconciliation intervention were more frequent in PPCPM appointments.<sup>83</sup>
- A retrospective chart review assessed the use of MOUD, comorbid psychiatric, and substance use disorder diagnoses; active naloxone prescription; and CPP involvement in care at a rural

Veterans Affairs hospital. The study concluded that collaborative approaches to buprenorphine management with a CPP improve access to care. Although collaboration decreases the time burden for psychiatrists, care could be more efficient and timely if a CPP could independently induct, stabilize, and manage patients on buprenorphine.<sup>118</sup>

- A nonrandomized, single-arm, open-label feasibility trial of 71 patients investigated the feasibility and acceptability of a new collaborative care model involving buprenorphine-waivered physicians and community pharmacists. A high proportion (93.4%, 71/76) of eligible participants enrolled into the study. There were high rates of treatment retention (88.7%) and adherence (95.3%) in the study. The proportion of opioid-positive urine drug screens among complete cases at month 6 was 4.9% (3/61). Pharmacists used the prescription drug monitoring program at 96.8% of visits. There were no opioid-related safety events. Over 90% of patients endorsed that they were “very satisfied with their experience and the quality of treatment offered,” that “treatment transfer from physician’s office to the pharmacy was not difficult at all,” and that “holding buprenorphine visits at the same place the medication is dispensed was very or extremely useful/convenient.” Similarly, positive ratings of satisfaction were found among physicians/pharmacists.<sup>119</sup>
- A publication describes a pilot program with a physician–pharmacist collaborative practice for opioid-dependent patients designed to increase access to treatment, optimize patient care, reduce cost, minimize physician burden, and prevent diversion within a suburban health department. A total of 12 patients completed full intakes with 135 follow-up appointments equating to an estimated savings of \$22,000. The program demonstrated a 91% attendance rate, 100% 6-month retention rate, and 73% 12-month retention rate. Overall, 127 (98%) urine toxicology screens were positive for buprenorphine, and 114 (88%) were positive for buprenorphine and negative for opioids. The authors concluded that physician and pharmacist collaboration optimized the care of buprenorphine-maintained patients.<sup>120</sup>
- A prospective observational study in an urban academic primary care clinic affiliated with a tertiary care hospital followed 43 patients treated with buprenorphine and managed by a supervising psychiatrist, pharmacist care manager, and health coaches. The care manager conducted buprenorphine inductions and all follow-up visits. Twenty-five patients (55.0%) remained in treatment at 6 months. The proportion of aberrant urine toxicology results decreased significantly from baseline to 6 months ( $P < 0.01$ ). Craving scores significantly decreased from baseline to 6 months ( $P < 0.01$ ). Opioid-dependent patients, as opposed to chronic pain patients using opioids nonmedically, were significantly more likely to complete 6 months of treatment ( $P < 0.05$ ). PCP confidence in treating opioid dependence in primary care increased significantly from baseline to 18 months post-implementation ( $P < 0.01$ ).<sup>121</sup>

Importantly, in December 2022, the U.S. Congress passed the Mainstreaming Addiction Treatment Act, removing the requirement for the Drug Enforcement Administration’s burdensome “X-waiver,” which has prevented health care providers, including certain pharmacists, from prescribing buprenorphine for OUD. This is a step forward in improving access to MOUD, however primary care providers may still not feel confident in prescribing and managing patients on these medications. PMPS can help fill this gap in

care especially in underserved populations. Pharmacists' authority to prescribe controlled substances, including buprenorphine, is dependent on state scope of practice. Currently, 10 states allow pharmacists to prescribe controlled substances, and as a result of this legislation, pharmacists in these states will have the authority to prescribe buprenorphine for patients with OUD, pursuant to varying collaborative practice agreements and practice settings within each state.<sup>122</sup> This will support the expansion of clinical pharmacist services for OUD in the months and years to come.

### ***Clinical and Economic Evidence***

The clinical and economic benefits of specialist engagement in pain management are well documented. These services are delivered across disease states, practice settings, and patient demographics. As detailed in the sections that follow, high-quality, pain management services provided by a PMPS include increased patient satisfaction, reduction in medication errors and adverse drug events, improved functionality, and improved pain scores.

PMPS have advanced knowledge of pharmacokinetics, pharmacodynamics, and therapeutics to promote safe and effective analgesic use as well as to identify OUD. Evidence suggests that pharmacists' presence on interdisciplinary pain teams improves outcomes by optimizing medication selection, improving adherence, and preventing adverse events.<sup>123,124,125</sup>

### ***Managing Pain Across Disease States***

The contribution of pharmacist specialists has been documented across disease states, including cancer pain, chronic non-cancer pain, neuropathic pain, surgical and trauma pain management, and other clinical services. The following details present evidence for the value of PMPS for each of these areas.

#### ***Cancer Pain Management***

Cancers are among the leading causes of morbidity and mortality worldwide, responsible for 18.1 million new cases and 9.6 million deaths in 2018.<sup>126</sup> The impact of pain is likely underreported in the literature, and pain is documented and experienced by 55% of patients undergoing anticancer treatment and by 66% of patients who have advanced, metastatic, or terminal disease.<sup>127</sup> The value of pharmacists in managing pain for patients with cancer has been documented for almost 40 years.<sup>128,129,130,131,132,133,134,135,136,137,138</sup>

Although cancer pain is common, occurring in up to 75% of patients with advanced cancer, it is also unique, incorporating cognitive, emotional, and symbolic aspects of the diagnosis. In oncology, PMPS typically work as part of an interdisciplinary care team, leveraging their specialized knowledge of cancer and pharmacotherapy to help manage and treat pain in patients with cancer.<sup>139,140</sup> PMPS can contribute to the care team in the following ways:<sup>136,141,142</sup>

- Provide pharmacotherapeutic advice (selection of dose, dosage form, dosing optimization, opioid conversions, side effects, rescue dose).
- Assess for drug-related problems, including potential drug interactions, adverse effects.
- Monitor pharmacotherapy (adherence, pain relief, adverse effects).
- Recommend adjustments in pharmacotherapy.
- Design patient-specific dosing regimens.
- Document medication profiles, adverse effects, and adherence.
- Predict and recognize drug–drug and drug–food interactions.
- Advise on the most cost-effective pharmacotherapy.
- Facilitate the prescribing of controlled substances according to current regulations.
- Actively participate in case management discussions.
- Serve as a liaison for dispensing pharmacists and insurance providers.
- Research clinical data on pain pharmacotherapy.
- Provide supportive care in patients receiving chemotherapy and radiation treatment, including prevention of nausea and vomiting, pain management, and treatment of anemia and neutropenia.
- Facilitate safe dosing and monitoring of methadone for pain.

Examples of the published literature that provide evidence for the role of PMPS in the care of patients with cancer are outlined below:

- The inclusion of clinical pharmacists in the outpatient pain management multidisciplinary team resulted in improved pain management for patients with cancer compared with historical controls. The proportion of patients with clinically significant pain improvement increased by 20% in those receiving pharmacy assessments. Pharmacist services within the pain management clinic resulted in closer patient monitoring, timely medication adjustments, and improved patient education or counseling, leading to better pain management. Patients returned to the clinic with higher rates of pain improvement compared with historical data, demonstrating the value of pharmacy assessments.<sup>143</sup>
- A study in the VA Health Care System documented and evaluated the services of a clinical pharmacist in the outpatient setting. Clinical pharmacists were involved in 423 patient visits for chemotherapy follow-up or disease management. Cancer diagnoses included colorectal cancer (n = 99), multiple myeloma (n = 59), non–small cell lung cancer (n = 56), chronic lymphocytic leukemia (n = 44), myelodysplastic syndromes (n = 22), and chronic myelogenous leukemia (n = 19). During the 423 patient visits, 342 supportive care issues were addressed, including anemia (34%), pain management (22%), constipation/diarrhea (15%), and nausea/vomiting (8%). Major drug-specific interventions included drug addiction (41%), discontinuation (23%), and adjustment (21%).<sup>144</sup>

### *Chronic Non-cancer Pain*

In 2016, the National Health Interview Survey estimated 20.4% (50 million) of adults in the United States had chronic pain, with higher prevalence among women, older adults, and rural residents. Unrelieved pain has negative consequences, with physiologic systems that impact

most systems in the body. Patients with unrelieved pain may experience anxiety, fear, depression, anger, or cognitive dysfunction. Unresolved pain can interfere with a person's ability to function, whether it be at work or during daily activities of living. Socially, emotionally, and spiritually, people with unrelieved pain may be withdrawn.<sup>145</sup>

The roles of pharmacists have evolved as the treatment recommendations for managing chronic pain have evolved, with a recent shift in clinical practice toward nonopioid based pharmacological therapy aligning with current VA/Department of Defense chronic pain guidelines and CDC guidelines.<sup>2,146,147,148,149,150</sup> Multimodal treatment approaches for chronic non-cancer pain are first-line and include nonpharmacological care and nonopioid medications. If opioids are considered after these options are tried, they should be used judiciously and only when the benefits outweigh the risks with regular patient reassessment by the prescriber. As experts in medication management, PMPS are trained in the specialized knowledge of medications and can optimize care plans to meet their patient's individual needs and goals of care.<sup>151</sup>

PMPS engage closely with other members of the interdisciplinary team to care for patients with chronic non-cancer pain.<sup>32,96,152,153,154,155</sup> Pharmacist specialists conduct patient assessments, provide initial and ongoing counseling and education, and make recommendations to providers for medication dosage adjustments and regimen additions and discontinuations.<sup>31,156,157,158</sup> Along with other members of the health care team, PMPS may also participate in cognitive behavioral therapy with patients to help positively impact chronic pain.<sup>159</sup>

The *AMA Journal of Ethics* recently outlined five cases that reflect good pharmacist–physician pain management collaboration. Effective management of chronic pain often requires a multidisciplinary, multimodal approach. These cases highlight five behaviors that can improve care, avoid untoward events, and facilitate collaboration among physicians, pharmacists, and other clinicians, and include:<sup>160</sup>

- Communicating respectfully, openly, without bias, and in a patient-centered manner.
- Establishing rapport and building trusting relationships.
- Embracing and appreciating the roles and responsibilities of other health care professionals.
- Showing empathy for the patient and other health care professionals and avoiding stigma.
- Actively engaging in finding solutions and resolving conflict. Incorporating these behaviors into daily practice can foster a coordinated, patient-centered approach to care and optimize patient outcomes.

The VA conducted qualitative interviews with 24 clinicians across the United States who prescribe long-term opioid therapy for chronic pain. Interviews probed the clinical strategies providers utilized to meet opioid safety requirements and address common challenges in caring for patients. Engaging pharmacists strengthened the opioid-related care provided and helped providers overcome key barriers regarding time constraints and their own knowledge gaps. Within these facilities, roles of PMPS included:<sup>161</sup>

- Staff patient visits, provide education as needed.
- Monitor fill dates, include prescription “last until” dates on the bottle, monitor urine drug testing results, and alert providers to aberrant results.
- Organize classes to teach patients about the risks of opioid medications.
- Design opioid tapers.
- Highlight aberrant urine drug test results.
- Review primary care providers’ panels for patients coprescribed benzodiazepines and opioids.
- Run a daily prescription drug monitoring program inquiry for primary care clinics.

A commentary in *The Joint Commission Journal on Quality and Patient Safety* advocates for using clinical pharmacist advanced practice providers to meet the national need for expertise in pain management. Advanced practice providers can serve many unique roles in pain management, including as pain stewardship champions and prescribers on interprofessional care teams. When clinical pharmacist advanced practice providers are involved in providing pain management, quality of care and access are improved. This model is widely used within the VA where clinical pharmacists have been included and utilized in the management of chronic pain and pain-related conditions for veterans. This model can also be used to expand clinical pharmacist opportunities related to pain management outside the VA.<sup>162</sup>

The HHS Substance Abuse and Mental Health Services Administration has developed *A Treatment Improvement Protocol (TIP 54): Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders*. Chronic noncancer pain is common in the general population as well as in people who have a substance use disorder. Chronic pain has physiological, social, and psychological dimensions that can seriously harm health, functioning, and well-being. As a multidimensional condition with both objective and subjective aspects, chronic noncancer pain is difficult to assess and treat.<sup>163</sup> *TIP 54* reinforces the concept of providing care with an interdisciplinary team and specifically delineates the pharmacist as a team member. The guidance states that particularly when a patient has a history of a substance use disorder, it is crucial that the prescribing clinician obtain collateral information from household members, physical therapists, pharmacists, and other members of the patient’s health care team.<sup>163</sup>

Evidence shows that the inclusion of PMPS in programs and services is associated with increased patient satisfaction and improved pain control for patients. Literature that outlines the clinical value of PMPS in providing services for patients with chronic pain is outlined below:

- A prospective quality improvement project evaluated the utility of using pain CPPs to identify, review, and approach veterans utilizing high-dose opioids. CPPs demonstrated that an opioid safety educational intervention resulted in an average morphine equivalent daily dose reduction of 17.7 mg, allowing for lower chronic opioid usage without causing mental health crises or hospitalization for uncontrolled pain. Pain CPPs were able to safely reduce to morphine equivalent daily dose  $\leq 90$  mg in 73% of veterans (8/11) who voluntarily reduced opioids by project completion.<sup>164</sup>
- A retrospective chart review of 805 patient encounters with CPPs classified and quantified the number of pain interventions in the outpatient pain clinic. The secondary objective assessed general patient outcomes associated with pain pharmacotherapy management by a CPP. The study showed that pain CPPs demonstrated a reduction in overall morphine equivalent daily doses safely while following the biopsychosocial approach to pain management by incorporating and referring for nonpharmacological interventions as well as completing opioid risk mitigation. Overall, 55% of interventions were pharmacological, 45% were nonpharmacological interventions, and 5% were referrals to other specialty providers. For the secondary objective (n = 107), patients in the pain clinic on opioid therapy experienced an average oral morphine equivalent daily dose reduction of 21 mg without any identified suicide or overdose events and achieved on average 45% of their specific, measurable, achievable, relevant, time-bound (SMART) goals by their last visit. In patients with baseline pain, enjoyment of life, and general activity (PEG) scores (n = 69), there were 43% of patients with improved PEG scores at their last visit in which 14% (10/69) experienced a clinically meaningful improvement in PEG scores.<sup>151</sup>
- Under a collaborative practice agreement, pain management pharmacists at an Indian Health Service pain management clinic were tasked with assessing, treating, and controlling noncancer chronic pain while improving the quality of care and patient satisfaction. Providers utilized pharmacists to emphasize judicious opioid prescribing, reduce overdose risk in the community, and improve patient functionality and quality of care through close pharmacotherapy monitoring.<sup>165</sup>
- A pharmacist-led telephone risk assessment clinic improved adherence to clinical guidelines and changed opioid prescribing practices in more than one-third of assessed patients. Among 608 patients on chronic opioid therapy, 148 were assigned to pilot providers, and 447 assessments were completed. Pharmacists recommended 66 changes to chronic opioid prescriptions in 48 patients (32.4%), including decreasing the quantity of opioids (33.3%), discontinuing chronic opioid therapy (22.7%), and delaying a fill (19.7%). Sixty-one of 66 (92.5%) pharmacist recommendations for regimen change were implemented by providers. Chronic opioid therapy was discontinued in 14 (9.5%) patients over the course of the pilot study.<sup>29</sup>
- An academic family medicine department evaluated the impact of a pharmacist-developed protocol on monitoring for rate-corrected QT interval prolongation with methadone when used for chronic noncancer pain. Rates of electrocardiogram (ECG) monitoring pre- and postprotocol were compared to determine the impact of the protocol. A 19% absolute (136% relative) increase occurred in the proportion of high-risk patients who had an ECG performed ( $P = 0.02$ ). The proportion of high-risk patients from the pain management clinic who had an ECG increased by 20% (absolute; 27% relative;  $P = 0.005$ ), with no significant change in the other clinics. The implementation of a pharmacist-developed protocol resulted in improvements in monitoring practices.<sup>166</sup>

- An article described the clinical outcomes of a pain clinic managed by a pharmacist with prescribing authority. Patients with chronic noncancer-related pain were managed effectively by a pharmacist with prescribing authority and refill authorization in a pain management clinic, seeing an average of 18 patients per day. There was a consistent decrease in mean visual analog scale pain scores with continued visits.<sup>34</sup>
- Chronic noncancer pain is a common problem often accompanied by psychiatric comorbidity and disability. Pharmacists worked with internists and a psychiatrist to measure the effectiveness of a multidisciplinary pain management program in a 3-month before and after trial with 85 patients. Among those completing 3-month follow-up, the average pain score improved to 5.5 ( $P = 0.003$ ). The mean Pain Disability Index score improved to 39.3 ( $P < 0.001$ ). The mean Center for Epidemiological Studies-Depression Scale score was reduced to 18.0 ( $P < 0.001$ ), and the proportion of depressed patients fell from 79% to 54% ( $P = 0.003$ ). Substance misuse was identified in 27 patients (32%).<sup>167</sup>
- A randomized, prospective study of 107 patients evaluated the effects of providing a telephone-based pharmaceutical care program to a sample of patients enrolled at a university pain clinic. The control group continued to receive care and prescription services through the same means as prior to the study. There were two components to the pharmaceutical care program offered to the intervention group. The first component consisted of a palliative care pharmacy company providing specialized prescription services tailored to the needs of a pain medicine clinical practice. The second component involved palliative-trained pharmacists' proactive monitoring of patient pharmacotherapy for potential or actual drug-related problems. Intervention patients perceived that they had better access to medication, more efficient processing of prescriptions, and fewer stigmatizing experiences. They also endorsed pharmacists' behavioral interventions such as medication counseling, availability to answer medication-related questions, and nonjudgmental attitudes when managing opioid prescriptions.<sup>168</sup>

Examples of evidence in the published literature that shows the economic value of pharmacist interventions in chronic pain management include:

- A prospective cohort study of 186 patients with chronic non-cancer pain addresses the costs of medications at admission to a 3-week outpatient pain rehabilitation program, at discharge, and at 6-month follow-up. Medication use was determined through a detailed pharmacist interview with patients at admission and discharge. Statistically significant medication cost savings were seen for program completers at discharge and at 6-month follow-up ( $P < 0.05$ ). The mean (standard deviation [SD]) daily prescription medication cost reduction from admission to discharge was \$9.31 (\$12.70) using the average wholesale price of medications. From the original study cohort, 121 patients completed the 6-month follow-up survey. The mean daily prescription medication cost savings from admission to 6-month follow-up was \$6.68 (\$14.40).<sup>169</sup>
- An article described the financial outcomes of a pain clinic managed by a pharmacist with prescribing authority. The revenue generated was tracked by a medical billing system. The clinic generated \$107,550 of actual revenue and saved the health plan more than \$450,000. The revenue generated and cost savings justified the pharmacist clinician's services in this health system.<sup>34</sup>

Chronic pain is complex and can be nociceptive, neuropathic, or a mixture of both, as detailed in Table A-2.<sup>163</sup>



**Table A-2. Pain Types<sup>163</sup>**

Type	Description
Nociceptive Pain	Pain that results from suprathreshold stimulation of nociceptors, which are neural receptors specialized for the detection of potentially harmful situations. This is an adaptive function of the nervous system. Nociceptors can be excited by mechanical, thermal, or chemical stimulation. The immediate physical response is reflexive and protective, causing a person to pull a hand away from a hot surface, for example. Nociceptive pain persists while the injurious agent remains or until healing occurs. Prolonged nociceptive input can cause central hypersensitization and the experience of spontaneous or amplified pain.
Neuropathic Pain	Pain that results from lesion or dysfunction of the sensory nervous system. A compressed, injured, or severed nerve can trigger neuropathic pain, as can disorders that affect the neural axis (e.g., metabolic diseases, infections, autoimmune disorders, vascular diseases, neoplasia [Campbell & Meyer, 2006]).
Mixed Nociceptive/Neuropathic Pain	A combination of the two types of pain. For example, patients with degenerative disc disease may suffer from mechanical (nociceptive) back pain and radicular (neuropathic) pain.

### *Neuropathic Pain*

Neuropathic pain is estimated to affect 7% to 10% of the population, with an annual cost of \$33,065 per individual.<sup>170,171</sup> Neuropathic pain is caused by various disease states, such as diabetes, fibromyalgia, HIV, and herpes zoster, and can therefore be difficult to manage. Examples of the published literature that reinforce the role of PMPS in neuropathic pain include:

- A retrospective cohort study of 830 patients compared pre- and post-enrollment pain scores in a specialized telephone pain clinic. Patients were included if they were referred by VA health care providers with any diagnosis of diabetic neuropathy, fibromyalgia, or postherpetic neuralgia. Patients who participated in the clinic were found to have a significant 0.83 ( $P = 0.014$ ) reduction in mean pain score from baseline (6.62, SD 1.96) to discharge (5.79, SD 2.49). At discharge, pain medications that were increased were the use of serotonin and norepinephrine reuptake inhibitors, pregabalin, and capsaicin. The telephone pain clinic also may be more effective in maximizing evidenced-based pharmacotherapy for neuropathic pain, suggesting expertise by pharmacist clinical specialists.<sup>172</sup>
- A cross-sectional study of 71 patients with type 1 or type 2 diabetes aged 45 to 85 years and receiving diabetes education and medication management from the clinic pharmacist were surveyed to assess the prevalence of painful diabetic peripheral neuropathy (DPN), evaluate the impact of DPN on patients' function and quality of life, and assess patient satisfaction with their current DPN treatment. The results of this study indicated that DPN may be underdiagnosed and undertreated in this patient population. More than one-half (54%) reported burning, aching, or tenderness in hands, arms, legs, or feet, while only 22% stated they had a diagnosis of DPN. Only 14% of patients reporting neuropathic pain were on a medication indicated for neuropathic pain, and of those patients, only 46% were satisfied with their treatment. More than 50% of

those with nerve pain had experienced the pain for more than 1 year. Most complained of pain in their feet/hands (72.2%). During a 1-day period, 38.8% of patients reported a pain frequency of “all day.” DPN may be underdiagnosed and undertreated in this patient population, which represents a potential opportunity for pharmacists to help patients with diabetes and DPN meet their quality-of-care goals.<sup>173</sup>

### *Surgical and Trauma Pain Management*

PMPS play a key role in the selection, initiation, and dose titration of analgesic agents for surgical and trauma patients.<sup>174</sup> Pharmacists can be engaged across the spectrum of surgical perioperative experiences, which include preoperative, intraoperative, and postoperative. Pharmacists are critical members of the perioperative care team and contribute by assessing and reconciling medications, developing surgical medication plans, educating patients, discharge counseling, and initiating an opioid exit plan. Pharmacists can engage at the point of admission, during postoperative recovery, and on discharge in acute pain management patients.<sup>175,176</sup> The value of PMPS in safe medication management at ambulatory surgical centers has been specifically demonstrated.<sup>177</sup> Over the last several decades, the evolving roles of pharmacists in surgical pain management have been described.<sup>178,179,180,181,182</sup>

PMPS may improve patients’ perceptions of surgical pain management care and help patients feel more at ease with their surgical experience.<sup>176</sup> Pharmacist specialists leverage sound evidence, optimize opioid prescribing, and support effective pain treatment in the perioperative period, working with other members of the surgical team.<sup>183,184,185</sup>

PMPS also serve as a valuable resource for opioid-tolerant patients undergoing surgical procedures, especially with acute pain management in OUD patients both on MOUD and with opportunities to initiate buprenorphine using microdosing to better manage pain, decrease patient self-discharge, and start life-saving MOUD prior to discharge. There are challenges in estimating postoperative requirements for acute pain management in patients using opioids for chronic pain, a skill contributed by pharmacist specialists on the care team.<sup>186,187</sup> Poor pain control is associated with significant comorbidities, including respiratory and cardiovascular complications, leading to an increased length of stay and delayed recovery from surgery. Pharmacists are an excellent resource for first-line identification of opioid-tolerant patients because of their extensive knowledge of opioid medications, dosing, and opioid tolerance.

Patient education regarding nothing-by-mouth status, patient administration of baseline pain medications, continuation of home opioid regimens postoperatively, education of nursing and clinician staff, and communication during patient transitions throughout the surgical process are all roles that pharmacists can provide.<sup>187</sup> In one study of liver transplant recipients, the

value of the pharmacist on the interdisciplinary team working to ensure opioid avoidance was described.<sup>188</sup>

Examples of evidence in the published literature that support the role of the pharmacist in surgical and trauma pain management are detailed below:

- A retrospective comparison study of 1,052 patients in the pre-intervention and 668 patients in the postintervention group assessed the effectiveness of interventions designed to decrease readmissions after colorectal surgery. The primary outcome was decreased 30-day readmissions, with secondary outcomes including decreased emergency department visits. The study group received quality review interventions designed to decrease readmissions: preadmission class upgrades, a mobile phone app, a pharmacist-led pain management strategy, and an early postdischarge clinic. The pharmacist-led pain management plan was implemented to assist with postoperative pain control and maximize nonopioid pain management strategies for both opioid-naïve patients and patients with known chronic opioid use. The postintervention cohort had a significantly lower readmission rate (9.98% vs. 17.82%;  $P < 0.001$ ) and emergency department visit rate (14.58% vs. 23.15%;  $P < 0.001$ ) than the pre-intervention group, and surgical site infection type I/II was significantly decreased as a readmission diagnosis (9.46% vs. 2.43%;  $P = 0.043$ ).<sup>189</sup>
- This article demonstrates how PMPS contribute to positive pain management outcomes for patients and surgical provider satisfaction. Greater than 90% of patients reported they were “very appreciative” of the pharmacist talking to them about a pain management plan both before surgery and after discharge. One hundred percent of referring providers who responded to the survey reported they were satisfied with the pharmacist’s role in perioperative pain management.<sup>176</sup>
- A multicenter, retrospective cohort study was performed at three major hospitals to compare the safety and efficacy of a pharmacist-managed patient-controlled analgesia service with physician/midlevel provider-managed (standard) patient-controlled analgesia services in postsurgical patients. Total pain area under the curve adjusted for time scores did not differ between the pharmacist-managed and standard-managed groups (3.25 vs. 3.25, respectively;  $P = 0.98$ ). Adjunct pain medications were given with similar frequency in the two groups; however, significantly fewer patients required breakthrough pain medication in the pharmacist-managed group (11% vs. 36%, respectively;  $P < 0.0001$ ). A composite endpoint of any adverse event occurring was found to be greater in the pharmacist-managed group. This was driven by a higher proportion of patients requiring antiemetic use (46% vs. 32%;  $P = 0.04$ ).<sup>190</sup>
- A retrospective audit was conducted on two surgical inpatient wards following a 16-week prospective pre- and post-intervention study to show the impact of pharmacist-assisted discharge prescribing and medication review on oxycodone prescribing and supply for patients discharged from surgical wards. A total of 320 and 341 patients were evaluated pre- and post-intervention, respectively. Pre-intervention, 75.6% of patients were prescribed oxycodone; after review by a ward pharmacist, 60.3% were supplied oxycodone ( $P < 0.01$ ); the median amount both prescribed and supplied was 100 mg/patient. Post-intervention, 68.6% of patients were prescribed oxycodone; after the ward pharmacist review, 57.8% were supplied oxycodone ( $P < 0.01$ ); median amount prescribed and supplied was 50 mg/patient (difference in amount prescribed and supplied: 50 mg,  $P < 0.01$ ). Having a pharmacist assist with prescribing reduced the amount of oxycodone supplied.<sup>191</sup>

- Pain and anxiety are common in mechanically ventilated patients, and frequently undertreated in the emergency department setting. A retrospective cohort study of 41 patients who underwent rapid sequence intubation in the emergency department found that the overall rate of postintubation analgesia increased after pharmacist intervention, from 20% to 49% ( $P = 0.005$ ). Analgesia initiation during emergency department pharmacist hours was 50% and 85% in the pre- and postintervention groups, respectively. In the pre-intervention group, more patients received sedation without analgesia (73% vs. 51%;  $P = 0.04$ ), and a small percentage (7%) received neither sedation nor analgesia. Time to initiation of postintubation analgesia decreased from 98 minutes to 45 minutes. Adverse drug events were rare: there were no discontinuations of analgesic therapy in the pre-intervention group and one temporary discontinuation because of hypotension in the postintervention group.<sup>192</sup>
- A retrospective chart review of 340 patients measured the impact of a pharmacist on time to the first analgesic dose administered during trauma resuscitation. When a pharmacist was participating, the mean time to first analgesic administered was decreased (17 vs. 21 minutes;  $P = 0.03$ ). Among the 78% of patients with documented pain scores, the overall mean reduction in pain scores from emergency department arrival to emergency department discharge was similar between the two groups. There was a 2.4-point reduction with a pharmacist versus 2.7 without a pharmacist, using a 0 to 10 numeric pain rating scale.<sup>193</sup>

### *Other Clinical Services*

The impact of the engagement of a PMPS has been documented in the literature across numerous other disease states and medical conditions, including pharmacogenomics, headache, toothache pain, knee pain, and temporomandibular disorders (TMD). Examples of the published literature that detail these roles and contributions are as follows:

- Many analgesics are prodrugs activated by cytochrome P450 (CYP) 2D6. A patient deficient in CYP2D6 experiences less analgesia from medications such as codeine, oxycodone, hydrocodone, and tramadol because of the body's inability to convert the drug to the active metabolite. It is important that pharmacists and other health care professionals recognize that patients who express minimal relief with opioids may have a genetic reason for this response. With the increasing popularity of pharmacogenomic testing, there will likely be a need for pharmacists to interpret test results and collaborate with providers to optimize medication selection.<sup>194</sup>
- Cluster headache is a primary headache disorder characterized by recurrent attacks of severe/extremely severe unilateral pain and associated symptoms. Pharmacists can advocate for several key actions that may benefit individuals with cluster headache, including:<sup>195</sup>
  - Providing subcutaneous sumatriptan dosing recommendations to maximize drug access.
  - Providing education regarding the prescribing and use of oxygen therapy.
  - Communicating the lack of evidence for the use of narcotics in cluster headache.
  - Ensuring compliance with cluster headache guidelines.
- This cross-sectional study examined the pharmacist's role in managing toothache pain from the patient's perspective. Five thousand five hundred fifty-six low-income underserved households were screened to identify 398 households with at least one adult who had experienced a toothache during the previous 12 months. One in five respondents consulted a pharmacist regarding toothache pain. Approximately 90% of respondents adhered to pharmacist advice, while 55.7% reported that the advice helped "a lot." The study concluded that pharmacists have an important role in alleviating toothache pain, especially among lower-income individuals without ready access to traditional dental services.<sup>196</sup>

- PMPS can play an active role in headache management. This article describes the implementation of an interdisciplinary pharmacist-run headache clinic in a primary care setting. In this setting, pharmacists obtained headache and medication histories, recommended drug therapy interventions, and provided education to patients with chronic headaches, positively impacting therapy.<sup>197</sup>
- Studies show that patients presenting to primary care with knee pain receive little information on pain management, rehabilitation, or use of nonsteroidal anti-inflammatory drugs, and few are referred to specialist services.<sup>198</sup> This trial measured the impact of pharmacy and physiotherapy on managing older people with pain or stiffness in one or both knees in primary care. The trial compared three interventions: enhanced pharmacy review (pharmacological management by an algorithm), community physiotherapy (advice about activity and pacing and an individualized exercise program), and standard treatment (control; advice leaflet reinforced by telephone call). Compared with standard treatment at 3 months, pharmacy review and physiotherapy improved pain and function scores, improved patient satisfaction, and reduced the use of nonsteroidal anti-inflammatory drugs. Importantly, neither of the interventions had adverse effects.<sup>199</sup>
- TMD encompass several diagnostic subgroups involving the masticatory musculature, the temporomandibular joints, and associated structures. More than 10 million individuals in the United States are affected by TMD. Most current pharmacologic management approaches in the treatment of orofacial pain conditions, including TMD, involve the use of antidepressants, anticonvulsants, muscle relaxants, corticosteroids, and nonsteroidal anti-inflammatory drugs. Including pharmacists knowledgeable in the nonpharmacologic and pharmacologic treatment approaches on the TMD management team would improve therapeutic monitoring, follow-up, and outcomes in these patients.<sup>200</sup>

### Managing Pain Across Patient Demographics

PMPS manage pain for patients across the lifespan. Specific considerations in pain management for pediatric patients and older adults have been documented in the literature.

#### *Clinical Care for Pediatric Patients*

A position paper by the Pediatric Pharmacy Advocacy Group (PPAG) recommends pharmacists contribute their knowledge to pain management in children, including the discussion of the appropriate use of nonopioid alternatives for pain and when to recommend coprescribing of naloxone. Education by pharmacists of children and their families regarding proper administration, storage, and disposal, as well as the awareness of opioid misuse and use disorder among adolescents and young adults, is key to prevention. If OUD is diagnosed, PPAG encourages improved access among adolescents to evidence-based medications, including methadone, buprenorphine, and naltrexone. Furthermore, pharmacists should assist in screening and referral to evidence-based treatment.<sup>201</sup>

Children who require care in a pediatric cardiac intensive care unit experience pain and agitation. These experiences can have profound physiological, behavioral, developmental, and psychological effects on critically ill children with heart disease. Optimal management to reduce

the adverse consequences of pain and agitation requires skilled patient assessment, clear communication, interprofessional collaboration among members of the health care team, and effective use of pharmacological and nonpharmacological treatments.<sup>202</sup>

Inconsistencies in the approach to management of pain and agitation can lead to discomfort for patients, suboptimal care delivery, and frustration among the interprofessional team. A focus group consisting of bedside and advanced practice nurses, physicians, a pharmacist, a pain service representative, and a psychiatrist was formed to standardize pain and sedation assessment among members of the health care team, medication prescription and administration practices, and interprofessional communication about pain and agitation. The development and implementation of guidelines for pain and sedation management were associated with perceived improvements in team function and patient care by members of the interprofessional team.<sup>203</sup>

A quality improvement study was designed was to improve consistency of pain assessment documentation through implementation of a multidimensional neonatal pain and sedation assessment tool. The study was set in a 60-bed level IV neonatal intensive care unit (NICU) within an urban children's hospital. Participants were NICU staff, including registered nurses, neonatal nurse practitioners, clinical nurse specialists, pharmacists, neonatal fellows, and neonatologists. Documentation of pain scores improved from 60% to 100% at 6 months and remained at 99% 2 years following implementation of the Neonatal Pain, Agitation, and Sedation Scale (N-PASS). Pain score documentation with ongoing nursing assessment improved from 55% to greater than 90% at 6 months and 2 years following the intervention. Pain assessment documentation following intervention of an elevated pain score was 0% before implementation of the N-PASS and improved slightly to 30% 6 months and 47% 2 years following implementation. Identification and implementation of a multidimensional neonatal pain assessment tool, the N-PASS, improved documentation of pain in this setting.<sup>204</sup>

### *Clinical Care for Older Adults*

The number of older adults in the United States is increasing. Pain is often poorly assessed and poorly managed for older patients, with studies showing approximately 40% to 50% of older adults reporting chronic pain that significantly alters their daily activities.<sup>205,206</sup> Multiple causes of pain can affect older patients, including osteoarthritis, rheumatoid arthritis, peripheral neuropathy, and fractures.<sup>207</sup> Pain can cause delirium, insomnia, immobility, and loss of activities of daily living and instrumental activities of daily living. In this population, pain is often under-recognized, particularly in patients with cognitive or speech impairments who cannot articulate their symptoms. Pain can present atypically as delirium, depression, irritability, insomnia, or agitation and frequently is undertreated. Side effects of analgesic medication are

problematic in older patients, leading to the reluctance to treat pain aggressively. Because symptoms can be misattributed to other conditions, patients may receive interventions for mood, behavior, insomnia, or appetite that do not adequately address underlying pain.<sup>208</sup> Opioid use by older adults more than doubled between 1999 and 2010.<sup>209</sup> Insufficient pain relief is often the reason patients begin medication misuse. A recent study showed a relative increase of 635% in opioid-related deaths occurred in individuals 65 years of age and older.<sup>210</sup>

For older adults in a facility setting, 45% to 80% of residents report chronic pain impacting their quality of life.<sup>211</sup> Under-recognized and undertreated pain can result in significant physical and social disability in the elderly long-term care population. Proper pain assessment is needed to diagnose and determine an appropriate and individualized treatment plan for each resident. Pharmacist specialists play critical roles as medication experts and members of the long-term care interdisciplinary team that can assist other team members in assessing, treating, and managing pain in older adults.<sup>212,213</sup>

Chronic pain in this population is associated with increased adverse outcomes, including functional impairment, falls, depression, and sleep disturbances. Pain in older persons may be underreported due to the misconception that it is a normal part of aging. Assessing pain may be even more challenging when cognitive issues are present.<sup>214</sup> In general, older adults take more medications, offering a greater likelihood that they may experience adverse drug events. Hepatic and renal function decline as we age, impacting medication absorption, distribution, metabolism, and elimination. PMPS can make recommendations for nondrug pain management strategies, nonopioid analgesics, and opioid analgesics, as appropriate.<sup>215</sup> They also work to decrease the overuse of over-the-counter and prescription analgesics that can lead to harmful effects in older adults.<sup>216,217</sup>

For patients with dementia, the prevalence of pain is approximately 50%; however, this too may be underestimated.<sup>218</sup> The ability to self-report is a critical element of pain assessment and can be a barrier in patients with dementia. PMPS are trained to use a consistent approach to assess, prevent, detect, and manage physical discomfort and to recognize that pain may worsen behavioral disturbances in this patient population. Medication with an analgesic regimen, instead of an antipsychotic agent, is often appropriate.<sup>219,220</sup>

PMPS can provide consistent, appropriate relief and improve the quality of life for older adults by helping identify pain, teaching other health care professionals to assess pain better, and providing guidance on the use of analgesics.<sup>219,221</sup> Pharmacists can serve as patient advocates and help prescribers interpret guidelines and legislation through a patient-centered approach. Specialists can also be a lead to ensure that the opioid dose, dosage form, and duration of therapy are appropriate for older patients.<sup>222</sup>

### Managing Pain Across Practice Settings

PMPS also provide services across all practice settings. This section describes the literature that is focused on outcomes within specific practice areas.

#### *Inpatient Pain Management*

Pain management is a common thread in the hospital experience of many patients. Patient satisfaction can be improved by use of interdisciplinary team engagement in pain management.<sup>223</sup>

Examples of the published literature that demonstrate positive clinical outcomes with the engagement of PMPS include:

- A retrospective cohort study evaluated 100 patients seen by the pharmacy pain team in an academic medical center for acute, chronic, and/or acute or chronic pain complaints to assess the impact of a pharmacy pain management service on pain-related outcomes in an adult population. The clinical pharmacists made 821 interventions. Patients displayed a significant reduction in pre- and post-consult pain intensity scores on a 0 to 10 numerical rating scale (6.15 vs. 3.25;  $P < 0.001$ ). Likewise, a significant reduction in pain intensity scores was seen from pre-consult to pre-discharge (6.15 vs. 3.6;  $P < 0.001$ ). Overall functional improvement, specifically sleep, mobility, and appetite, was seen in 86.6% of patients.<sup>224</sup>
- A pharmacist-led patient-controlled analgesia dosing service was developed and implemented at a large, tertiary, academic hospital. Service development included identifying service leaders, policy and guideline development, electronic medical record support, and pharmacist competency training. The integration of pharmacists into the management of patient-controlled analgesia therapy provided prompt, patient-specific dosing regimens, aggressive reevaluation of patient response to treatment, and reduced risk of opioid-induced adverse effects. The service recognized and addressed reasons for inadequate analgesia and promptly managed patients experiencing adverse effects. Pharmacists also assist in transitioning intravenous to oral pain management therapy, providing guidance to an appropriate oral dose conversion, and potentially advancing discharge readiness.<sup>225</sup>

#### *Outpatient Clinic*

PMPS working with patients on chronic opioid therapy can result in significant improvements in patient access to care, adherence to best practice standards, and patient safety. A retrospective chart review of 383 patients analyzed the impact of a clinical pharmacist in a team-based care model on the adherence to best practice standards and access to care for management of patients prescribed chronic opioid therapy within an outpatient physical medicine and rehabilitation team. A clinically significant reduction in morphine equivalent dose with an average decrease of 207 mg was seen after five or more visits with the pharmacist. The pharmacist initiated nonopioid medications at 209 unique patient visits (19.5%). The pharmacist completed 1,197 visits during the study time frame, increasing physician access by at least two additional



visits per patient per year. The completion of urine drug screens and medication agreement reviews improved over time ( $P < 0.001$ ). There was an increase in morphine equivalent dose for patients who did not complete this monitoring, whereas the morphine equivalent dose remained stable in patients who did complete the monitoring.<sup>226</sup>

### *Palliative and Hospice Care*

The World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness through the prevention and relief of suffering using early identification and impeccable assessment and treatment of pain and other problems, encompassing those that are physical, psychosocial, and spiritual.<sup>227</sup> Pharmacists have been at the forefront of advances in palliative care pharmacy across practice settings and integrating the role of pharmacists on the palliative care team for over 40 years.<sup>228,229</sup>

The value of a palliative care pharmacist on the interdisciplinary care team has been widely recognized. The Institute of Medicine defines specialty palliative care as “Palliative care that is delivered by health care professionals who are palliative care specialists, such as physicians who are board certified in this specialty; palliative-certified nurses; and palliative care-certified social workers, pharmacists, and chaplains.”<sup>230</sup> The core team defined in the standards for The Joint Commission advanced certification in palliative care includes physicians, nurse practitioners, nurses, social workers, and chaplains. Pharmacist involvement is not mandatory but is encouraged. The National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology on palliative care require interprofessional palliative care teams, including but not limited to board-certified palliative care physicians, advanced practice provider nurses, physician assistants, nurses, dietitians, social workers, chaplains, and pharmacists, that should be readily available to provide consultative or direct care to patients/families/caregivers and/or health care professionals who request or require their expertise.<sup>231</sup>

The National Consensus Project for Quality Palliative Care’s clinical practice guidelines reinforces the importance of assembling an appropriately trained team that includes clinical pharmacists. Their roles are described as optimizing medication management through a thorough review of the patient’s medications to identify therapies to further palliate symptoms, resolve or prevent potential drug-related toxicities, and recommend dose adjustment and deprescribing where appropriate.<sup>232</sup> Medicare hospice regulations require the participation of someone trained in safe medication, such as a pharmacist, in hospice care (either by the employment of or an agreement with a licensed pharmacist).<sup>233</sup>

In 2010, a commentary in the *American Journal of Hospice Palliative Medicine* categorized the roles and responsibilities of palliative care pharmacists into five domains. Domains included the

provision of pharmaceuticals, optimizing medication regimens, education and drug information, patient safety, and administration/formulary management. Within each domain, the authors provide a more detailed list of activities, such as determining the crushing of medications, opioid conversion calculations, symptom management recommendations, medication coverage determination for hospice patients, and protocol development.<sup>234</sup>

In 2016, ASHP outlined activities in its Guidelines on the Pharmacist's Role in Palliative and Hospice Care that showcase a considerable breadth and depth of opportunities for pharmacists' involvement in the daily management and oversight of medication-use processes across all palliative and supportive care venues, positively affecting patient outcomes while maintaining fiscal responsibility. Of note, these guidelines outline the essential clinical and administrative roles, and practice activities in the specialty roles of palliative and hospice care pharmacists, which are outlined below:<sup>235</sup>

- **Direct patient care**
  - Optimize the outcomes of symptom management and palliative care patients through the expert provision of evidence-based, patient-centered medication therapy as an integral part of an interdisciplinary team.
  - Serve as an authoritative resource on the optimal use of medications in symptom management and palliative care.
  - Anticipate transitions of care when recommending, initiating, modifying, or discontinuing pharmacotherapy for pain and symptoms.
- **Medication order review and reconciliation**
  - Manage and improve the medication-use process in patient care settings.
- **Education and medication counseling**
  - Demonstrate excellence in the provision of medication counseling to patients, caregivers, and families.
- **Administrative roles**
  - Ensure safe use of medications in the treatment of pain and symptoms.
  - Medication supply chain management.

The ASHP guidelines also outline the desirable clinical and administrative roles, and practice activities for specialists in palliative and hospice care pharmacists, which reflect the types of advanced activities being performed by many specialists today. These roles include:<sup>235</sup>

- **Direct patient care**
  - Conduct advanced pain and symptom assessment, including comorbid conditions.
  - Establish and maintain a collaborative practice agreement with the managing medical practitioner.
  - Initiate, modify, and discontinue medication therapy.

- Monitor medication therapy using patient and caregiver history and order, recommend, or interpret laboratory and test results.
- Develop an accountable role within the palliative and hospice care interdisciplinary team.
- Thoroughly understand scope of practice and roles of nonpharmacist members of the palliative and hospice care team.
- Participate in or lead family meetings.
- Establish goals of care and educate patient and family on medication therapy decisions (e.g., discontinuation of futile or nonessential medications).
- Participate in or lead decisions on hospice or outpatient palliative care appropriateness and referral.
- Guide transitions of care.
- Assist in health-system policy as it relates to palliative and hospice care.
- Educate patients, caregivers, and families regarding medications.
- **Education**
  - Develop health profession students' understanding of palliative and hospice care.
  - Develop practicing health professionals' understanding of palliative and hospice care.
- **Scholarship**
  - Contribute to the body of knowledge of palliative and hospice care via writing, speaking, or research.
- **Administrative roles**
  - Practice development and management.
  - Interdisciplinary leadership.

Key articles outlining the clinical contributions of palliative care pharmacists are summarized below:

- A retrospective, multicentered study evaluating adult hospitalized inpatients seen by palliative care pharmacists, as members of the palliative care consultation teams, at three different practice sites in California. The primary objective of the study was to categorize pharmacists' interventions. Results show that the length of stay decreased when the pharmacist was involved within 72 hours of the initial palliative care consultation and when the palliative care pharmacist served as the lead clinician for a palliative care consultation. There was also improvement in reaching goal levels for pain, dyspnea, anxiety, and constipation when palliative pharmacists provided medication recommendations. The study concludes that the integration of a palliative care pharmacist as part of a transdisciplinary care team can potentially enhance patient-centered care.<sup>236</sup>
- A study evaluated the impact on pain management for patients admitted to a palliative care unit by a multidisciplinary palliative care team and the team pharmacist. Pain intensity (using a numeric rating scale [NRS] of 0 to 10) decreased significantly on day 7 of palliative care unit admission compared with pain intensity on day 0 (NRS: 4.05 vs. 2.66,  $P < 0.001$ ). A significant

negative correlation was found between pain intensity and proper use of analgesics ( $r = -0.407$ ;  $P < 0.001$ ,  $r = -0.309$ ;  $P = 0.001$ ,  $r = -0.241$ ;  $P = 0.009$ , on day -7, day 0, day 7, respectively). Pharmacist intervention appeared to have improved pain control in patients under palliative care.<sup>237</sup>

- A retrospective study of 341 patients evaluated adult hospitalized patients seen by a part-time palliative care specialist pharmacist as part of the palliative care consultation team at an academic health system. The palliative care pharmacist was on service 35% of the time and saw 26.4% of the patients seen by the palliative care team. Each patient received an average of 3.5 interventions with an average of 4.1 documented outcomes. Pharmacist interventions and outcomes were predominantly related to optimizing symptoms through changes in medication regimen and education of health care professionals. A subanalysis of patients with a known date of first pharmacist visit found significantly improved length of stay, length from admission to palliative care consult, and time from consult to discharge or death for patients with early access to palliative pharmacy compared with those without early access.<sup>238</sup>
- A retrospective data analysis conducted at a single, academic, comprehensive cancer center evaluated pharmacist interventions and patient outcomes of a pharmacist-led outpatient palliative care practice. Palliative care pharmacists were incorporated into ambulatory palliative care clinics and worked under a collaborative practice agreement. A lack of medication efficacy was the most common problem for symptoms of pain, constipation, and nausea/vomiting identified by the pharmacist at all visits. A change in pain medication dose and initiation of a new medication for constipation and nausea/vomiting were the most common interventions. Medication changes involved a change in dose and/or initiating a new medication. Trends were observed in the improvement and stabilization of pain over subsequent clinic visits.<sup>239</sup>
- A total of 453 interventions during 185 patient care encounters were documented by clinical pharmacy specialist providers between September 1, 2016, and December 31, 2016, in a VA Medical Center. Interventions were documented across 32 unique patients, with an average of 14.2 interventions made per patient during this period. Clinical pharmacy specialist providers frequently intervened to optimize pharmacotherapy for the treatment of pain (42.38%), terminal agitation (5.08%), and nausea (3.97%). Additionally, clinical pharmacy specialist providers played a significant role in the deprescribing of medication by discontinuing drugs no longer indicated (18.3%). These results substantiate the valuable contribution to patient care that the clinical pharmacy specialist providers make in optimizing symptom management and deprescribing at end-of-life.<sup>240</sup>

There is evidence in the published literature supporting the economic outcomes associated with including a palliative care pharmacist on the care team. Highlights from the literature include:

- A 16-month retrospective review comparing palliative care patients at two hospitals with consultative palliative care teams established a return on investment (ROI) for a pharmacist position on a hospital-based palliative care team. The article provides an ROI analysis to support pharmacist integration and describes the methods used to justify adding pharmacists to their palliative care teams. An annual ROI of \$1.2 million to \$2.9 million was calculated, with \$125,760 from physician time saved and \$1.1 million to \$2.8 million dollars from preventable adverse drug events.<sup>241</sup>
- In one study, an annual cost savings of \$427,000 was observed in the initial year when a clinical pharmacist was added to a hospice team. On average, 9.5 interventions were made per

interdisciplinary group (IDG) attendance, attributing a conservative value of \$688.94 per IDG attendance. Clinical impacts were also well regarded by physicians and nurses.<sup>242</sup>

### ***Other Pain Management Pharmacist Specialist Activities***

In addition to direct patient care responsibilities, PMPS are involved in quality assurance and process improvement measures. With their established role, PMPS pharmacist specialists are able to facilitate the integration of pharmacy trainees into their clinical practice roles. Specialists teach didactically to pharmacy and medical students, are engaged with residency and fellowship programs, and are involved with precepting students.

PMPS also provide education to prescribers, nurses, other pharmacists, and other health care professionals through the development and delivery of disease state and patient case presentations, participation in provider in-services, responses to drug information questions, and participation in journal clubs. In addition, specialists continually evolve their practice sites and further develop precepting skills to mentor future generations of practitioners.

Pharmacist specialists often provide support, education, and training for patients and other health care providers.<sup>243,244,245</sup> Their role in opioid stewardship efforts has been detailed, including nonopioid education efforts that focus on the appropriate use of all analgesics and may include topics such as decreasing the inappropriate prescribing of nonsteroidal anti-inflammatory pain medications.<sup>216,246</sup> Reported provider satisfaction with PMPS services are high, and there is a positive perceived impact on these services provided to patients.<sup>247</sup>

Some PMPS participate in clinical research, including protocol design, budget preparation, administration of informed consent, preparation of investigational drugs, data analysis, and manuscript preparation. The design and execution of clinical research in pain management necessitates a bridge between the different levels of care and a working knowledge of the logistics of the medication use system. PMPS also assist with obtaining pilot data, study design, data collection, and analysis.

PMPS impact patient outcomes through a wide variety of roles, including the optimization of medication use, avoidance of adverse drug reactions, and transition of care activities focused on medication reconciliation and patient education.

### ***Recognition of Pain Management Pharmacist Specialists***

Patients with pain have uniquely complex pharmacological, nonpharmacological, and psychological needs. Pharmacists require extensive postdoctoral training to develop the expertise necessary to serve this patient population. While many physicians, advanced nurse practitioners, and physician assistants certainly understand basic principles of pharmacology,

patients with pain are often complex and have needs that demand the skills of a pain management pharmacist who has undergone specialized training.

The pain management pharmacist's highly specialized training, designed to maximize patient outcomes in this complicated patient population, cannot be replicated by other professions on the interdisciplinary team. PMPS ensure the safe use of high-risk medications, not only with complex patients on complex regimens, but these medications carry significant risk that require expertise to keep patients, families, and communities safe. This is achieved through the application of the specialist knowledge in pain management. These pharmacists provide knowledge of pharmacology, optimal dosing, appropriate screening and monitoring, management of drug interactions, and management of medication side effects while contributing to program-wide initiatives and clinical program developments.

Pain management specialists are best positioned to "translate" an ideal theoretical medication regimen into one that is practical (e.g., scheduling medications for optimal outcomes considering drug interactions and pharmacology, medication adjustments per insurance or affordability) and they provide the corresponding medication education and training for the patient to support optimal outcomes. Additionally, the specialized training for PMPS includes principles of addiction medicine, acute pain management in patients with OUD, and palliative and end-of-life care. PMPS represent the only discipline within the multidisciplinary team with expert knowledge across these important practice settings.

There is a need for a mechanism to identify, recognize, and provide access to PMPS who can meet patient needs for specialized medication management. Individuals who have obtained specialist recognition and have attained the additional training, experience, and expertise to lead patients, the profession, other health care providers, and society to better public health are necessary for managing diseases and reducing preventable conditions, complications, and sequelae. BPS recognition of pain management pharmacy practice as a specialty would provide a mechanism through which pharmacists could attain voluntary certification that recognizes the achievement of a focused and distinct level of specialized knowledge, experience, and skills in serving the unique medication needs of patients.

A significant number of pharmacists have prepared themselves to meet public health needs by providing specialized care for patients with pain that includes comprehensive medication management, collaborating with other health care providers, and addressing a broad range of other health-related needs. In addition, PMPS have provided leadership in the profession in establishing patient care services, precepting student pharmacists in required advanced pharmacy practice experiences (APPEs) and introductory pharmacy practice experiences

(IPPEs), and training other pharmacists through residencies, fellowships, and live and enduring educational programs. These pharmacists have also engaged in leadership positions within professional organizations such as the American Association of Psychiatric Pharmacists, American College of Clinical Pharmacy, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, Hematology/Oncology Pharmacy Association, and Society of Pain and Palliative Care Pharmacists.

By any measure, the complex issues facing patients with pain cannot be adequately addressed by pharmacists with entry-level knowledge and skills in general practice or other types of pharmacy specialties. BPS certification of PMPS will lay the groundwork for other committed and interested pharmacists to focus their professional development, training, and educational efforts on preparing themselves to fully meet this public health need.

### ***Overlap With Other BPS Specialties***

There is likely some potential level of overlap between the proposed PMPS and virtually all existing BPS specialties, possibly with the exception of nutrition support, nuclear pharmacy, and compounded sterile preparations. Pain can be evident in most disease areas, at ages across the lifespan, and across all practice settings. The petitioning organizations feel strongly that the evidence presented in this petition will justify the recognition of PMPS.

*The Role Delineation Study: Pain Management Pharmacy* outlines four domains within the proposed pain management specialty, with validation of 58 distinct and specialized knowledge bases underpinning these domains.<sup>15</sup> There are distinct domains and functional areas for pain management practice compared with each of the minor overlapping tasks within other recognized BPS specialties. Without additional training and experience, the knowledge, skills, training, and functions of other BPS credentialed specialists lack the depth of specificity required to provide care to patients with pain. These significant differences between pain management pharmacy practice and other recognized BPS specialties, reinforced by the nuanced complexity of managing medications for a broad spectrum of patients and disease areas, make it important for BPS to independently recognize PMPS. Appendix A-1 outlines the domains of a proposed pain management specialty compared with the domains of existing and potentially overlapping BPS specialties.

It has long been recognized that the base of knowledge and skills in medicine far exceeds an individual's ability to master every facet of medicine. Currently, physicians may become certified in any of 35 medical specialties and 131 medical subspecialties. In medicine, there are five distinct subspecialties for pain management, within specialties of anesthesiology,

emergency medicine, physical medicine and rehabilitation, psychiatry and neurology, and radiology.<sup>248</sup> Among the specialties in medicine, overlap is apparent in many areas. This overlap is unavoidable, given the complexities and commonalities within patient care and population groups. Likewise, in pharmacy, the breadth and depth of knowledge exceed an individual's ability to master content and skills at an advanced level in all areas of practice and pharmacotherapy. It is in the best interest of both the profession and patients to recognize pharmacists with specialized training and expertise in pain management.

**GUIDELINE 2. Specify how the functions performed by pharmacists in the proposed specialty address these specific needs of the public's health and well-being, such as improved safety, cost, quality of life, and outcomes. Included in this discussion should be a description of how the public's health and well-being may be at risk if the services of practitioners in the proposed specialty are not provided.**

As experts in medication management, PMPS have the specialized knowledge and expertise needed to manage and optimize complex medication regimens, implement nonpharmacological pain management techniques, and provide effective and comprehensive chronic pain management care to meet the individual needs of patients and the goals of care. According to the *Role Delineation Study: Pain Management Pharmacy*, there are specific tasks with importance and relevance to practice in this specialty area, with particular focus given to clinical outcomes and safety. These task areas are detailed in this section.

### ***Tasks of Pain Management Pharmacist Specialists***

PMPS apply knowledge of pertinent pathophysiology as it applies to different types of pain to aid in the selection of therapy, identify and recognize the symptomatology of the patient's perception of pain, and recognize the impacts of underlying biopsychosocial determinants of the patient's perception of pain.<sup>15</sup>

Specialists are trained to collect a comprehensive medical and pain treatment history (behavioral, surgical, etc.), including over-the-counter and prescription medication history, illicit and/or recreational substance use, herbal and/or dietary supplements, allergies, and adherence to therapy. They demonstrate the appropriate use of validated screening tools to identify high-risk patients and perform pertinent physical assessments to evaluate pain symptoms and the effectiveness of various analgesic modalities. Identification of acute pain syndromes that require emergent escalation of care is a critical role. PMPS identify appropriate imaging or diagnostic techniques, in collaboration with the multidisciplinary health care team, to support pain etiology and/or diagnosis.<sup>15</sup>



Often, PMPS obtain objective measures (prescription monitoring programs, urine drug screening, toxicology results interpretation, etc.) to optimize patient safety and improve adherence to therapy. These specialists also identify or predict drug–drug and/or drug–disease related problems and other potential barriers to care (i.e., route of administration, insurance coverage, drug cost and availability, transportation, language, and health literacy).

PMPS design and implement appropriate treatment plans giving consideration to patient treatment trajectory, evidence, and appropriate pharmacokinetic, pharmacodynamic, and pharmacogenetic variables. They review and collaborate with the multidisciplinary health care team on an appropriate treatment plan and establish appropriate patient-centered treatment goals that are consistent with a treatment plan with consideration of cultural, spiritual, and social awareness. PMPS design and implement an appropriate monitoring plan to evaluate the patient’s response to the pain management therapy and modify the patient-specific plan of care in collaboration with the multidisciplinary health care team.

Specialists translate evidence into practice by critically evaluating pain management literature in both the basic and clinical sciences with regard to study design, statistical analysis, study results, and applicability to patient care and policy development.

PMPS monitor and evaluate institutional metrics to identify opportunities to enhance opioid stewardship. They develop, modify, and/or recommend optimal institutional policies, procedures, and interventions to promote safe and appropriate use of opioids by incorporating guidelines, surveillance data, and best available evidence for continuous quality improvements. Specialists maintain the continuity of treatment and communication across the spectrum of services and during transitions between care settings and foster a team-based culture among clinicians that emphasizes the importance of appropriate prescribing and comprehensive pain management. PMPS develop systems to identify and support high-risk patients and patients with OUD and evaluate and foster compliance with pain management standards established by accrediting and regulatory agencies.<sup>15</sup>

Specialists provide education and counseling to patients and caregivers regarding the patient’s pain management comprehensive/therapeutic plan. They provide education, training, mentorship, and guidance to health care professionals and trainees regarding pain management. Providing education and public health information on pain management and opioid overdose to health care professionals, patients, and the community is an important role for PMPS. These pharmacists also develop, identify, implement, and evaluate outcomes of pain management educational programs/materials for target audiences. Specialists advocate for persons and populations with pain through engagement and leadership in the community in

order to improve patient-centered pain management. They also advocate for the role and contribution of pain pharmacists to the public, health care providers, health systems, and policymakers. Finally, specialists leverage population-level data to develop, implement, and assess practices or strategies for improving pain management in the community through quality improvement.<sup>15</sup>

**GUIDELINE 3. Describe how functions provided by the practitioners in the proposed specialty will fulfill the responsibility of the profession of pharmacy in improving the public's health. Petitioners may use the following Vision for Pharmacists' Practice adopted by the Joint Commission of Pharmacy Practitioners in January 2014 when defining responsibilities of the profession:**

***Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based health care.***

Pharmacists have a responsibility to the American public to ensure that medications are used appropriately and desired medication outcomes are achieved. Most national pharmacy organizations, including the American Pharmacists Association, American Society of Health-System Pharmacists, American College of Clinical Pharmacy, American Association of Colleges of Pharmacy, and BPS, support expanded credentialing of pharmacist specialists, similar to credentialing in other health professions, to meet the vision for the future of pharmacy practice and to improve patient care.

Achieving the vision of the Joint Commission of Pharmacy Practitioners will require recognized and credentialed PMPS with the knowledge, skills, and abilities to manage complex medication needs specifically for patients with pain. Pain management specialists manage sophisticated medication regimens, develop and refine individualized patient care plans, work collaboratively as members of the interdisciplinary health care team, conduct and publish research, and maintain long-term relationships with patients, families, and caregivers.

PMPS also serve as practice leaders within their institutions, organizations, the profession of pharmacy, and the more expansive area of pain management. They often serve as preceptors for APPEs, IPPEs, postgraduate year one and postgraduate year two residency experiences, and fellowship programs. A new specialty in pain management pharmacy practice would be consistent with the BPS mission: "to improve patient care by promoting the recognition and value of specialized training, knowledge, and skills in pharmacy and specialty board certification of pharmacists."<sup>249</sup> BPS specialty certification is not only the pharmacist's path to advancement in contemporary medicine but also a roadmap for pharmacists who desire to gain additional

training and knowledge to differentiate themselves from pharmacists in general practice or other specialty practices. By achieving certification, pharmacists acquire a tool that provides assurance of their specialized knowledge and skills to other health professionals, stakeholders, and society. Additionally, the complexities of care for patients with pain continue to multiply. Advances in medications and technology are driving the need for specialized training to expand pharmacists' pharmacotherapy knowledge and patient care skills to manage highly complex medication regimens for patients.

All pharmacists perform important patient care functions in serving the public health needs of society. By definition, pharmacists who voluntarily choose to earn BPS certification are prepared to meet the needs of patients within their respective specialty areas more effectively than entry-level pharmacists because they have acquired specialized knowledge and training beyond the Doctor of Pharmacy degree and minimum standards for licensure. In all areas of pain management pharmacy practice, collaboration with other members of the health care team is critical to prevent medication errors, ensure appropriate medication use, improve safety, and ensure that treatment goals are achieved. The needs of patients with pain are sufficiently distinct to support the recognition of PMPS as a separate and distinct specialty. Effective, successful, high-quality care for these patients will require the full application of specialized knowledge and skills of PMPS and those who would seek to achieve specialty recognition in pain management pharmacy practice.

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## **CRITERION B: Demand**

The area of specialization shall be one in which there exists a significant and clear health demand to provide the necessary public reason for certification. ***This criterion emphasizes DEMAND.*** BPS defines DEMAND as a willingness and ability to purchase the services of a Board Certified Pharmacist.

The demand for pain management pharmacist specialists (PMPS) can be expressed in terms of the value of interprofessional collaboration that is affirmed by other health professionals, health care leaders, organizations that recognize the value of PMPS, and patients through letters of support. Employment trends and surveys that document increased demand for PMPS also reflect a significant and clear health demand.

### ***Demand for Pain Management Pharmacist Specialists' Services***

As the role of PMPS has grown, so has the number of PMPS across the United States. Requirements for involvement of PMPS in the care team are well codified by practice standards, professional statements, and guidance. The inclusion of pharmacists as part of the clinical practice team for patients with pain is also strongly reinforced in the literature. The breadth and depth of literature supporting the role of PMPS can be found in Appendix G-1 and Appendix G-2.

**GUIDELINE 1. Include statements of support by stakeholder organizations and other entities, other than petitioners, that attest to the demand for pharmacists with training and knowledge to provide services in the proposed specialty. Stakeholder organizations can include non-pharmacist health professional organizations, public and private health care entities, and consumer organizations.**

Appendix B-1 provides statements from the following individuals and organizations that specifically attest to the demand for pharmacists with training and knowledge to provide services for patients with pain:

- **American Academy of Pain Medicine**  
Kayode Williams, MD, MBA, FFARCSI  
President



- **American Society of Addiction Medicine**  
William F. Haning, III, MD, DLFAPA, DFASAM  
President
  
- **American Society of Anesthesiologists**  
Randall M. Clark, MD, FASA  
President
  
- **American Society of Regional Anesthesia and Pain Medicine (ASRA)**  
Samer Narouze, MD, PhD  
President, ASRA Pain Medicine Board of Directors
  
- **Department of Veterans Affairs, South Texas Veterans Health Care System**  
Seth D. Chandler, DO, FAAPMR  
Chief, Physical Medicine and Rehabilitation  
  
Elizabeth J. Halmai, DO  
Clinical Director, Whole Health Flagship  
  
Allan C. Hays, MD  
Chief, Interventional Pain  
  
Hussein Musa, MD  
Medical Director, Complex Pain Center
  
- **Institute for Patient- and Family-Centered Care**  
Beverley H. Johnson, FAAN  
President
  
- **Johns Hopkins Medicine**  
Todd W. Nesbit, PharmD, MBA, FASHP  
Vice President, Pharmacy Services  
Johns Hopkins Health System  
Chief Pharmacy Officer  
The Johns Hopkins Hospital
  
- ***Journal of Palliative Medicine***

Charles F. von Gunten, MD, PhD  
Editor-in-Chief

- **Minnesota Department of Human Services**  
Nathan T. Chomilo, MD, FAAP, FACP  
Medical Director, Medicaid & MinnesotaCare  
Senior Equity Advisor to the Commissioner, Minnesota Department of Health
- **National Alliance on Mental Illness**  
Kenneth Duckworth, MD  
Chief Medical Officer
- **National Pain Advocacy Center**  
Kate M. Nicholson, JD  
Executive Director

Juan M. Hincapie-Castillo, PharmD, MS, PhD  
President of the Board

- **Opioid Prescribing Engagement Network (OPEN) at the University of Michigan**  
Chad M. Brummett, MD  
Director, Clinical Research Anesthesia  
Director, Pain Research  
  
Jennifer F. Waljee, MD, MPH, MS  
Director, Center for Healthcare Outcomes & Policy  
George D. Zuidema Professor  
  
Mark C. Bicket, MD, PhD  
Assistant Professor, Anesthesiology

- **Patient**

[REDACTED]

- **Patient**

[REDACTED]

[REDACTED]  
[REDACTED]

- **Patient**

[REDACTED]

- **Penn Medicine**

Regina Cunningham, PhD, RN, NEA-BC, FAAN  
Chief Executive Officer

- **Penn Medicine**

Jeanmarie Perrone, MD, FACMT  
Professor of Emergency Medicine  
Director, Division of Medical Toxicology & Addiction Medicine Initiatives  
Founding Director, Penn Medicine Center for Addiction Medicine & Policy

- **Penn Medicine**

Farzana Sayani, MD, MSc  
Director, Penn Comprehensive Sickle Cell Program  
Hospital of the University of Pennsylvania

Key points within these letters of support speak to the demand for PMPS. Some of the valuable points that underscore the demand for specialty recognition are outlined below, and the complete letters of support are attached as Appendix B-1:

A letter of support from **Kayode Williams, MD, MBA, FFARCSI**, President of the **American Academy of Pain Medicine**, reinforces that *clinical pharmacists with extensive expertise in pain management are vital to the multidisciplinary care of persons experiencing pain both in terms of direct patient care, as well as providing in-depth education on pharmacotherapy and pharmacologic principles to other healthcare professionals*. He further states, *as the opioid epidemic continues, hospitals and health-systems have engaged the expertise of such pharmacists to lead efforts in protocol-directed patient care, staff education, and opioid stewardship programs. Specific examples include pharmacist-led patient-controlled analgesia services, non-opioid medication optimization, diversion prevention, as well as system-level opioid policy and order set development. Additionally, these pharmacists can and do play a significant role in opioid harm reduction initiatives in all settings of care delivery.*

**William F. Haning, III, MD, DLFAPA, DFASAM**, serves as President of the **American Society of Addiction Medicine**. In his letter of support, Dr. Haning describes the value PMPS bring to patients with substance use disorder and their care team. *Clinical pharmacists play an important role in caring for patients with pain, especially when pain care can place patients at risk for or co-occurs with substance use disorder (SUD). People with SUD also often experience comorbid physical health conditions, including chronic pain, cancer, and heart disease. Clinical pharmacists uniquely contribute to the care team, especially in handling complex pharmacodynamic and pharmacotherapeutic issues found in patients with comorbidities, such as complex pain conditions. There are a lot of ways to place patients at risk for harm from either inappropriate use of medications with their overlapping interactions and interferences, or undertreatment of pain. Addiction medicine specialists and other health care providers can provide better care when collaborating with well-trained, experienced Pain Management Pharmacists.*

In his letter of support, **Randall M. Clark, MD, FASA**, President of the **American Society of Anesthesiologists (ASA)**, emphasizes the meaningful influence PMPS have on a multidisciplinary care team for patients with pain. *Millions of people are impacted by pain and have overlapping comorbidities and mental health diagnoses requiring a multidisciplinary approach. Patients with physical pain complaints often have complex combinations of medical, mental, and psychosocial problems that impact the management and selection of the medication regimen. Health care teams in acute care*

*and outpatient settings manage difficult and complex medication regimens. The clinical pharmacist specializing in pain management fulfills the essential role advocating for and coordinating the continuous and safe medication management for these patients.*

*ASA strongly supports a multidisciplinary approach to pain care under the supervision of physicians. Clinical pharmacists are skilled at utilizing their knowledge of pharmacology and are crucial in aiding physicians in informing patients on the risks and side effects of medications, which is incredibly important for members of our community with health conditions. Pharmacists often aid physicians by participating in the management of patients' mental and physical health conditions. These patients may also be faced with frequent changes in their treatment plans, creating additional opportunities for which pharmacists can aid physicians. ASA believes in a comprehensive, physician-led treatment team, especially for those patients experiencing concurrent disorders.*

**Samer Narouze, MD, PhD, President of ASRA Pain Medicine Board of Directors,** expresses his support for recognition of PMPS as part of an interdisciplinary health care team caring for patients with pain. *We believe that the future of pain medicine is a collaborative, integrated practice. This practice includes the role of the trained pharmacist in providing and advocating for the appropriate use of pharmaceuticals for management of pain as part of a coordinated, integrated care plan for treatment of the whole patient.*

*ASRA Pain Medicine advocates for evidence-based, appropriate use of pharmacological agents in conjunction with other pain medicine modalities to care for chronic pain patients. Chronic pain patients come to us from a variety of settings, usually with comorbid conditions requiring polypharmacy treatment across a wide spectrum of conditions. They often include patients who have been given opioids for intractable pain control, and they may include individuals with substance use disorders. The only way to properly design care pathways for this diverse and complicated patient care population is through a team approach.*

*With the opioid epidemic and worsening opioids-related deaths, pain management pharmacy expertise is more critical than ever. These specialists are experts in opioid stewardship programs and advocates for patients and their caregivers. As an organization dedicated to safe, evidence-based care across the entire spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings, we strongly support this role.*

**Seth D. Chandler, DO, FAAPMR**, Chief of Physical Medicine and Rehabilitation, **Elizabeth J. Halmai, DO**, Clinical Director of Whole Health Flagship, **Allan C. Hays, MD**, Chief of Interventional Pain, and **Hussein Musa, MD**, Medical Director of the Complex Pain Center with the **Department of Veterans Affairs, South Texas Veterans Health Care System**, detail the various capacities PMPS care for veterans with pain syndromes and their integral role on the health care team. *Within our health care system, pain clinical pharmacy practitioners have broad impact on direct patient care, policy development, patient and provider education, and multi-disciplinary team building as relates to the expansion of care to our veterans with complex and chronic pain syndromes. Pain pharmacy practitioners also have impact in our emergency department, Whole Health, palliative care, geriatrics, and home-based primary care teams ensuring veterans have access to quality pain care through all phases of life. Additionally, our pharmacy team members have taken the lead on collaborating with X-waivered physicians to ensure that veterans with iatrogenic opioid dependence syndromes have direct access in primary care setting to definitive treatment with medication therapy (e.g., buprenorphine, buprenorphine/naloxone).*

*All current guidelines recommend a multi-modal, team-based approach to the treatment of complex pain syndromes. Our pain clinical pharmacy specialists are not just an integral part of these multi-disciplinary teams, but a critical part of these teams and the pain care footprint within our health care system. Furthermore, demand for individuals possessing the unique skillset to fill such roles is growing both in the public and private health care sectors.*

**Beverley H. Johnson, FAAN**, President of the **Institute for Patient- and Family-Centered Care**, discusses the urgent need to expand expert pain management services and support and their availability for people with chronic pain, those with acute pain experiences, and for palliative and end of life care in her letter of support. *With more specialized training in pain management, pharmacists can improve the quality of pain management and assist in preventing inappropriate pain management that too frequently leads to substance use disorder. Creating a pain management specialty certification is very timely and would address an important need in the education of health professionals, and pharmacists in particular. I serve as a member of the National Academy of Medicine's [NAM] Action Collaborative on Countering the U.S Opioid Epidemic and on the Collaborative's Health Professional Education and Training Workgroup. This Workgroup is urging a coordinated response to professional practice gaps related to pain management. And in NAM's newly released discussion paper, The 3Cs Framework for Pain and Unhealthy Substance Use: Minimum Core Competencies*

for Interprofessional Education and Practice, *recommends a focus on partnerships with patients, families, and the community education programs.*

**Todd W. Nesbit, PharmD, MBA, FASHP**, Vice President, Pharmacy Services of Johns Hopkins Health System and Chief Pharmacy Officer of The Johns Hopkins Hospital, as part of **Johns Hopkins Medicine**, highlights the increasing demand of PMPS. *At The Johns Hopkins Hospital, we currently employ three full-time pharmacists who are trained in pain management. These practitioners provide care daily for patients as essential members of the interprofessional team, educate patients and providers on appropriate medication use, develop effective medication use policies that help to ensure the safe and effective use of pain medications and related therapies and conduct research which answer important clinical questions that can be generalized for the benefit of others through presentation and publication. The demand for such practitioners continues to grow. As illustration, we received budgetary approval this year to recruit a fourth full time pain management clinical pharmacist to expand our services for the benefit of more patients. Moreover, we regularly support an ASHP approved PGY2 specialty practice residency program intended to prepare clinicians to help meet this growing need.*

**Charles F. von Gunten, MD, PhD**, serves as Editor-in-Chief of the **Journal of Palliative Medicine** and led a cancer pain management service for a National Cancer Institute–funded trial of a pharmacist-led team. In his letter of support, Dr. von Gunten illustrates the important contributions of PMPS on palliative care teams to manage patient pain. *I can attest to the esteem in which specialist pharmacists on the teams I have led in large health systems in the US are regarded by their pharmacist and physician colleagues. In addition to the improved pain management while avoiding adverse effects for which they are responsible, they also have played a key role in disseminating appropriate use of opioids and adjuvants among the health care professionals, including the pharmacist community, broadly. I have had the sad experience of having the ‘pharmacy police’ block appropriate evidence-based pain and symptom management in hospitals because of ignorance. They don’t listen to physicians—but they will listen to pharmacists.*

In his letter of support, **Nathan T. Chomilo, MD, FAAP, FACP**, Medical Director, Medicaid & MinnesotaCare of the **Minnesota Department of Human Services** and Senior Equity Advisor to the Commissioner of the Minnesota Department of Health, details the contributions of a PMPS to Minnesota’s Opioid Prescribing Improvement Program and the Opioid Prescribing Work Group (OPWG). *From the start, [the PMPS’s] leadership and clinical expertise elevated the OPWG’s work. Her nuanced understanding of opioids’ relative risks and benefits in varied clinical situations rendered her a consistently*

*influential work group member. When discussing the paucity of evidence about pain management following surgery, she took questions arising at the work group back to her [institution] colleagues, where she and they conducted a pivotal examination of prescribing variation after orthopedic surgery. The results of that study led the Institute for Clinical Systems Integration to develop prescribing recommendations differentiating among particular types of orthopedic surgery. [The PMPS] was a lead participant in that work, which then informed our Medicaid quality improvement program. Her perspective as a pain management pharmacy specialist has thus proven essential as a clinician and researcher and as a trusted collaborative partner in a variety of settings. As a direct result, she was asked to take over the role of chair of the multidisciplinary OPWG that was predominately professionals who were not pharmacists. Even now, after the work of the OPWG has ended, [the PMPS] has been generous in sharing her time and expertise with our team regarding implementation of the opioid prescribing quality improvement program.*

**Kenneth Duckworth, MD**, serves as Chief Medical Officer of the **National Alliance on Mental Illness (NAMI)**. In his letter of support, Dr. Duckworth reveals the important role PMPS have on the interprofessional team that treats patients with mental health diagnoses. *The appropriate use of medications for management of different kinds of pain, in the setting of the polypharmacy of seriously ill patients—including those with mental illness—is uniquely suited to the trained pharmacist who works as part of the treatment team. Millions of people are impacted by chronic pain and have overlapping mental health diagnoses requiring a multidisciplinary approach. Patients with physical pain complaints often have missed or inadequate treatment of mental health diagnoses and psychosocial aspects that impact the management and selection of the medication regimen. Health care teams in acute care and outpatient settings manage difficult and complex medication regimens where pain and mental health intersect. The clinical pharmacist specializing in pain management fulfills the essential role advocating for and coordinating the continuous and safe medication management for pain and mental health. Clinical pharmacists, such as psychiatric and pain pharmacists, are skilled at treating the whole patient, which is incredibly important for members of our community with serious mental illnesses. They often must manage both psychiatric and physical health conditions and may be faced with frequent changes in their treatment plans. We at NAMI believe strongly in a comprehensive treatment team because it takes all of us to achieve wellness. This is especially true for those experiencing co-occurring disorders such as chronic pain and mental illness. The pain pharmacist can be a critical part of this team by providing detailed information about medications that the physician likely does*



*not have time to share. This is especially important for pain management medications which can have adverse interactions with psychotropic medications.*

**Kate M. Nicholson, JD**, Executive Director, and **Juan M. Hincapie-Castillo, PharmD, MS, PhD**, President of the Board of the **National Pain Advocacy Center**, speak to the current lack of pain specialists and the unique role PMPS can perform to fill health care gaps for patients with pain. *The growing recognition of chronic pain as a diagnosis in need of treatment, and the understanding that the best treatment is often delivered in multi-disciplinary teams of which pharmacists can play a critical role, provide strong justifications for this specialty. People with pain often present complex cases, involving both comorbid conditions and polypharmacy use; they require specialized care and follow up. Indeed, the need for specialized care for people with chronic pain is increasingly being recognized throughout the health care ecosystem, as exemplified by the recent Notice of Proposed Rulemaking by the Centers for Medicare and Medicaid Services to create bundle payments for chronic pain management.*

*Indeed, pharmacists are often at the forefront of patient care. Pharmacists play a vital role in ensuring safe medication use. Pharmacists also work within interdisciplinary teams to address patient needs. Given the shortage of pain specialists in the US, most management of pain has shifted to clinicians working in primary care settings, where collaborative work with skilled pharmacists is especially beneficial.*

*While other existing pharmacy specialties, such as oncology and psychiatry, may deal with pain issues, these specialties are pain-adjacent, and are unlikely to cover care for a substantial group of patients with long-term pain. A stand-alone pain management specialty is warranted to meet the gaps outlined herein.*

**Chad M. Brummett, MD**, Director of Clinical Research Anesthesia and Director of Pain Research, **Jennifer F. Waljee, MD, MPH, MS**, Director of the Center for Healthcare Outcomes & Policy and a George D. Zuidema Professor, and **Mark C. Bicket, MD, PhD**, Assistant Professor of Anesthesiology at the **Opioid Prescribing Engagement Network (OPEN) at the University of Michigan** support specialization of pain management pharmacists through their experience working with PMPS in opioid management and stewardship. *OPEN supports the recognition of Pain Management Pharmacists as specialists that provide leadership and support for opioid management and opioid stewardship efforts. The effects of long-term opioid use have an impact on millions of lives in countless communities. The support of patients with pain, opioid use disorder, or other substance use disorders requires intense collaboration with many stakeholders.*

*Pain management pharmacy specialists can provide expertise and experience on evidence-based medicine to support safe opioid use and optimized pain management. At the University of Michigan, pain management clinical pharmacist specialists provide clinical expertise about pain management to care teams, offer advice on opioid management and opioid use disorder, and work on leading institutional changes with multidisciplinary teams of physicians, nurses, and therapists, as well as providing guidance for patients on pain management planning.*

Cancer survivor [REDACTED] illustrates the positive impact PMPS had on his quality of life after his cancer diagnosis, treatments, and surgeries. *I became a patient of [REDACTED] Pain and Palliative Care team exactly three years after my diagnosis of Ewing's Sarcoma of my L3 Vertebrae (at age 48). I had completed my chemotherapy and radiation treatments as well as two extensive back surgeries. All of which left me with intractable pain and a poor quality of life.*

*That was until I was referred by my oncologist to the Pain and Palliative care team. On September 11, 2015, I walked into the office and was greeted by a team which included a clinical pharmacist. When I left that appointment, I had a new confidence that I had found the knowledge and support that would help me improve my quality of life.*

*I have met with the team, especially the clinical pharmacist, every month for the past 7 years. I didn't know how valuable they were in a clinical setting, but I do now. Over the years we have tried numerous medications looking for the best outcome with the least amount of side effects. On more than one occasion it was the clinical pharmacist who made the recommendation of possible medications. I have such confidence in their expertise and always felt like I was armed with the necessary knowledge that I never thought twice about trying the recommendations.*

*Fortunately, I have been on a stable course for a while but continue to receive the thorough review of my medications and clinical assessment of my well-being at every visit. I know I would not be where I am today without the clinical pharmacist and the rest of the team. The knowledge and support that clinical pharmacists bring to the team is invaluable.*

[REDACTED]  
[REDACTED] describes the effect a PMPS has on his long-lasting health struggles. *I have experienced decades of chronic pain from spinal stenosis that has increasingly limited my ability to walk or stand for long periods of time. Not only has this pain been a*

*hindrance to my work, it has also restricted many of the activities I used to enjoy, including running, traveling, and participating in even light sports. Along with many sessions of physical therapy, I have been prescribed pain medications, including opioids, by my primary care doctor and my physiatrist that I use on an as-needed basis, but over the years, they have become less effective, and I have hesitated to ask for any increase in doses or other medications out of concern that I will be seen as drug-seeking.*

*Not long ago, I was referred to a pain pharmacist [...] and immediately was impressed with her nonjudgmental attitude as she listened to my pain history, and her knowledge of a variety of modalities that could be useful in my situation. She also was very thorough and knowledgeable about the other medications I take—and there are quite a few! She suggested that I could benefit from a longer-acting opioid medication, and, in close collaboration with my primary care physician, I have been on a regimen of buprenorphine buccal films—which I had never heard of before—starting “low and slow” and currently starting to feel that they are beginning to make a difference. She and I check in frequently, and I have great confidence that she will manage this regimen so it is safe and hopefully effective, and if for any reason it is not a good fit, will be able to suggest other modalities.*

*[REDACTED] a patient who has been dealing with chronic pain for 25 years, explains how a PMPS has partnered with him to taper his opioid medications while still managing his pain. I have been working with [...] a clinical pharmacist at [REDACTED] [REDACTED] for the last 9 months. We meet virtually every few weeks.*

*I am [REDACTED] have had chronic pain for the past twenty-five years due to degenerative disc disease in my lumbar and cervical spine and myelomalacia in my cervical spine. I have had five major spine surgeries involving fusions, discectomies, and laminectomies and have been told I will need another cervical fusion in the not-too-distant future. I have been taking opioid pain medication on and off for the past twenty-five years.*

*After my last surgery in 2019, I was on a post-surgical opioid dosage of approximately 180 MMEs. In 2020, my wife and I made a joint decision that our life would be improved if I could manage the pain with less opioids.*

*There seemed to be very little advice that my primary care doctor or my pain management doctor could offer on the best way to taper and minimize physical and psychological withdrawal symptoms while managing my pain. My wife and I wanted the*

*science and understanding that [the PMPS] offered. She was compassionate for my situation and that was very comforting. She has offered practical suggestions regarding non-opioid analgesic and psychiatric medications, advice on how to manage both the physical and mental aspects of tapering and withdrawal, and has been an important support to both me and my wife. With [the PMPS's] help, I have now tapered down to 37.5 MMEs.*

*In a clinical setting, it is clear that having a second set of informed eyes is invaluable to surgeons and other specialists, many of whom may feel insecure in prescribing pain medication. For PCPs, many of whom are extremely apprehensive about prescribing pain medication, her assistance could provide them a way to learn and feel empowered to be able to adequately treat their pain patients. It is a way of sharing the moral burden of prescribing potentially dangerous drugs, but drugs, which from my own experience, I can attest as having been enormously helpful. I believe many doctors, pain specialists, and surgeons would benefit from this sharing of expertise and responsibility, and in such situations the patient will benefit enormously.*

**Regina Cunningham, PhD, RN, NEA-BC, FAAN**, Chief Executive Officer of **Penn Medicine**, explains the increased demand for PMPS because of *the exponential increase in opioid prescribing and deaths from opioid overdose over the past two decades*. She continues by describing the role and outcomes of PMPS at Penn Medicine. *The role of the pharmacy pain specialist has been well documented, with improved outcomes demonstrated in a variety of pain management settings including, but not limited to, surgery, oncology, chronic pain, palliative care, and hospice. Pharmacy pain specialists substantially impact patient outcomes through optimization of medication regimens, mitigation of adverse drug reactions, and promotion of best practices for pain medication use. Within our institution, our pharmacy pain specialists serve as leaders in pain management, patient advocates, educators of our clinical staff and patients and their families, clinical experts, leaders of clinical service development and implementation, and as chairs of health-system wide committees related to pain management and opioid prescribing.*

*Pharmacy pain specialists support the direct care of a wide variety of patient populations. Our pharmacy pain specialists serve an integral role on interdisciplinary teams within our institution, supporting the design and implementation of new pain management and palliative care services, building relationships with patients and clinicians, and designing innovative pain management plans. Their breadth of knowledge and expertise make them an essential resource when managing complex pain*

*syndromes.*

*Through opioid stewardship, our pharmacy pain specialists have developed treatment protocols and electronic clinical decision-support tools. The goal of such efforts is optimizing pain management while implementing harm reduction strategies and decreasing risk of diversion. Our pharmacy pain specialists also have an important role in educating and training the next generation, most recently starting a PGY2 residency program in Pain Management and Palliative Care.*

In her letter of support, **Jeanmarie Perrone, MD**, a Professor of Emergency Medicine; Director, Division of Medical Toxicology and Addiction Medicine Initiatives; and Founding Director, Penn Medicine Center for Addiction Medicine and Policy at **Penn Medicine**, articulates the integral role PMPS play in caring for patients with opioid use disorder. *It takes an interdisciplinary team to provide the optimal level of care, and the pharmacy pain specialist has been integral in leading the development of clinical pathways and protocols and interfacing with front-line providers to support patients with complex pain needs and for patients presenting with co-morbid substance use disorder. As a leader in opioid stewardship, [the PMPS] helps to implement high-level changes that right-size opioid prescribing and expand risk mitigation and harm reduction strategies. Providers are dependent on [the PMPS's] expertise for clinical and nuanced support when they are caring for patients with more intensive pain or opioid management requirements. [The PMPS] works with interdisciplinary team members to create inpatient initiatives and has led these to fruition, including, but not limited to, development of protocols for nonopioid analgesia throughout the hospital, pain and withdrawal management care pathways, processes for naloxone dispensing, and development of an inpatient pain management order panel and an opioid withdrawal order set. Our pain management pharmacist specialist is a leader in education as well, through the creation of a health-system wide module that covers pain management for front-line providers as well as delivering countless grand rounds and educational sessions.*

**Farzana Sayani, MD, MSc**, Director of the Penn Comprehensive Sickle Cell Program at **Penn Medicine**, shares the significant role pain management pharmacist specialists play in the Penn Comprehensive Sickle Cell Program. *Taking a holistic approach is critical to addressing pain in this population, and the pharmacist has brought a new perspective that includes rational pharmacotherapy and an understanding of patients experiencing multifaceted acute and chronic pain as well as total pain syndromes. [...] The pharmacy pain specialist (PPS) is an expert in the delivery of direct patient care as a member of interprofessional health care teams, an educator of health care providers, and an*

*advocate and educator for patients and their caregivers. The integration of specialty-trained pain pharmacists into teams has been well established, and evidence supports the role of the pharmacist on care teams with associated improved outcomes in the management of patients with both acute and chronic pain syndromes. Pain management pharmacy specialists are poised to serve this role in the inpatient care of patients with complex pain due to [sickle cell disease]. Our first-hand experience working with the pharmacy pain specialist has been through activities such as formal team and patient education on pain management and risk mitigation strategies, consultative support, development of pain management clinical pathways, and individualized patient pain plans.*

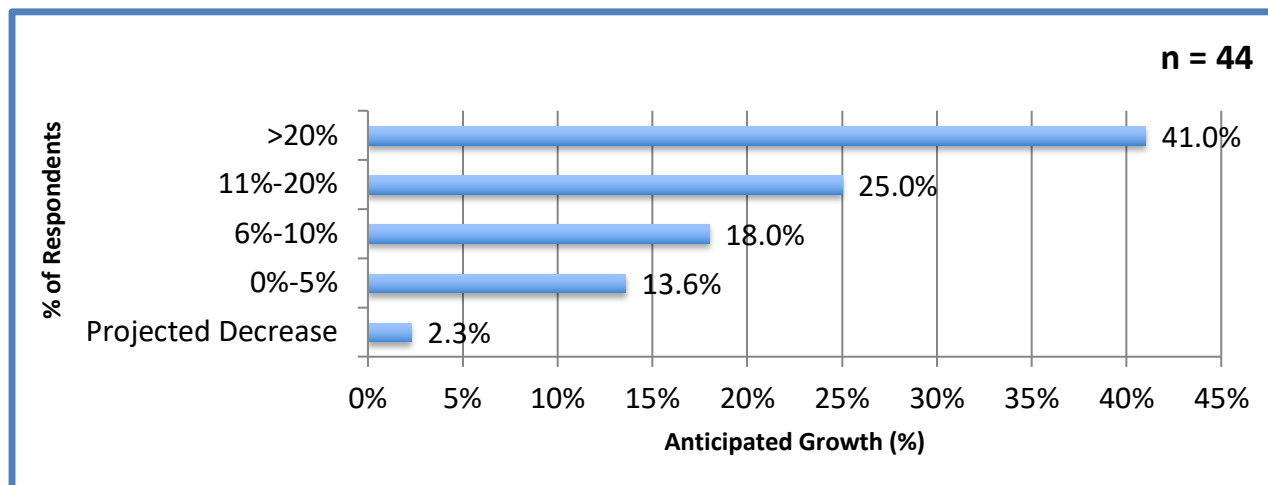
These statements are representative of the broad base of support and acceptance for recognition of PMPS and reflect the widespread and growing demand for specialized pharmacy services for patients with pain. All letter writers indicated their support for the recognition of pain management pharmacy practice as a specialty.

**GUIDELINE 2. Include estimates of positions for pharmacists with specialized training and knowledge in the proposed specialty that are currently filled and those that are currently unfilled. Identify these positions by practice settings, if possible. Describe the sources and methods used to determine these estimates.**

In an effort to estimate the number of positions for pharmacists with specialized training and knowledge in pain management pharmacy practice, the petitioning organizations conducted a survey of PMPS. The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* included a subset of questions that were completed by individuals with direct responsibility for hiring pharmacists in pain management. Forty-four individuals completed that portion of the survey.

Responding employers were asked to provide the total number of full-time equivalent (FTE) PMPS allocated to serving patients with pain within their organization. Although the number of positions varied (range, 0–150 allocated FTEs), the average number of FTEs across responding organizations was 8.3. Hiring managers that responded indicated they had recruited for 162 PMPS over the past 3 years and had filled more than 86% of these positions. These same employers estimate that they will fill an additional 142 positions over the next 3 years and currently report 78.4 vacant positions within their organizations. Employers also estimated the growth in the number of PMPS positions within their organizations over the next 5 years. These results are provided in Figure B-1.

**Figure B-1. Anticipated Growth in Pain Management Pharmacist Positions Over the Next 5 Years**



This information provided by employers of PMPS demonstrates a consistent and growing market for PMPS.

Notably, the value of specialty recognition is becoming increasingly important to employers of PMPS. Over 86% of employers responding to the *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* indicated that it was “highly likely,” “likely,” or “somewhat likely” that they would require a new specialty credential in pain management if approved by the Board of Pharmacy Specialties (BPS) for newly hired pharmacists. Of those responses, over 70% indicated that it was “highly likely,” “likely,” or “somewhat likely” that they would require a new specialty credential in pain management if approved by BPS for currently employed PMPS. The survey also showed that while a number of employer respondents encourage BPS certification or another earned credential, only 27% of PMPS positions currently require BPS certification or another earned credential. These results imply that a credential more targeted to the specific needs of PMPS would be in demand in the marketplace.

## CRITERION C: Number and Time

The area of specialization shall include a reasonable number of individuals who devote most of their practice to the specialty area. ***This criterion relates to the NUMBER of practitioners and the amount of TIME spent in the practice of the specialty.***

The data sources for determining the number of pain management pharmacist specialists (PMPS) in practice and the proportion of time spent in this specialized area of practice include:

- The *Role Delineation Study: Pain Management Pharmacy* conducted by the Board of Pharmacy Specialties (BPS).<sup>1</sup>
- Analysis of membership records of the American Association of Psychiatric Pharmacists (AAPP), American College of Clinical Pharmacy (ACCP), American Pharmacists Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), Hematology/Oncology Pharmacy Association (HOPA), and Society of Pain and Palliative Care Pharmacists (SPPCP).
- The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification*, administered in August 2022 by the petitioning organizations.

**GUIDELINE 1. Estimate the number of pharmacists currently practicing in the proposed specialty. Identify the types of practice settings for these pharmacists (e.g., academic, hospital, managed health care, community). Describe the sources and methods used to determine these estimates.**

Pain management pharmacy practice has significantly grown over the past decade, as evidenced by the increased number of postgraduate year two (PGY2) specialty residency programs in pain management pharmacy. In 2008, there were two ASHP-accredited specialty residency programs in pain management and palliative care pharmacy. As of October 2022, the number of programs available is 31—a 1,450% increase. Approximately 35 PMPS graduate annually from these programs. The growth trend is toward expansion of specialty pain management pharmacy residency programs. Comparatively, the numbers of current PGY2 programs for other BPS recognized specialties are:<sup>2</sup>

- Ambulatory care pharmacy – 214 programs.
- Cardiology pharmacy – 43 programs.
- Compounded sterile preparations pharmacy – 0 programs.



- Critical care pharmacy – 169 programs.
- Emergency medicine pharmacy – 88 programs.
- Geriatric pharmacy – 24 programs.
- Infectious diseases pharmacy – 128 programs.
- Nuclear pharmacy – 0 programs.
- Nutrition support pharmacy – 0 programs.
- Oncology pharmacy – 120 programs.
- Pediatric pharmacy – 75 programs.
- Pharmacotherapy – 19 programs.
- Psychiatric pharmacy – 78 programs.
- Solid organ transplant pharmacy – 50 programs.

Additionally, a fact sheet prepared for the Veterans Health Administration (VHA) for clinical pharmacist practitioners (CPP) in pain management saw growth in the number of pain management CPP from 100 in 2018 to 175 in 2022, indicating a 75% increase in PMPS in 4 years.<sup>3</sup> VHA also tracks the number of encounters and the number of patients served by pain CPP. From January 2017 to March 2022, the number of patients increased by 204% and the number of encounters by 217%.<sup>4</sup>

Analysis of the membership records from the petitioning organizations reveals 10,000 to 12,000 pharmacists who self-identify as having an interest in pain management pharmacy practice. This number likely underestimates the actual number of practicing PMPS since, presumably, not all practicing PMPS are members of the petitioning organizations or have self-identified as practicing PMPS.

The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* was developed by the petitioning organizations to obtain additional quantitative data regarding workforce demand for PMPS, proportion of time spent in pain management practice, and education and training pathways utilized. The survey was distributed to administratively identified AAPP, ACCP, APhA, ASCP, ASHP, HOPA, and SPPCP members in August 2022. The survey link was distributed through numerous membership communications, including newsletters, social media, and online networking groups within the petitioning organizations. The U.S. Department of Veterans Affairs also supported the development of the petition by distributing the survey link and encouraging PMPS to participate.

A total of 352 respondents completed the survey, and 305 respondents signed the online petition supporting specialty recognition for PMPS. A copy of the survey instrument is attached as Appendix C-1.

As the number of pain management residency programs has increased and the role of PMPS has expanded, so has the number of pharmacists practicing in pain management across the United States.

***Based on survey results, information from petitioning organizations, and available literature, we estimate that approximately 12,000 pharmacists are currently engaged as PMPS in the United States.***

Of the pharmacists surveyed by the petitioning organizations, 95% indicated that they are practicing at a specialty level according to the following definition:

**Definition of Pain Management Pharmacist Specialists**

*Pain management pharmacist specialists are experts in the delivery of direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings.*

*Pain management pharmacist specialists utilize pharmacokinetic and pharmacogenomic data, and biopsychosocial factors, to design patient-centered pain regimens and implement, monitor, and modify comprehensive medication plans to improve safety and efficacy that result in optimal outcomes. Specialty pain pharmacy practice enhances public health by optimizing pain management, mitigating risk, and implementing harm reduction strategies. Highly advanced communication skills, the ability to interpret published literature in a dynamic and evolving practice area, and a focus on quality and safety in compliance with established standards, regulations, and professional best practices are required for pain management pharmacist specialists.*

The *Role Delineation Study: Pain Management Pharmacy* depicts responding pharmacists' practice setting and their primary role within that setting. The types of practice setting are shown in Table C-1.<sup>1</sup>

**Table C-1. Primary Practice Setting of Role Delineation Study Respondents**

Primary Practice Setting	Percentage
Academic Medical Center or Hospital	26%
Community Hospital	11%

Ambulatory Care	9%
Veterans Affairs (VA) Hospital	9%
Community Pharmacy	8%
Mixed Academic/Community Hospital	8%
Children's Hospital	6%
Long-Term Care Pharmacy	5%
Oncology Clinic/Office	4%
Integrated Health System/Accountable Care Organization	3%
Managed Care	3%
Home Infusion/Ambulatory Infusion	3%
Specialty Pharmacy	3%
Hospice	2%
Other	1%

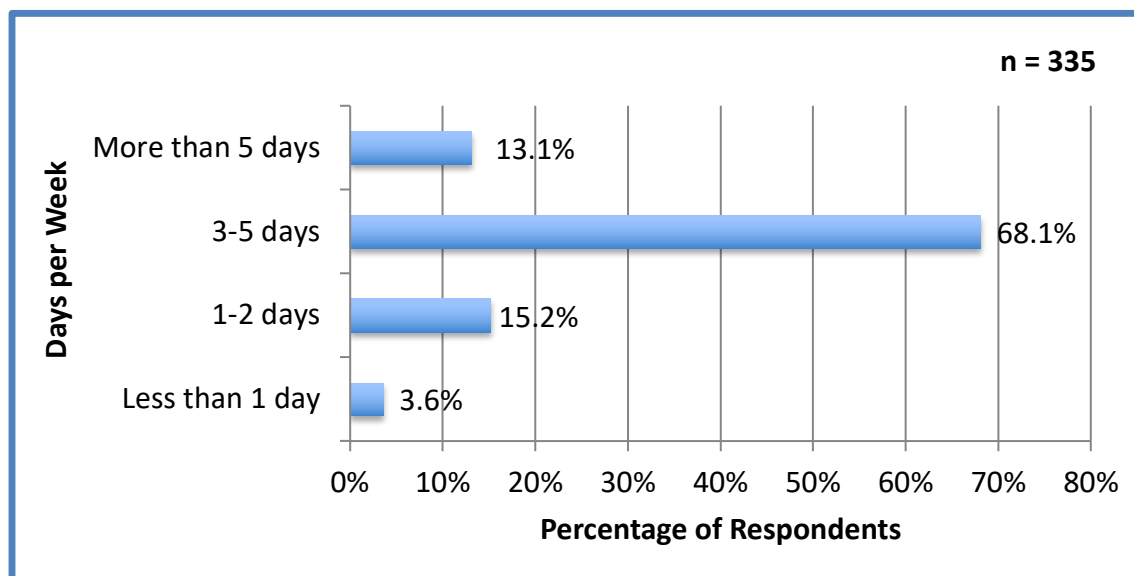
With the *Survey of Pain Management Pharmacist Specialists Interested in Board Certification*, 32% of respondents reported practicing in a federal hospital or institution, including VA facilities; 18% of respondents practice in an academic medical center/university-affiliated hospital; 16% of respondents practice in an ambulatory care setting; and 11% practice in a non-profit community hospital setting.

**GUIDELINE 2. For the pharmacists identified in Guideline 1, estimate the percentage of time they devote exclusively to the practice of the proposed specialty. Describe the sources and methods used to determine these estimates.**

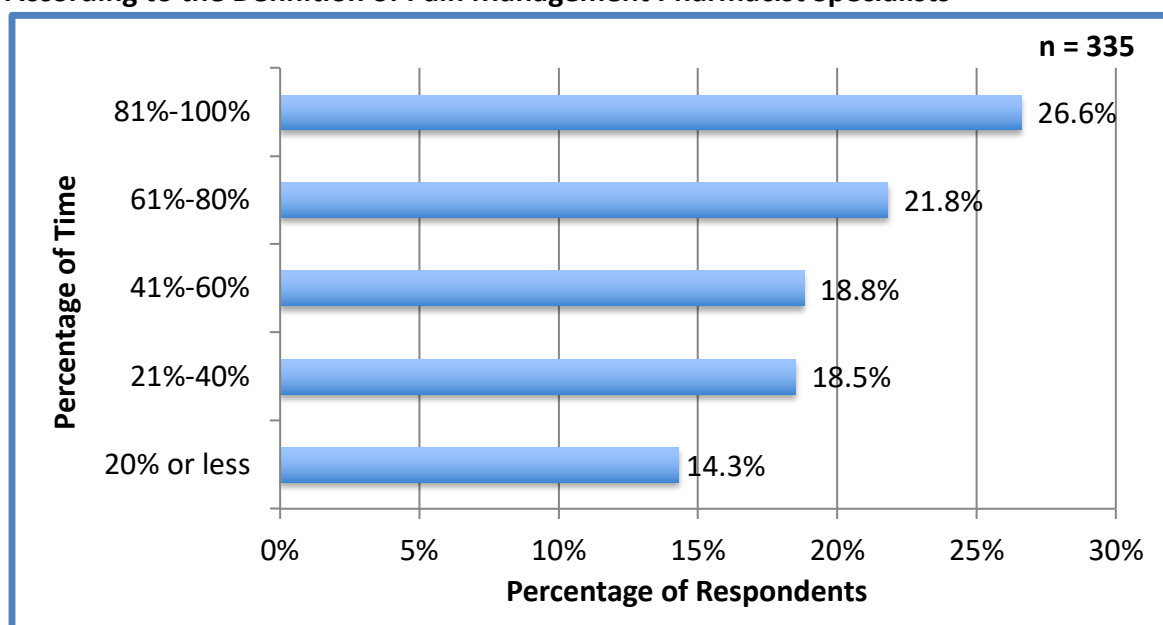
Results from the *Role Delineation Study: Pain Management Pharmacy* show that respondents are engaged in pain management practice, with 61% of respondents reporting 21 or more hours per week spent in pain management pharmacy practice.<sup>1</sup> The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* reported that 81% of respondents spend at least 3 days of their week practicing in a pain management practice site.

The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* respondents indicated days worked per week in their pain management practice as well as the proportion of time devoted to providing direct patient care according to the Definition of Pain Management Pharmacist Specialists. Figures C-1 and C-2 demonstrate that the majority of PMPS (67.2%) practice full-time and provide direct patient care and services at the specialty level more than 41% of the time.

**Figure C-1. Days Worked per Week in Pain Management Practice Site**



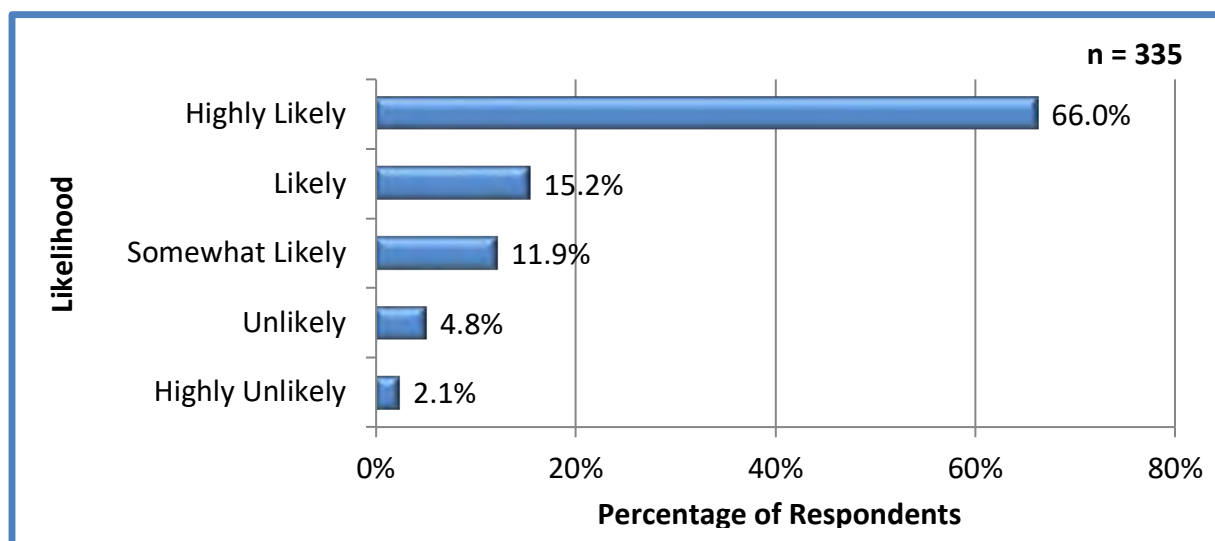
**Figure C-2. Percent of Time Devoted Exclusively to Providing Direct Patient Care and Services According to the Definition of Pain Management Pharmacist Specialists**



**GUIDELINE 3. Estimate the number of pharmacists who would likely seek board certification in the proposed specialty during the first five years in which board certification would be available. Describe the sources and methods used to determine these estimates.**

The *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* queried respondents on the likelihood they would pursue specialty certification within the next 5 years if the BPS petition to recognize PMPS were approved. Over ninety-three percent of respondents to this question, or 312 pharmacists, indicated that they would be “highly likely,” “likely,” or “somewhat likely” to pursue specialty recognition in pain management pharmacy practice (Figure C-3).

**Figure C-3. Likelihood of Pursuing Specialty Recognition as a Pain Management Pharmacist Specialist Within the Next 5 Years**



Since this survey presumably sampled only a portion of the individuals who may be engaged in pain management pharmacy practice, the number of individuals who would seek certification is underrepresented. Recognition of pain management pharmacy as a specialty has broad acceptance within the profession with an interest in pain management, as evidenced by the petitioning organizations, and will drive the number of individuals who are likely to seek certification.

## References

- <sup>1</sup> Board of Pharmacy Specialties. *Role Delineation Study: Pain Management Pharmacy*. Unpublished data, October 2021.
- <sup>2</sup> American Society of Health-System Pharmacists. Residency Directory. Accessed March 21, 2022. Available at: <https://accreditation.ashp.org/directory/#/program/residency>.

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<sup>3</sup> Veterans' Health Administration. Clinical Pharmacist Practitioner (CPP) role in pain management fact sheet. Unpublished data, July 2022.

<sup>4</sup> Veterans' Health Administration. CPP Practice Data. Unpublished data, March 2022.

## CRITERION F: Education and/or Training

The area of specialization shall be one in which schools and colleges of pharmacy and/or other organizations offer recognized education and training programs to those seeking advanced knowledge and skills in the area of specialty practice. ***This criterion addresses EDUCATION and/or TRAINING.***

**GUIDELINE 1.** Describe in detail the education, post-graduate training programs and/or experience required to acquire the specialized knowledge and skills. Discuss how such education, post-graduate training programs and/or experience differ from the education, post-graduate training programs and/or experience of a recent graduate with a Doctor of Pharmacy degree.

According to the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*, the pharmacy curriculum provides a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. The degree program prepares graduates to:<sup>1</sup>

- Enter advanced pharmacy practice experiences (APPE-ready).
- Provide direct patient care in a variety of health care settings (practice-ready).
- Contribute as a member of an interprofessional collaborative patient care team (team-ready).

The pharmacy curriculum emphasizes optimal medication therapy outcomes and patient safety and satisfies the educational requirements for licensure. The curriculum also fosters development of knowledge, skills, attitudes, and values, as well as the ability to integrate and apply learning both to the present practice of pharmacy and to the advancement of the profession. The pharmacy curriculum provides the basic education and training graduates need to practice at a generalist level.

The ACPE standards and guidelines require a pharmacist to be knowledgeable and competent in many areas critical to the foundation and delivery of effective patient care. The standards outline broad, general requirements for pharmacist-provided care for targeted populations,

including patients with acute and chronic disease.<sup>1</sup> Experientially, ACPE standards require students to complete introductory and advanced pharmacy practice experiences (IPPEs and APPEs, respectively). Furthermore, ACPE standards require that APPEs include primary, acute, chronic, and preventive care for patients of all ages and that these experiences promote practice competencies. ACPE standards *do not require* APPEs to specifically address the area of pain management pharmacist practice. Schools and colleges of pharmacy do not typically require the completion of an APPE or IPPE in pain management practice.

Following completion of the Doctor of Pharmacy degree program, pharmacists must pass the North American Pharmacist Licensure Examination (NAPLEX) developed by the National Association of Boards of Pharmacy. Successful performance on the NAPLEX is an indication that the candidate demonstrates the knowledge, judgment, and skills required of an entry-level pharmacist. The NAPLEX Competency Statements provide a blueprint of the topics covered on the examination. The areas of expected competency assessed on the NAPLEX are as follows:<sup>2</sup>

- *Area 1:* Obtain, Interpret, or Assess Data, Medical, or Patient Information
- *Area 2:* Identify Drug Characteristics
- *Area 3:* Develop or Manage Treatment Plans
- *Area 4:* Perform Calculations
- *Area 5:* Compound, Dispense, or Administer Drugs, or Manage Delivery Systems
- *Area 6:* Develop or Manage Practice or Medication-Use Systems to Ensure Safety and Quality

Following licensure, pharmacists can acquire the differentiated knowledge and skills required for specialized pain management pharmacy practice by a variety of methods. These methods may include, but are not limited to:

- Doctor of Pharmacy degree, clinical work experience, and self-study.
- Doctor of Pharmacy degree, postgraduate year one (PGY1) residency training, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, clinical and/or research fellowship programs, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, postgraduate year two (PGY2) specialty residency in pain management and palliative care, clinical work experience, and self-study.
- Doctor of Pharmacy degree, PGY1 residency training, PGY2 specialty residency in internal medicine or other specialty area, clinical work experience, and self-study.

The Strategic Planning Summit for the Advancement of Pain and Palliative Care Pharmacy sought to identify strategies to improve the attitudes, knowledge, education, and skills of pharmacists and student pharmacists in pain and palliative care. This Summit resulted in robust



recommendations, including required competencies for advanced pharmacy practice experiences (APPE) and introductory pharmacy practice experiences (IPPE), a model syllabus for elective pain and palliative care APPEs, competencies for pain and palliative care in PGY1 and PGY2 residency programs, and competencies for pharmacists who may be training on site.<sup>3</sup> The outcomes of this Summit laid the groundwork for future education and training efforts for the profession.

Schools and colleges of pharmacy are challenged to teach all the necessary diseases, medical conditions, and increasingly complex drug treatments in the appropriate breadth and depth within limited curricular space. To address this issue, the American College of Clinical Pharmacy (ACCP) developed a Pharmacotherapy Didactic Curriculum Toolkit that educators can use to map the availability of pain management content within the curriculum and ensure that students have achieved the expected educational outcomes and practice competencies upon graduation. The three-tier definitions are:<sup>4</sup>

- *Tier 1:* Students receive education and training on this topic to prepare them to provide collaborative, patient-centered care upon graduation and licensure.
- *Tier 2:* Students receive education and training on this topic, but additional knowledge or skills may be required after graduation (e.g., residency training or equivalent experience) to prepare them to provide collaborative, direct patient care.
- *Tier 3:* Students and residents may not receive education and training on this topic; rather, they will be expected to obtain the required knowledge and skills on their own to provide collaborative, direct patient care if required in their practice.

Within this tool, pain management topics are directly represented in the following curricular areas, and indirectly in almost all other categories:<sup>4</sup>

- ***Gynecologic and Obstetrical Conditions***
  - Level 2 – Labor and delivery (e.g., labor induction, preterm labor, pain management, postpartum hemorrhage)
- ***Neurologic Conditions***
  - Level 1 – Pain, neuropathic (e.g., diabetic, postherpetic)
  - Level 1 – Pain, nociceptive (acute and chronic)
- ***Oncologic Conditions***
  - Level 1 – Supportive care (pain, nausea, vomiting, constipation, diarrhea, fatigue, mucositis)
- ***Critically Ill Patients***
  - Level 2 – Pain, agitation, and delirium
- ***Terminally Ill Patients***

- Level 2 – End-of-life care and symptom management (e.g., pain, dyspnea, constipation, restlessness)

The literature details examples of experiential pain management opportunities, outlining mock “on call” experiences and remote services for veterans on chronic opioid therapy.<sup>5,6</sup> A qualitative study of student pharmacist perspectives about the pharmacist’s role in methadone for opioid use disorder (OUD) concluded that pharmacy school curricula should emphasize stories of lived experiences of patients with OUD, therapeutic knowledge and guidelines related to medications for OUD, and the regulatory environment surrounding OUD treatment.<sup>7</sup>

The most effective way to prepare for a career as a Pain Management Pharmacist Specialist (PMPS) is to complete a PGY1 pharmacy residency and a PGY2 residency in pain management. PGY2 Pain Management and Palliative Care residency programs provide the most comprehensive experiential learning opportunities in pain management.<sup>8</sup>

The petitioning organizations conducted a *Survey of Pain Management Pharmacist Specialists Interested in Board Certification* that asked employers of PMPS the desired level of training for pharmacists practicing in this specialty. In ranked order of preference, the responses from 44 individuals responsible for hiring within their organizations were as follows (from most desirable to least desirable):

- PGY2 Residency – Pain Management and Palliative Care
- PGY1 Residency – Pharmacy
- PGY2 Residency – Other
- Fellowship training
- Employer-provided training program
- None required or desired

The Doctor of Pharmacy degree alone does not provide knowledge of sufficient depth and breadth for PMPS to provide specialized care. Additional education and training, clinical work experience, and study are necessary. Because pain management pharmacy practice is an evolving specialty, some PMPS may have obtained specialized knowledge and skills through mechanisms other than accredited residency training programs.

**GUIDELINE 2. Describe in detail the nature of training programs in the area of specialty practice including their length, content, and objectives.**

Training programs available to pharmacists in the area of pain management include structured continuing pharmacy education (CPE) training programs (offering over 6 hours of CPE credit),

traineeships, and certification programs. The details of these available programs are outlined below.

## **STRUCTURED CPE TRAINING PROGRAMS**

### ***ACCP, Clinical Reasoning Series in Critical Care Pharmacy – The 2018 PADIS Guideline: Boosting Efforts to Reduce Pain, Oversedation, Delirium, Immobility, and Disrupted Sleep in the ICU***

ACCP first presented this activity as a live event at the 2018 ACCP Global Conference on Clinical Pharmacy and then as a home study activity. The 6-hour CPE activity expanded on the 2018 Pain, Agitation, Delirium, Immobility, and Sleep (PADIS) guidelines and offered approaches to implementation. Learning objectives for the activity were as follows:<sup>9</sup>

- Articulate the advancements in pain, agitation, delirium, mobility, and sleep practices in the critically ill.
- Critically appraise the published evidence on the treatment of patients with pain, agitation, delirium, immobility, and sleep disturbances.
- Propose alterations in your institutions' current protocols for pain, agitation, and delirium management.
- Prepare evidence-based protocols reflective of practice advancement for pain, agitation, delirium, mobility, and sleep.
- Employ patient-centered strategies to advance care processes, including quality assurance and process improvement.

### ***APhA Pain Institute***

The American Pharmacists Association (APhA) offers the APhA Pain Institute at their annual meeting. It is an 8.5-hour educational experience that discusses the following: how to taper opioids safely and effectively; health disparities in pain, pain management, OUD, substance use disorder (SUD); hospice/palliative care in recovering patients; harm reduction programs; how to have conversations with patients who are starting to exhibit early signs of OUD/SUD; and partial opioid agonists and pain management.<sup>10</sup> The 2022 learning objectives were as follows:

- Describe the past and current trends in drug use and how they inform community-based harm reduction practices.
- Describe the health and social benefits of harm reduction programming.
- Describe methods for offering harm reduction services in the community pharmacy setting.
- Implement strategies that reduce stigma and engage patients in care related to SUD.
- Describe the relationship between social and economic determinants of health and OUD/SUD.
- Summarize findings from research studies focused on racial disparities in pain management and OUD/SUD treatment.
- Identify ways that pharmacist and health care provider bias contribute to health disparities for OUD/SUD.
- Discuss strategies for pharmacists to utilize in creating a patient-centered, anti-bias and anti-stigma environment to support patients with OUD/SUD.
- Explain the benefits and burdens of opioid use in the palliative care/hospice population.
- Review strategies for safe treatment and monitoring of patients with pain and OUD.
- Use shared decision making when addressing treatment related concerns of patients and family members.

- Identify signs and symptoms of SUD.
- Engage a patient with substance use issues effectively.
- Employ statements that can be used to express concern for patients with addiction.
- Demonstrate how to locate referral resources for patients with addiction.
- Recognize health-related issues which impact the decision to taper chronic opioid therapy.
- Discuss communication strategies for difficult conversations around opioid use and deprescribing.
- Discuss appropriate methods to taper chronic opioid therapy as part of an interdisciplinary team.
- Recall appropriate patient recommendations for pentazocine and butorphanol.
- Differentiate buprenorphine prescription products by U.S. Food and Drug Administration (FDA) approved indications for pain management and OUD.
- Recall buprenorphine's pharmacological properties relevant to patient care, including cytochrome P450 3A4 interactions, relative long sublingual half-life, maximum recommended dosage, mu opioid receptor affinity, relative respiratory depression ceiling effect, and morphine milligram equivalency.

### ***ACCP, ACSAP 2019 Book 3 – Neurologic Care and Pain Management***

ACCP's home study series provides clinical pharmacists with pertinent therapeutic updates to enhance their practice skills and improve patient outcomes. The Ambulatory Care Self-Assessment Program (ACSAP) book on neurologic care and pain management presents evidence-based updates on the management of drug therapy and the prevention of drug-related harms for patients with complex medical needs related to pain, addiction, and other neurologic problems. It contains three learning modules with a total of 11.5 CPE credits available. Some of the learning objectives are as follows:<sup>11</sup>

- Justify tobacco use cessation efforts through patient education on the harms of continued use and the benefits of tobacco cessation.
- Assess patient readiness to quit, and use appropriate counseling strategies (i.e., assess readiness to quit, use the "5 A's," the "5 R's," and/or "Ask-Advise-Refer") to help patients quit smoking.
- Distinguish key information regarding common drugs used to help patients quit smoking.
- Devise an appropriate, patient-specific pharmacologic and nonpharmacologic care plan for tobacco cessation and adjust the plan for use in special populations.
- Compose an evidence-based recommendation regarding the safety of e-cigarettes and their efficacy as smoking cessation therapy.
- Design a plan to manage motor symptoms for a patient with Parkinson disease (PD).
- Judge therapy adjustments for complications of motor symptom treatments.
- Evaluate the place in therapy for two new medications and three new medication formulations for managing motor symptoms or motor complications for PD.
- Evaluate potential treatments to prevent or delay progression of PD.
- Design a plan to manage nonmotor symptoms for a patient with PD.
- Justify the multidisciplinary team's role in managing headache across primary care and specialty settings.
- Distinguish among the types of headaches on the basis of clinical presentation and describe the corresponding pathophysiology.
- Develop an appropriate treatment plan for a patient with headache, including emerging nonpharmacotherapy, pharmacotherapy, and supportive therapy.
- Assess for and address actionable risk factors for the progression of episodic migraine to chronic migraine.
- Evaluate musculoskeletal pain on the basis of duration and etiology and apply general principles for managing pain with analgesics.
- Demonstrate appropriate assessment techniques in obtaining a comprehensive pain history in a patient with musculoskeletal pain.

- Distinguish between the nonopioid, opioid, and adjuvant analgesics commonly used to manage musculoskeletal pain.
- Devise a patient-specific care plan for musculoskeletal pain that includes pharmacologic and nonpharmacologic therapies.
- Evaluate the role of chronic opioid therapy for managing musculoskeletal pain and, as appropriate, initiation and discontinuation of chronic opioid therapy.
- Analyze contemporary trends in drug- and opioid-related mortality and morbidity.
- Assess risk of opioid-related harms from prescription and illegal formulations.
- Evaluate effective overdose education and naloxone distribution encounters.
- Evaluate effective sterile injection education and syringe distribution encounters.
- Evaluate the impact of different medical conditions as they contribute to peripheral neuropathy.
- Assess the benefits and limitations of different medication classes for peripheral neuropathies.
- Design a drug therapy plan for patients with chronic pain from peripheral neuropathy symptoms.
- Justify drug therapy selection for peripheral neuropathies using patient symptoms and desired impact.

### ***ACCP, PedSAP 2017, Book 3 – Sedation and Analgesia***

ACCP's Self-Assessment Programs are a home study series that provide clinical pharmacists with pertinent therapeutic updates to enhance their practice skills and improve patient outcomes. The Pediatric Self-Assessment Program (PedSAP) offered 11.5 CPE credits and focused on evidence-based updates for the management of pain and sedation in pediatric patients being cared for in the acute and ambulatory care settings. The learning objectives include the following:<sup>12</sup>

- Evaluate analgesics and sedative agents on the basis of drug mechanism of action, pharmacokinetic principles, adverse drug reactions, and administration considerations.
- Design an evidence-based analgesic and/or sedative treatment and monitoring plan for the hospitalized child who is postoperative, acutely ill, or in need of prolonged sedation.
- Design an analgesic and sedation treatment and monitoring plan to minimize hyperalgesia and delirium and optimize neurodevelopmental outcomes in children.
- Evaluate the pharmacokinetic and pharmacodynamic differences of oral analgesic agents in pediatric patients along the spectrum of childhood development.
- Design an evidence-based plan to treat pain in an individual pediatric patient.
- Distinguish key risk factors that lead to poor pain management during the transition of care in pediatric patients.
- Evaluate factors contributing to excess access to opioids in pediatric patients.
- Devise a plan to limit the long-term effects of opioid dependence.
- Design optimal therapy for a given patient using knowledge of the differences in pharmacokinetics, pharmacodynamics, delivery options, and adverse effects of local anesthetics (LAs).
- Justify a postoperative pain management plan that uses the safest and most effective route of medication delivery.
- Design a complete postoperative pain management and monitoring plan for a pediatric patient using LAs.
- Account for the mechanism of action, pharmacokinetics, and pharmacodynamics of dexmedetomidine and clonidine in pediatric patients.
- Design an acute sedation plan for a critically ill child using dexmedetomidine and including monitoring values.
- Justify the use of clonidine as an adjunctive treatment in designing a regimen for weaning sedation in a critically ill child.
- Design a study to clarify the roles of clonidine and dexmedetomidine for sedation, analgesia, and weaning of sedation.
- Distinguish a patient with signs and symptoms of neuropathic pain.
- Design an appropriate treatment plan for a pediatric patient with neuropathic pain.

- Develop a treatment strategy for a patient with complications from a pain plan.
- Evaluate alternative treatment options for a patient with neuropathic pain.
- Distinguish the pediatric patient requiring a pain/sedation taper regimen on the basis of current medications and length of therapy.
- Design an appropriate pain/sedation taper regimen for the pediatric patient at risk of withdrawal.
- Evaluate the patient who develops withdrawal symptoms while receiving a pain/sedation taper regimen in order to provide rescue therapy.
- Design a modified pain/sedation taper regimen on the basis of the pediatric patient's intolerance to the initial taper regimen.
- Assess the differences in pain/sedation requirements in special pediatric populations.
- Devise a discharge education plan that incorporates important factors such as the role of cultural sensitivity.
- Account for health literacy and language barriers in designing patient and caregiver education.
- Evaluate parent and caregiver perception of pain as it relates to child coping skills and creating a care plan.
- Justify parent and caregiver education on proper medication measurement, storage, and disposal.

### ***ACCP CCSAP 2016, Book 3, Pain and Sedation/Support and Prevention***

ACCP's Self-Assessment Programs are a home study series that provide clinical pharmacists with pertinent therapeutic updates to enhance their practice skills and improve patient outcomes. The Critical Care Self-Assessment Program (CCSAP) book offered 15 CPE credits and presents key reviews of matters related to pain, agitation, and delirium, preventive medicine, and approach to caring for special patient populations. Specifically, the first module deals with the approach to managing critically ill patients experiencing pain and agitation in the intensive care unit (ICU). Learning objectives are as follows.<sup>13</sup>

- Apply knowledge of the incidence, etiologies, and assessment of pain to the treatment of critically ill patients.
- Develop evidence-based pain management strategies that include both nonpharmacologic and pharmacologic interventions and that account for transitions of care.
- Design a pain control strategy for unique patient populations.
- Evaluate short- and long-term outcomes associated with pain management and develop methods to improve quality of care.
- Distinguish among the leading guidelines regarding drug therapy recommendations for prevention and treatment of agitation.
- Measure patient level of sedation using valid and reliable screening tools that are recommended by clinical guidelines.
- Evaluate appropriate goals for level of sedation on the basis of patient-specific characteristics.
- Assess the differences in pharmacologic therapies for the treatment of agitation.
- Develop a multidisciplinary sedation care plan that is coordinated with mechanical ventilation weaning activities to minimize the duration of mechanical ventilation.
- Evaluate sedation-related factors that contribute to total ICU costs.
- Demonstrate an understanding of the symptoms, epidemiology, and outcomes of delirium in critically ill adults.
- Evaluate a critically ill adult for delirium by identifying modifiable risk factors and using a validated screening tool.
- Design an evidence-based strategy to reduce the burden of delirium in critically ill adults.
- Apply epidemiology and tools to evaluate sleep disruption in critically ill adults.

- Detect modifiable factors associated with sleep disruption in critically ill adults.
- Construct an evidence-based protocol to improve sleep quality and prevent delirium in critically ill adults.
- Apply the different pain monitoring tools used in critically ill patients.
- Demonstrate how to use the Richmond Agitation-Sedation Scale and Sedation-Agitation Scale for monitoring a patient's level of consciousness.
- Apply validated tools for monitoring delirium.
- Evaluate the benefits and the components of the ABCDEF bundle in critically ill patients.
- Justify the role of the interprofessional team, including the pharmacist, in implementing the ABCDEF bundle.
- Analyze major risk factors for clinically significant gastrointestinal bleeding associated with stress-related mucosal disease.
- Develop an evidence-based strategy for managing stress ulcer prophylaxis in the ICU setting.
- Analyze major risk factors for venous thromboembolism (VTE) in the critically ill population.
- Design an evidence-based strategy for VTE prophylaxis in the ICU.
- Design evidence-based therapeutic regimens to improve outcomes in post-cardiac surgery patients.
- Apply strategies for supportive care in patients requiring mechanical circulatory support.
- Design therapeutic regimens to treat and prevent complications in vascular surgery patients.
- Evaluate for potential complications after cardiac surgery and apply evidence-based strategies to prevent and/or treat them.
- Apply preventive therapies and design a response to severe adverse effects of immunosuppression in the peri- and post-transplant period.
- Develop an antimicrobial treatment plan for a transplant recipient whose donor had a confirmed infection.
- Justify prevention and treatment strategies for post-transplant allograft thrombosis.
- Design medication adjustments in the setting of significant immunosuppressant drug interactions.
- Construct therapies to prevent complications such as perioperative epilepsy and postoperative infection in neurosurgical patients.
- Compose a plan for pre-operative coagulopathy reversal in neurosurgical patients.
- Assess analgesia and sedation therapies in neurologically injured patients.
- Design an evidence-based treatment protocol for management of neurologic emergencies.

### ***ACCP PSAP 2015, Book 2, CNS/Pharmacy Practice***

ACCP's Pharmacotherapy Self-Assessment Program (PSAP) is a home study series that provides clinical pharmacists with pertinent therapeutic updates to enhance practice skills and improve patient outcomes. Within this book, the Central Nervous System I module contains chapters titled "Headache" and "Chronic Pain." Completion of the module earns learners 6.5 credits of CPE. The learning objectives from the "Headache" and "Chronic Pain" chapters consist of the following:

#### ***Headache***

- Distinguish between migraine headaches (MHs), cluster headaches (CHs), and tension-type headaches (TTHs) on the basis of presenting symptoms.
- Assess the modifiable lifestyle factors that may contribute to headache frequency and severity.
- Design a treatment plan for acute MHs, CHs, and TTHs.
- Distinguish whether iatrogenic factors are contributing to a patient's headaches.

- Develop a pharmacotherapy plan for headache prevention for a patient with severe, recurrent headaches.
- Evaluate the benefits and risks of complementary and alternative treatments for headache.

### *Chronic Pain*

- Assess a patient's pain after determining the most likely pathogenesis of the pain complaint.
- On the basis of patient-specific factors, develop a nonpharmacologic or pharmacologic treatment regimen to attain established therapeutic goals for pain management.
- Evaluate a pharmacotherapeutic pain management regimen for effectiveness and safety and respond appropriately according to the follow-up assessment and reported adverse effects.
- Devise a therapeutic plan to treat pain in patients who engage in aberrant drug-related behaviors.
- Apply guidelines and policy statements that pertain to the use of opioid therapy for chronic noncancer pain.

### ***ASHP Pain Management Certificate***

The American Society of Health-System Pharmacists (ASHP) offers a Pain Management Certificate. It is a self-guided, online program that offers learners 21.5 hours of CPE credit. The nine modules develop knowledge and skills to assess pain and identify treatment options. After completion of the education curriculum, the learner has the opportunity to complete a 90-question exam, and a passing score of 80% or higher will earn the learner a professional certificate.<sup>14</sup> The learning objectives include the following:

- Identify where the five phases of nociception take place within the peripheral and central nervous systems.
- Differentiate between hyperalgesia and allodynia.
- Contrast nociceptive and neuropathic pain.
- Distinguish between acute and chronic pain.
- Differentiate between a unidimensional and multidimensional pain assessment.
- Identify the eight elements of symptom analysis and provide examples of how to obtain this information when evaluating a complaint of pain.
- Describe the pharmacodynamic and pharmacokinetic properties of acetaminophen and the nonsteroidal anti-inflammatory drugs (NSAIDs).
- Describe the role of non-opioid analgesics in the management of acute and chronic pain and recommend specific dosing regimens.
- Describe the role of adjuvant analgesics in the management of acute and chronic pain.
- Propose specific adjuvant analgesic dosing regimens for patients suffering from acute and chronic pain.
- List recommendations for first, second, third, and fourth-line treatment options for neuropathic pain from national and international guidelines.
- Describe the role of opioid analgesics in the management of acute and chronic pain.
- Propose specific opioid analgesic dosing regimens for patients suffering from acute and chronic pain.
- Explain how patient- and agent-related variables influence the selection of an opioid for a specific patient.
- Describe the steps in the drug therapy decision-making process.
- Recommend an analgesic regimen with appropriate patient monitoring and regimen adjustment to meet therapeutic goals in a patient with a complaint of pain.
- Explain the pathophysiology of acute pain.
- Discuss parameters that should be reviewed as part of a pre-operative pain assessment.
- Describe the role of acetaminophen, NSAIDs, gabapentin, lidocaine, and ketamine in the treatment of peri-operative pain.
- Contrast neuraxial and regional analgesia.
- Recognize possible adverse effects with analgesic pharmacotherapy.
- Select an appropriate opioid for a given patient.



- Discuss dosing and adjustment of patient-controlled analgesia in a given patient.
- Develop a plan to assess pain and function.
- Recognize potential adverse effects associated with pain medication regimen.
- Describe the presentation of peripheral neuropathic pain.
- Apply currently available evidence-based guidelines for the treatment of peripheral neuropathic pain.
- Choose an appropriate analgesic based on co-morbidities for a given patient.
- Compare the efficacy and safety of agents used for neuropathic pain.
- Describe the presentation of different central pain syndromes.
- Distinguish the different types of pain that occur within each type of central pain syndrome.
- Identify the symptoms of central pain syndromes in a given patient.
- Propose appropriate analgesic(s) and/or nonpharmacologic therapies given a patient with central pain.
- Describe the pathophysiology and clinical presentation of central sensitization.
- Compare and contrast typical neuropathic pain with central sensitization.
- Identify both pain and non-pain related symptoms/co-morbidities associated with central sensitization.
- Propose a management plan for a patient with a presentation of pain that is likely related to central sensitization.
- Identify risk factors for osteoarthritis in a given patient.
- Recommend a management strategy for a patient with osteoarthritis based on published guidelines.
- Discuss the risks and benefits of analgesic therapy for management of osteoarthritis.
- Describe a plan for a patient with gout to lower serum uric acid.
- Propose a plan to treat an acute gout attack for a patient.
- Compare the benefits and risks of agents used to treat and prevent gout.
- Identify physical, social, and emotional risk factors for low back pain.
- Recognize “red flags” in a patient with low back pain.
- Propose a treatment plan including analgesic and non-drug therapy.
- Discuss desirable corticosteroid properties.
- Review the epidemiology of arthralgia, myalgia, and visceral pain associated with common autoimmune/rheumatologic conditions.
- Describe the pathogenesis of painful manifestations of common autoimmune/rheumatologic conditions.
- Identify common autoimmune/rheumatologic conditions based on signs, symptoms, laboratory values, and test results.
- Select pharmacologic and nonpharmacologic therapies for the prevention or treatment of pain for the real or simulated patient with autoimmune/rheumatologic disease.
- Describe the epidemiology and pathogenesis of primary headaches and facial pain syndromes.
- Classify commonly encountered primary headache and facial pain syndromes.
- Choose pharmacologic and non-pharmacologic treatment modalities for primary headaches and facial pain syndromes using evidence-based guidelines as available.
- Recognize the epidemiology and pathogenesis of sickle cell disease (SCD).
- Describe the painful manifestations of SCD during and between vaso-occlusive crisis.
- Identify validated methods for assessing pain in the pediatric patient population.
- Discuss the risks for disparities in care for at-risk patient populations.
- Select pharmacologic and non-pharmacologic therapies for the prevention or treatment of pain for the real or simulated patient with SCD using recent SCD practice guidelines.
- Describe the common co-occurring psychiatric conditions frequently experienced by those with chronic pain.
- Recognize effects of untreated co-morbid psychiatric conditions on pain management outcomes.
- Identify common myths of treating pain in those with previous or current SUD.
- List common pain scenarios in cancer-related pain.
- Discuss treatment approaches to assist with cancer related pain.
- Describe the management of pain related to a variety of cancer pain syndromes.
- Identify effective therapy for bone metastases.
- Describe the role of cancer survivorship management.

- Compare and contrast analgesics based on effective and safe use in patients with hepatic and/or renal dysfunction.
- Select a pharmacotherapeutic care plan for a patient with acute or chronic pain in the setting of organ dysfunction.
- Compare and contrast analgesics based on effective and safe use in the perinatal and postpartum settings.
- Propose a pharmacotherapeutic care plan for a woman with acute or chronic pain in the perinatal or postpartum setting.
- Distinguish between abuse, addiction, dependence, and tolerance.
- Propose a strategy to maximize opioid safety specific to a patient with an indication for opioid analgesics.
- Recognize potential aberrant drug taking behaviors of a real or simulated patient based on prescription drug monitoring review, drug screen, interpretation, and validated risk tools.
- Identify the three FDA approved naloxone delivery methods for opioid overdose reversal.
- Identify different formulations and strengths of transdermal fentanyl delivery systems on the market.
- List three contraindications and three precautions associated with the use of transdermal fentanyl.
- Calculate the appropriate equianalgesic dose of transdermal fentanyl with a given patient.
- Recommend a starting dose and equivalent dose of transdermal buprenorphine and transmucosal buprenorphine.
- Describe the pharmacodynamic and pharmacokinetic properties of methadone.
- List five drugs that inhibit and five drugs that induce the metabolism of methadone.
- List characteristics of appropriate and inappropriate candidates for methadone therapy.
- Recommend a starting dose of methadone for specific patients.
- Describe cardiac safety monitoring recommendations for methadone patients.
- List and explain five reasons why a clinician would need to switch a patient from one opioid regimen to another.
- Define potency, equipotency, and bioavailability.
- List the five-step process in opioid conversion calculations.
- Calculate a conversion to a new opioid regimen, taking into consideration patient-specific variables including level of pain control.
- Describe the history of opioid medication use.
- Recognize a patient characterized as opioid tolerant and select appropriate opioid doses accordingly.
- Identify methods to treat OUD while concurrently treating pain.
- Explain opioid overdose management strategies and methods for naloxone rescue advocacy.
- Describe opioid stewardship principles and the role of pharmacists in related initiatives.
- Apply strategies to aid in improvement of quality-based metrics.
- Identify the role pharmacists can play in strategies to improve quality metrics and patient care experience.
- Discuss the updated Joint Commission Pain Standards.
- Explain the advantages and disadvantages of multidisciplinary rehab programs.
- Distinguish the cognitive-behavioral techniques that might be helpful with specific components of the biopsychosocial model of chronic pain.
- Discuss the efficacy of massage and acupuncture in association with possible analgesic mechanisms.
- Differentiate between TENS unit, scrambler therapy, and spinal cord stimulator therapies.

### ***TRC Healthcare RxAdvanced: Opioid Stewardship***

Pharmacists who complete this 12-hour training program advance their knowledge of best practices in opioid stewardship. Each of the 11 self-guided courses range from 30 to 90 minutes in length. Topics covered by this program include:<sup>15</sup>

- Practical application of optimal opioid stewardship.
- The latest clinical research in opioid management.

- Tools for making better pain management decisions.
- Essential elements of setting up an effective opioid stewardship program.
- How to strengthen your pharmacy's readiness to address complicated care and adverse events.
- Effective ways to collaborate with a range of patients to manage pain.
- Techniques and guidelines that can reduce opioid risks and improve follow-up care.

## **TRAINEESHIP PROGRAM**

### ***ASHP Foundation Advanced Pain Management and Palliative Care Traineeship***

Although recently discontinued, for over 20 years, the ASHP Foundation offered several education and mentoring programs to support pharmacists in pain management. The Advanced Pain Management and Palliative Care Traineeship was a 5-month educational experience that included 5 days of experiential training for pharmacists to develop services for patients in pain and those with palliative care needs. The program was designed for pharmacists in practice to increase the foundational knowledge and skills necessary to provide optimal patient care in pain management. The program offered learners 40 hours of CPE credit. The learning objectives were as follows:<sup>16</sup>

- Establish a collaborative working relationship with all health care providers involved in a pain management/palliative care service.
- Develop an effective collaborative pharmacist-patient relationship required to elicit information, undertake the development of a pain management/palliative care plan, and establish a monitoring process.
- Design, recommend, administer (when applicable), monitor, and evaluate patient-specific pain management/palliative care regimens that incorporate the principles of evidence-based practice to make conscientious, explicit, and judicious decisions about the care of individual patients and specifically to:
  - Build the information base needed to design a medication therapy regimen for a patient with pain/palliative care needs by collecting, organizing, and generating patient-specific problem lists using all information needed by the pain management/palliative care pharmacist to prevent, detect, and resolve medication-related problems and to make therapeutic medication therapy recommendations.
  - Design a regimen, including modifications to existing medication therapy, that meets the therapeutic goals established for a patient in pain/palliative care needs; integrates patient-specific information, disease and drug information, ethical issues, and quality-of-life issues; and considers pharmacoeconomic principles.
  - Design a monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific therapeutic goals.
  - Implement the pharmacotherapeutic regimen and/or corresponding monitoring plan.
  - Design an educational program plan that will enable successful implementation of the therapeutic regimen and monitoring plan.
- Design and deliver education to health care professionals and patients on therapies used in pain management/provision of palliative care.
- Demonstrate a caring attitude toward patients with pain/palliative care needs in all aspects of care.
- Develop effective written and verbal pain management/palliative care consults.
- Appropriately document all activities related to pain management/palliative care in the appropriate locations (e.g., The Joint Commission documentation requirements).
- Develop policies and procedures for multidisciplinary pain management/palliative care practice.

## **CERTIFICATION PROGRAMS**

### ***ASHP Opioid Stewardship Certificate***

This self-guided, online program equips health care providers to reduce the suffering of pain patients while reducing their risk of addiction. The ASHP Opioid Stewardship Certificate program delves into methods for developing an opioid stewardship program from its infancy through maturity and quality improvement. Strategies used include creating executive leadership support and practitioner buy-in; using data and metrics to inform program development, quality improvement, and management; methods for educating the health care team and patients; and patient care strategies that identify and mitigate risks while incorporating shared decision-making with patients and/or caregivers. Through completion of the program, pharmacists can earn 22 hours of CPE credit. The learning objectives are as follows:<sup>17</sup>

- Describe the current state of the opioid crisis.
- Analyze factors and influencers of the opioid crisis.
- Summarize the rationale and purpose of opioid stewardship.
- Identify the current gaps and priorities for implementing or expanding opioid stewardship initiatives.
- Assess how patient engagement and shared decision-making can improve opioid safety and stewardship efforts.
- Apply a model of opioid stewardship and continuous quality improvement for engaging leadership support.
- Summarize the process to create a multidisciplinary steering committee for opioid stewardship that integrates into the organizational leadership structure.
- Identify an accountability structure for leadership review of opioid stewardship metrics.
- Identify regulatory requirements for controlled substances that impact provider practice requirements, patient outcomes, and community safety.
- Explain education interventional strategies that improve opioid risk mitigation through team based interprofessional care delivery models.
- Design a business case to support electronic health record decision support that enhances safe prescribing practice measures aligned with a high reliability organization model.
- Design a comprehensive plan for a chartered, multidisciplinary pain management and opioid stewardship committee and program.
- Outline an implementation process that incorporates dynamic and routine data monitoring for assessing changes and action plan mapping for sustainability.
- Choose strategies that establish bi-directional communication with a loop-closing plan that ensures feedback.
- Evaluate key organizational opioid stewardship gaps and opportunities through data review.
- Calculate opioid stewardship financial implications, business case, and return on investment.
- Apply tools and resources for achieving organizational goals related to pain management and opioid safety.
- Apply legislation in an organizational workflow to optimize pain management and opioid safety.
- Compare prescriber adherence to state regulations for opioid prescribing across different departments.
- Analyze the needs of patients with OUD for use in creating harm reduction and treatment resources.
- Summarize methods to obtain stakeholder and medical staff engagement for opioid stewardship policies, quality improvement, and patient safety.
- Develop a planning strategy for managing opioid medication shortages.
- Analyze strategies for detecting drug diversion.
- Define outcome measurement that reflects evidence-based care and patient functional pain management goals.

- Identify opioid stewardship program goals and metrics.
- Use data to track metrics and inform opioid stewardship program direction and focus.
- Recommend an academic detailing effort based on available data to tailor interventions for patients, prescribers, and other health care team members.
- Evaluate the use of balancing measures to address unintended consequences of opioid stewardship interventions.
- Evaluate opportunities for integration of relevant opioid data to inform safe prescribing.
- Use predictive analytics to identify opioid-related risks and inform optimal management strategies.
- Compare pain management order sets and treatment pathways that build in safe practices while utilizing shared decision-making strategies.
- Develop methods to share opioid-prescribing data with clinicians.
- Analyze patient-centric options using virtual health care strategies and digital health in opioid stewardship.
- Differentiate between traditional and contemporary diversion prevention solutions.
- Apply evidence-based guidelines to multidisciplinary staff training and education on safe opioid usage.
- Analyze currently available opioid educational resources for use in educating the multidisciplinary staff at your institution.
- Evaluate how context contributes to the complexity of pain management in special populations.
- Use concepts of pain management for special populations in a patient case.
- Apply academic detailing services to support health care provider education and promote prescriber behavioral change to improve safe pain care, risk mitigation, and OUD treatment.
- Analyze pain management strategies across practice settings that emphasize opioid reduction and risk mitigation.
- Apply processes to recognize patients at high risk for adverse outcomes related to opioid therapy.
- Create an individualized, evidence-based pain management plan that includes measurable pain management goals.
- Identify opioid-related adverse drug events and appropriate management.
- Recommend best practice opioid-associated care coordination and communication across service lines and treatment providers.
- Differentiate patients appropriate for referral to pain management specialty care.
- Apply methods to screen and engage patients with OUD in harm reduction and addiction treatment services.
- Recommend population health management programs for patients with high-risk opioid therapy.
- Outline the foundational components for the pharmacist practitioner scope of practice and collaborative practice agreements as part of team-based care.
- Differentiate the roles of the pharmacist practitioner as part of the collaborative care team.
- Describe the pharmacist practitioner role in safe pain care and opioid stewardship across acute and chronic care settings, including transitions of care.
- Use evidence-based screening tools and population health strategies for identifying patients at risk for long-term opioid use, OUD, and potential overdose.
- Design a clinical care process that incorporates OUD screening, brief intervention, and referral for treatment, as appropriate.
- Compare the role of the pharmacist practitioner in patient care delivery and as an opioid stewardship champion.
- Apply patient and caregiver educational models on functional outcomes, expectations, and management plans.
- Analyze resources currently available to patients within the community for harm reduction.
- Apply educational strategies that inform patients and family members on the risks and side effects of opioids and reducing the potential for overdose.
- Recommend patient-centered resources for comprehensive pain management.
- Apply effective communication strategies for discussing pain management plans.
- Describe methodologies of strong stewardship practices for cross-organizational implementation.
- Apply leadership engagement strategies to opioid stewardship program development.

- Apply methodology of an emergency department opioid stewardship program to an organization.
- Construct quality improvement strategies based on opioid stewardship initiative practice examples.
- Analyze opioid stewardship team representation, strengths, weaknesses, goals, and communication to identify opportunities for improvement.
- Design a clinical pharmacy practice model that incorporates opioid stewardship foundational components.

### ***PAINWeek, Advanced Education Certification Series***

This certification series offers advanced education to expand knowledge in pain management, specifically related to opioids, cannabinoids, medical/legal issues, and palliative care. Each offering includes 15 to 25 hours of CE/CME credit hours via self-study modules with an assessment exam and 2 to 5 hours of virtual, case review presentations with a PAINWeek expert faculty member. The objectives for each component of the series are listed below:<sup>18</sup>

- *Advanced Education Series: Opioids*—This program is designed for practitioners to effectively treat patients with chronic pain and understand the risks and benefits of this class of analgesics.
- *Advanced Education Series: Cannabinoids*—This program is designed for practitioners to attain knowledge regarding cannabinoids that may evolve into safe and effective analgesics.
- *Advanced Education Series: Medical/Legal*—This program is designed for practitioners to understand the evolving federal and state framework of medical/legal issues where they operate and with which they must comply. Practitioners will also learn to improve documentation of critical aspects of patient care involving decisions about controlled medications and coordination of care with the patient’s other health care practitioners.
- *Advanced Education Series: Palliative Care*—This program is designed for practitioners to acquire knowledge on the origin of hospice and palliative care in the United States and learn best practices to educate and communicate with patients and caregivers. Practitioners will develop expertise in the pharmacology of nonopioid, opioid, and adjuvant analgesics, assess and manage the physical pain of patients, and expand their knowledge of alternative routes of medication administration and deprescribing.

### ***American Pain Association, Advanced Certification in Pain Management***

The American Pain Association offers advanced pain management courses to medical personnel, including, nurses, physicians, pharmacists, physician assistants, nurse practitioners, physical therapists, etc., awarding a certificate upon successful completion. Three courses are currently available:<sup>19</sup>

- Basic Certification in Pain Management
- Advanced Certification in Pain Management
- Trainer Certification in Pain Management

### ***American Society of Pain Educators, Certified Pain Educator***

Through this certification from the American Society of Pain Educators, health care professionals were instructed in providing education about pain assessment, evaluation, and management through “curbside consults” within a clinical practice or via formal presentations

and direct contact with other health care professionals and/or patients. The exam was administered at more than 200 testing centers in the United States and Canada.<sup>20</sup> However, the sponsoring organization dissolved in May 2019. A total of 130 pharmacists were awarded the title of Certified Pain Educator (CPE) through this training.

### ***Residency Training***

As stated above, there are several ways in which pharmacists can acquire the knowledge and skills needed to provide a specialized practice in pain management. The most efficient way is through an ASHP-accredited PGY2 specialty residency program in pain management pharmacy practice. A copy of the current *Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Pain Management and Palliative Care Pharmacy Residencies* for accreditation by ASHP is attached as Appendix F-1. Traditionally, completion of these goals and objectives would provide the education and training needed to sit for the Board of Pharmacy Specialties certification exam.

PGY2 specialty residency training is an organized, directed, and accredited program that builds upon the competencies established in PGY1 residency training. The PGY2 program increases the resident's depth of knowledge, skills, and abilities and is designed to promote accountability and best practices that prepare residents to provide comprehensive medication management and clinical leadership in a specialty area.<sup>21</sup>

PGY2 pharmacy residency programs build on Doctor of Pharmacy education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and situate them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

The PGY2 specialty residency in pain management is designed to transition PGY1 residency graduates from generalist practice to specialized practice, focused on the care of patients in need of pain management. Residency graduates are equipped to participate as essential members of interdisciplinary teams caring for pain management patients, assuming responsibility for the medication-related aspects of care. In that role, they provide the team with evidence-based, medication-related information and formulate that information into

expert recommendations to the team for the use of medications and other therapeutic approaches.

In addition to these direct patient care responsibilities, pain management residency graduates are trained to serve as authoritative resources in their health systems for the optimal use of medications in pain management recipients. In that role, PMPS can be relied upon to lead the development and implementation of medication-related guidelines, protocols, and processes for pain management patient care, meet the health system's needs for pain management-related drug information, and provide the pain management pharmacy perspective to organizations making technology, automation, and budgetary decisions regarding pain management medications and patient care. Graduates are also highly skilled in the design and delivery of education and training related to pain management for a wide spectrum of potential audiences, including the patient and/or caregiver as well as health care professionals in practice or in training.<sup>16</sup>

Because pain management is such a rapidly developing field, graduates of pain management pharmacy residencies are all skilled in supporting or conducting pain management research and outcomes analyses. Required goals for PGY2 pharmacy residencies in pain management include the following and are specifically related to the care of patients with pain:<sup>22</sup>

- **Competency Area R1: Patient Care**
  - Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients requiring pain management and palliative care following a consistent patient care process.
  - Goal R1.2: Ensure continuity of care during patient transitions between care settings for patients requiring pain management and palliative care.
- **Competency Area R2: Advancing Practice and Improving Patient Care**
  - Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for patients requiring pain and palliative care, as applicable to the organization.
  - Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.
- **Competency Area R3: Leadership and Management**
  - Goal R3.1: Demonstrate leadership and management skills for successful self-development in the provision of care for pain management and palliative care patients.
  - Goal R3.2: Demonstrate management skills in the provision of care for pain management and palliative care patients.
- **Competency Area R4: Teaching, Education, and Dissemination of Knowledge**



- Goal R4.1: Provide effective medication and practice-related education to patients requiring pain management and palliative care, caregivers, health care professionals, students, and the public (individuals and groups).
- Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in pain management and palliative care.

Elective goals for PGY2 pharmacy residencies in pain management include:<sup>17</sup>

- **Competency Area E1: Academia**
  - Goal E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.
  - Goal E1.2: Exercise case-based and other teaching skills essential to pharmacy faculty.
  - Goal E1.3: Develops and practices a philosophy of teaching.
- **Competency Area E2: Initiating a Pain and/or Palliative Care Pharmacy-Related Service**
  - Goal E2.1: Develop a proposal for a new pain and/or palliative care pharmacy-related service.
- **Competency Area E3: Provision of Prescribing Medications and the Credentialing Process as the Advanced Practice Pharmacist Practitioner**
  - Goal E3.1: Applies the credentialing process for prescribing medications as the clinical pharmacy practitioner.
- **Competency Area E4: Delivery of Medications**
  - Goal E4.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for pain and palliative care patients.
- **Competency Area E5: Medication-Use Evaluations**
  - Goal E5.1: Lead a medication-use evaluation.
- **Competency Area E6: Management of Pain and Palliative Care Medical Emergencies**
  - Goal E6.1: Participate in the management of medical emergencies in pain and/or palliative care patients.
- **Competency Area E7: Specialty Pharmacy**
  - Goal E7.1: Effectively fulfill the major functions of a specialty pharmacist, including intake, clinical management, fulfillment, and facilitating optimal outcomes.
- **Competency Area E8: Writing for Publication**
  - Goal E8.1: Write articles that provide pertinent medication use information on pain management and palliative care related topics for health care professionals and/or the public.
- **Competency Area E9: Clinical Investigations**

- Goal E9.1: Participate in the operation of a system that prepares and distributes investigational pain management and palliative care-related medications.
- **Competency Area E10: Added Leadership and Practice Management Skills**
  - Goal E10.1: Exhibits additional skills of a practice leader.

**GUIDELINE 3. Provide a comprehensive listing of the programs, sponsoring organizations or institutions, locations, and individuals in charge.**

The availability of post-graduate pharmacy residency training in pain management and palliative care continues to increase.<sup>23</sup> Table F-1 lists PGY2 Pain Management and Palliative Care pharmacy residency programs as of July 11, 2022, including 31 programs with 35 residency positions. There is also one pain management fellowship program with one position as detailed in Table F-2.

**Table F-1. Postgraduate Year Two Pain Management and Palliative Care Pharmacy Residency Programs as of July 11, 2022**

Sponsoring Organization	Status	City	State	Program Director	Number of Residency Positions
Dana-Farber Cancer Institute	Accredited	Boston	MA	Bridget Scullion, PharmD, BCOP	1
Hospital of the University of Pennsylvania	Pre-candidate	Philadelphia	PA	Tanya Uritsky, PharmD, CPE	1
Lakeland Regional Health	Accredited	Lakeland	FL	Paige Broccio, PharmD, BCPS	1
OhioHealth Riverside Methodist Hospital	Accredited	Columbus	OH	Jessica Geiger, PharmD, MS, BCPS, CPE	1
Summa Health System – Akron City Hospital	Accredited	Akron	OH	Pamela Moore, PharmD, BCPS	1
The Johns Hopkins Hospital	Accredited	Baltimore	MD	Suzanne Nesbit, PharmD, BCPS, CPE, FCCP	1
The Ohio State University Wexner Medical Center	Accredited	Columbus	OH	Maureen Sapphire, PharmD, BCGP, CDP	1
University of Florida Health Jacksonville	Accredited	Jacksonville	FL	Joseph Cammilleri, PharmD, BCACP, CPE	1

University of Iowa College of Pharmacy	Accredited	Iowa City	IA	James Ray, PharmD	1
University of Maryland School of Pharmacy	Accredited	Baltimore	MD	Mary Lynn McPherson, PharmD, BCPS, CDE	2
University of Michigan Health System	Accredited	Ann Arbor	MI	Michael Smith, PharmD, BCPS	1
University of Washington Medicine	Accredited	Seattle	WA	Christina Bockman, PharmD	1
Veterans Administration (VA) – Albany, NY – New York/New Jersey VA Health Care Network – Stratton VA Medical Center	Accredited	Albany	NY	Erica Wegrzyn, PharmD	2
VA – Albuquerque, NM – New Mexico VA Health Care System	Candidate	Albuquerque	NM	Richard Thornell, PharmD	1
VA – Asheville, NC – Western North Carolina VA Healthcare System – Charles George VA Medical Center	Accredited	Asheville	NC	Benjamin Michalove, PharmD, CPP	1
VA – Birmingham, AL – Birmingham VA Health Care System	Accredited	Birmingham	AL	Lizmarie Aviles-Gonzalez, PharmD, BCPS, BCPP	1
VA – Gainesville, FL – North Florida/South Georgia Veterans Health System	Accredited	Gainesville	FL	Scott Donelenko, BPharm, CPE	1
VA – Lexington, KY – Lexington VA Medical Center	Accredited	Lexington	KY	Lindsay Wells, PharmD, BCPS	1
VA – Little Rock, AR – Central Arkansas Veterans Healthcare System – John L. McClellan Memorial Veterans Hospital	Accredited	Little Rock	AR	Michael Chandler, PharmD, BCPS	2

VA – Madison, WI – William S. Middleton Memorial Veterans Hospital	Accredited	Madison	WI	Diane Johnson, PharmD, BCPS	1
VA – Minneapolis, MN – Minneapolis VA Health Care System	Accredited	Minneapolis	MN	Vinh Dao, PharmD, BCPS	1
VA – Murfreesboro, TN – VA Tennessee Valley Healthcare System	Accredited	Murfreesboro	TN	Timothy Atkinson, PharmD, BCPS	2
VA – Philadelphia, PA – Corporal Michael J. Crescenz VA Medical Center	Candidate	Philadelphia	PA	Paul Harden, PharmD, CPE	1
VA – Portland, OR – VA Portland Health Care System	Candidate	Portland	OR	Mina Lee, PharmD	1
VA – Roseburg, OR – Roseburg VA Healthcare System	Candidate	Roseburg	OR	Suzanne Phillips, PharmD, BCPS, MPH, PhD	1
VA – San Antonio, TX – South Texas Veterans Health Care System	Accredited	San Antonio	TX	Ian Pace PharmD, BCPS	1
VA – San Diego, CA – VA San Diego Healthcare System	Accredited	San Diego	CA	Colin McGuire, PharmD	1
VA – San Francisco, CA – San Francisco VA Health Care System	Accredited	San Francisco	CA	Sara Jacobs Librodo, PharmD, BCPS, CPE	1
VA – St. Louis, MO – VA St. Louis Healthcare System	Candidate	St. Louis	MO	Amanda Mullins, PharmD, BCPS	1
VA – West Palm Beach, FL – West Palm Beach VA Health Care System	Accredited	West Palm Beach	FL	Sandra DiScala, PharmD, BCPS	1
Wellstar Kennestone Hospital	Pre-candidate	Marietta	GA	Jasmine Jones, PharmD	1

**Table F-2. Pain Management Fellowship Program as of July 11, 2022**

Sponsoring Organization	City	State	Program Contact	Number of Fellowship Positions	Primary Specialty
Cedarville University School of Pharmacy	Cedarville	OH	Aleda M. H. Chen, PharmD, PhD, FAPhA	1	Pain management (acute and chronic), palliative care, and chronic care management

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## CRITERION G: Transmission of Knowledge

The area of specialization shall be one in which there is an adequate transmission of specialized knowledge through professional, scientific and technical literature directly related to the specialty area. ***This criterion refers to the TRANSMISSION OF KNOWLEDGE.***

Transmission and dissemination of specialized knowledge in pain management pharmacy practice occurs through national standards and guidance, formal networking groups within professional practice associations, peer-reviewed publications and periodicals, live educational programming, and enduring educational resources in print- and web-based vehicles.

### ***National Standards and Guidance***

For pharmacists in pain management, one of the primary mechanisms for transmission of knowledge is through rules, regulations, standards, guidelines, and position papers authored by national organizations and government entities. Examples of these documents that are foundational for pain management pharmacist specialists (PMPS) include the following:

- *American Pharmacists Association (APhA) House of Delegates Current Adopted Policy Statements* – These statements describe the role of pharmacists in pain management through controlled substances and mention means to help them be successful in this role.<sup>1</sup>
- *American Society of Consultant Pharmacists (ASCP) Policy Statement: Appropriate Management of Opioid Analgesics in Long-Term and Post-Acute Care Facilities* – This statement supports the adoption of opioid stewardship programs as a means of engaging key members of the health care team (e.g., medical director, director of nursing services, executive director, consultant pharmacist, dispensing pharmacist) to oversee appropriate pain management and prevent diversion of opioid analgesics in the long-term and post-acute care setting.<sup>2</sup>
- *ASCP Policy Statement: The Role of the Consultant Pharmacist in Preventing and Detecting Diversion of Controlled Substances in Nursing Facilities* – This statement describes specific duties consultant pharmacists have in nursing homes to help ensure that controlled medication accountability is maintained through recognition of diversion and reporting as necessary.<sup>3</sup>

### **Formal Networking Groups**

Major health care associations have formal networking sections and groups dedicated to PMPS. These groups foster professional interaction and provide opportunities for practice advancement through educational programming, newsletters, research networks, and leadership. As examples, pain management networking groups that currently exist within pharmacy practice and other health care associations are shown in Table G-1.

**Table G-1. Pain Management Networking Groups**

<b>Organization</b>	<b>Networking Group</b>	<b>Description</b>
American Academy of Pain Medicine (AAPM)	AAPM has created the following Shared Interest Groups (SIG): <ul style="list-style-type: none"><li>▪ Academic Pain Medicine</li><li>▪ Acute Pain Medicine</li><li>▪ Advanced Practice Providers</li><li>▪ Behavioral Medicine/Pain Psychology</li><li>▪ Disparities in Pain Management</li><li>▪ Federal Medicine</li><li>▪ Headache and Orofacial Pain Medicine</li><li>▪ Innovation</li><li>▪ Interdisciplinary Pain Medicine</li><li>▪ Interventional Pain Medicine and Neuromodulation</li><li>▪ Resident Fellow Education</li><li>▪ Substance Use Disorder</li><li>▪ Women in Pain Medicine</li></ul>	<p>AAPM is dedicated to advancing multidisciplinary pain care, education, advocacy, and research to improve the quality of life for its members and those they treat.</p> <p>Members of the SIGs meet in-person during the AAPM Annual Meeting and may meet via teleconference at other times throughout the year. SIG meetings at the AAPM Annual Meeting are open to all Annual Meeting attendees.</p>
American Association of Psychiatric Pharmacists	Communities	<p>Through Communities, members are offered an opportunity to network and collaborate through email discussions, online resource sharing, and a venue to interact with others in a similar practice setting or around a common area of professional interest.</p> <p>Specifically, the Substance Use Disorders Strategies (SUDS) community focuses on exploring strategies to promote the treatment of patients with substance use disorder, including opioid risk mitigation strategies.</p>



American College of Clinical Pharmacy (ACCP)	Pain and Palliative Care Practice and Research Network (PRN)	The members of the Pain and Palliative Care PRN include pharmacy practitioners, clinical scientists, pharmacy educators, and others interested in pain-related pharmacy practice, education, and treatment. This PRN allows members to gather for professional interaction, networking, and continuing education. The ACCP Pain and Palliative Care PRN currently has more than 200 members.
American Pharmacists Association (APhA)	APhA Pain, Palliative Care, and Addiction Special Interest Group (SIG)	The mission of this group is to support pharmacists and student pharmacist interns who care for individuals with all types of acute and chronic pain and for patients with life-limiting illnesses who have pain and other symptoms. The APhA Pain, Palliative Care, and Addiction SIG also focuses on associated issues such as addictions, medication abuse, and medication diversion and hosts 5,564 members.
American Society of Consultant Pharmacists	Opioid Stewardship Workgroup	This group focuses on opioid stewardship across care settings when caring for older adults and addresses pain management. The group meets monthly and includes three subgroups that meet in addition to the larger monthly meetings. The Opioid Stewardship Workgroup currently has 25 members.
American Society of Health-System Pharmacists (ASHP)	Section Advisory Group (SAG) on Pain Management and Palliative Care	ASHP's SAG provides a forum to participate with ASHP and colleagues who share similar interests. The SAG on Pain Management and Palliative Care is charged to serve as member leaders to plan, create, and implement educational programming and develop resources for the Section regarding pain management and palliative care. The ASHP SAG on Pain Management and Palliative Care currently has approximately 14 members.
Association of Community Cancer Centers (ACCC)	ACCCeXchange	ACCC offers networking opportunities for multidisciplinary professionals working in the cancer care community. ACCCeXchange is a virtual community where members can tap

		into the shared knowledge of peers and gain insight from colleagues in every discipline of oncology.
Hematology/Oncology Pharmacy Association (HOPA)	HOPA Central	HOPA Central is an online discussion forum where members can connect with each other, ask questions, share expertise, share files, and more. This forum currently has approximately 3,318 participants.
MAYDAY Fund, The	Meetings	The MAYDAY Fund occasionally sponsors meetings where key representatives discuss issues important to the pain field and develop strategies for moving forward. MAYDAY Grantees and Fellows are encouraged to consult and collaborate when opportunities arise.
Society of Pain and Palliative Care Pharmacists (SPPCP)	Pain Management and Palliative Care Journal Club	The SPPCP Pain Management and Palliative Care journal club provides a forum for its members to critically evaluate and apply emerging evidence in pain management and palliative care. In addition, by discussing emerging research, members will be able to identify gaps and opportunities to engage in research that will improve clinical practice and education in both pain management and palliative care. SPPCP has approximately 248 members.
SPPCP	Office Hours	These 1-hour Zoom meetings invite SPPCP members to engage in conversation around emerging issues. The meetings incorporate subject matter experts as panelists and include a question-and-answer session.
SPPCP	Opioid Stewardship Committee	The SPPCP Opioid Stewardship Subcommittee started as a task force of a dedicated group of pharmacists across practice sites and settings who were invested in opioid stewardship through their work and interests. It was created to synergize pharmacists' work in this area and learn from each other as the specialty area develops. The group has been focused on promoting opioid stewardship efforts and

		education to members of SPPCP and beyond, and accordingly, it was converted into a subcommittee of the SPPCP Education Committee. Activities have included development and ongoing production of a series of SPPCP podcasts with a focus on different stewardship topics, publications on opioid stewardship in the <i>Journal of Pain and Palliative Care Pharmacotherapy</i> , quarterly SPPCP newsletter submissions to highlight members and educate on stewardship initiatives, and participation in the SPPCP virtual conference.
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In addition to formal networking groups through associations, many PMPS share information and engage in professional conversation electronically through Twitter (Table G-2) and podcasts, blogs, videos, and websites (Table G-3).

**Table G-2. Pain Management Twitter Accounts**

Account Holder	Twitter Handle	# of Followers (as of July 2022)
Alliance for Balanced Pain Management (AfBPM)	@AfBPM	330
American Academy of Hospice and Palliative Medicine (AAHPM)	@AAHPM	17,000
American Academy of Pain Medicine (AAPM)	@AmerAcadPainMed	9,048
American Association of Psychiatric Pharmacists (AAPP)	@psychpharm	955
American College of Clinical Pharmacy (ACCP)	@ACCP	23,000
ACCP Pain and Palliative Care PRN	@accpPPCprn	66
American Pharmacists Association (APhA)	@pharmacists	35,600
American Society of Consultant Pharmacists (ASCP)	@ASCPPharm	7,335
American Society of Health-System Pharmacists (ASHP)	@ASHPOfficial	37,900
Chris Herndon	@cherndon12	565
Columbia Memorial Health (CMH) Pain Management	@CMHPain	696
Elise Dasinger	@EliseDasinger	470
Hematology/Oncology Pharmacy Association (HOPA)	@HOPArx	2,162
<i>Journal of Pain and Symptom Management</i>	@JPSMjournal	4,928
Julie Cunningham	@JulieLCunningh1	54
Mary Lynn McPherson	@mlmcpherson	1,478
National Academy of Medicine (NAM)	@theNAMedicine	33,800
National Institutes of Health–U.S. Department of Defense–U.S. Department of Veterans Affairs (NIH-DoD-VA) Pain Management Collaboratory	@painmc3	449
<i>PAIN</i> Journal	@PAINthejournal	16,800

<i>Pain Management Journal</i>	@fsgpmt	3,770
<i>Pain Medicine News</i>	@painmednews	13,900
Pain News Network	@PainNewsNetwork	15,300
Pain Research Forum	@PainResForum	14,700
PAINWeek	@PAINWeek	5,999
Rabia Atayee	@RabiaAtayee	443
Society of Pain and Palliative Care Pharmacists (SPPCP)	@SPPCP_Official	713
Substance Abuse and Mental Health Services Administration (SAMHSA)	@samhsagov	123,900

**Table G-3. Pain Management Podcasts, Blogs, Videos, and Websites**

Organization	Description
American Academy of Pain Medicine (AAPM)	The <a href="#">Pain Matters Podcast</a> , presented by AAPM and hosted by Shravani Durbhakula, is for health care providers focused on providing the best care today, tomorrow, and beyond. In each episode, a guest shares the latest innovations and practical applications that directly impact how health care providers care for patients and measure success in multidisciplinary care.
American Association of Psychiatric Pharmacists (AAPP)	AAPP's website offers a page of <a href="#">education and resources on substance use disorders</a> . The webpage includes links to toolkits and courses to assist pharmacists in treating substance use disorders.
American Society of Consultant Pharmacists (ASCP)	ASCP publishes submissions to a <a href="#">blog</a> written by staff members and interns. Some of these submissions are focused on pharmacists addressing pain management.  ASCP also has an <a href="#">Opioid Stewardship</a> section on their website that provides links to their Opioid Stewardship Toolkit, recent periodicals related to the opioid epidemic, policy statements, and additional resources.
American Society of Health-System Pharmacists (ASHP)	The <a href="#">ASHP Resource Center</a> includes a section on Opioid Management and a Pain Management Toolkit that compiles resources that pharmacists of all experience levels may find helpful for developing their practice, expanding their knowledge base, and keeping up to date on new developments within the specialty.
ASHP	<a href="#">ASHP Podcasts</a> feature conversations with ASHP leadership, researchers, authors, and influencers exploring key issues impacting the field of pharmacy today. Podcasts about pain include the following: <ul style="list-style-type: none"> <li>▪ <a href="#">Don't Get Stuck! Treating Acute Pain in Patients Taking Buprenorphine</a></li> </ul>

	<ul style="list-style-type: none"> <li>▪ <a href="#">Pain Management and Opioid Stewardship: One and the Same or Distant Cousins?</a></li> <li>▪ <a href="#">Impact of Systemic Racism on Pain Management: Quick Recap of the Literature</a></li> <li>▪ <a href="#">Pursuing a Career in Pain Management Pharmacy</a></li> </ul>
American Society of Regional Anesthesia and Pain Medicine	The <a href="#">Regional Anesthesia and Pain Podcast</a> series discusses current topics in both regional anesthesia and pain medicine, debating the merits and pitfalls of new technology and therapy and includes discussions with authors of significant publications to help explain their work.
Center to Advance Palliative Care (CAPC)	The <a href="#">CAPC podcast</a> series highlights successes and challenges faced by palliative care programs across organizations of all sizes and settings. Each episode features an in-depth interview with a palliative care program leader or specialist covering common themes such as managing growth, improving the referral process, team wellness, organizational buy-in, relationship building, and much more.
<a href="#">GeriPal</a>	This geriatrics and palliative care podcast series invites geriatric, hospice, and palliative care subject matter experts on the show to talk about recently published research in the field and related controversies.
<a href="#">The Integrative Palliative Podcast</a>	This podcast is for physicians and other health care providers who are passionate about whole person care for patients with serious illness. Episodes discuss diverse, evidence-supported approaches to help relieve patients' physical and emotional suffering.
<a href="#">Medstopper</a>	Medstopper is an online tool to help clinicians and patients make decisions about reducing or stopping medications. By entering the list of medications a patient is receiving, Medstopper sequences the drugs from "more likely to stop" to "less likely to stop" based on three key criteria: the potential of the drug to improve symptoms, its potential to reduce the risk of future illness, and its likelihood of causing harm. Suggestions for how to taper the medication are also provided.
National Academy of Medicine (NAM)	The <a href="#">podcast episodes of Countering the Opioid Crisis: Time to Act</a> are hosted by Ruth Katz, vice president and executive director of the Health, Medicine, and Society Program at the Aspen Institute and co-chair of NAM's Action Collaborative. She welcomes guests who are experts in the field to discuss critical aspects of the opioid crisis, the response, and research being

	<p>conducted to better understand the disease of addiction and the management of chronic pain.</p> <p>NAM also has a <a href="#">webpage</a> dedicated to the opioid epidemic and care for patients with pain, which includes publications, events, collaborations, and resources.</p>
National Community Oncology Dispensing Association (NCODA)	<a href="#">Oral Chemotherapy Education</a> is a resource, conceived and collaboratively executed by NCODA, to provide information about oral chemotherapy drugs and their side effects to both cancer patients and caregivers.
National Hospice and Palliative Care Organization (NHPCO)	NHPCO produces <a href="#">two podcast programs</a> : The original NHPCO podcast features experts and leaders in hospice and palliative care with pertinent discussions focusing on regulatory, compliance, quality, and other timely topics. The podcast <i>Leading Person-Centered Care</i> is led by NHPCO President and CEO Edo Banach, who provides insights on leadership and innovation in hospice and palliative care.
Opioid REMS Education Initiative	This <a href="#">podcast</a> series by the Opioid REMS Education Initiative provides expert insights on safe opioid practices and current federal and state regulations, national guidelines, and professional organization and medical specialty guidelines on treating pain and prescribing opioids.
Opioid REMS Education Initiative	The <a href="#">website</a> of the Opioid REMS Education Initiative provides expert guidance for effective management and appropriate monitoring of patients with pain, including learning modules, decision tools, and resources.
Pain Consultants of East Tennessee	<a href="#">Pain Talks: The Podcast</a> features physicians and practitioners who cover a wide variety of topics related to pain and pain management.
<a href="#">Pain Dr.</a>	This website is a forum where pharmacists, student pharmacists, pharmacy residents, and other health care clinicians can share pain management experiences, news, events, questions, and comments on pain therapeutics.
PAINWeek	The PAINWeek <a href="#">podcast</a> and <a href="#">website</a> are resources for frontline practitioners treating acute and chronic pain. For over 15 years, they have presented thousands of hours of content across their national and regional conferences and conducted hundreds of expert opinion interviews.
Palliative Care Network of Wisconsin	The <a href="#">Fast Facts</a> portion of the website provides concise, practical, peer-reviewed, and evidence-based summaries

	on key palliative care topics important to clinicians and trainees caring for patients facing serious illness.
Providers Clinical Support System (PCSS)	The PCSS website includes a <a href="#">Chronic Pain Core Curriculum</a> page, which was developed to educate health care providers in treating chronic pain and addressing concerns about opioid use disorder.
Rabia Atayee's YouTube Channel	<p>Among the YouTube videos directed to health care providers about pain management, Rabia Atayee, Palliative Care Specialist Pharmacist at the University of California–San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences, presents a didactic series on the following topics:</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Definition of pain and balance in pain management</a></li> <li>▪ <a href="#">Different types of pain</a></li> <li>▪ <a href="#">Pain assessment and goal</a></li> <li>▪ <a href="#">Non-opioids</a></li> <li>▪ <a href="#">Overview of opioids</a></li> <li>▪ <a href="#">Opioid adverse effects</a></li> <li>▪ <a href="#">Treatment of neuropathic pain</a></li> <li>▪ <a href="#">Clinical application of opioid pharmacokinetics</a></li> </ul>
SAGE Publishing	The <a href="#">Palliative Medicine &amp; Chronic Care podcast</a> is published by SAGE, an international publisher of journals, books, and electronic media. It features subject matter experts from around the world to discuss palliative medicine and chronic care.
Society of Pain and Palliative Care Pharmacists (SPPCP)	The <a href="#">Podcast of Pain and Palliative Care Pharmacists</a> is the official podcast of SPPCP. In these brief conversations, expert members of SPPCP discuss cutting-edge science, practice models, and experiences of their members practicing in pain management, palliative care, and hospice.
Straight Shot Health	<a href="#">The Pain Rebel Podcast</a> by Straight Shot Health provides information on how to understand and apply the science of pain for safe and effective pain care.
University of California Television (UCTV) Pain and Palliative Medicine	In this UCTV <a href="#">podcast</a> , guest speakers, researchers, and University of California faculty explore palliative care and managing chronic pain.
University of Maryland School of Pharmacy	The <a href="#">Palliative Care Chat Podcast</a> , produced and hosted by the University of Maryland School of Pharmacy, is designed for health care professionals who are interested in hospice and palliative care.

**GUIDELINE 1. Identify journals and other periodicals dealing specifically with the proposed specialty.**

***Journals***

Issues of interest in pain management pharmacy practice span many areas of pharmacy practice and topics in pain management research, clinical care, and health promotion. Many pain management pharmacy and primary care practice journals consistently publish articles highlighting evidence, outcomes, and contributions to patient care through pain management pharmacy practice. Examples of such journals include:

- ***A&A Practice*** – This journal is for clinicians and supports the educational missions of the International Anesthesia Research Society and *Anesthesia & Analgesia* by publishing short, informative, peer-reviewed articles that describe (a) the unique perioperative or chronic pain-related clinical care of one to three patients; (b) an important teaching point or novel educational tool; or (c) an innovative solution to perioperative services, patient safety, or a global health management issue.
- ***American Journal of Hospice and Palliative Medicine*** – This monthly, peer-reviewed journal highlights an interdisciplinary team approach (including physicians, nurses, pharmacists, social workers, pastoral counselors, psychologists, program administrators, and others) to hospice and palliative medicine as related to the care of the patient and family. Editorials, commentaries, opinions, original research articles, ongoing topical series, and review articles in the field of hospice and palliative medicine are the format of this journal.
- ***Anesthesia & Analgesia*** – This monthly journal provides practice-oriented, clinical research needed to keep health care professionals current and provide optimal care to patients. Each issue includes peer-reviewed articles on the latest advances in drugs, preoperative preparation, patient monitoring, pain management, pathophysiology, and many other timely topics.
- ***Clinical Journal of Pain, The*** – This journal explores all aspects of pain and its effective treatment, bringing readers the insights of leading anesthesiologists, surgeons, internists, neurologists, orthopedists, psychiatrists and psychologists, clinical pharmacologists, and rehabilitation medicine specialists. This peer-reviewed journal presents timely and thought-provoking articles on clinical dilemmas in pain management; valuable diagnostic procedures; promising new pharmacological, surgical, and other therapeutic modalities; psychosocial dimensions of pain; and ethical issues of concern to all medical professionals. The journal also publishes Special Topic issues on subjects of particular relevance to the practice of pain medicine.



- ***Journal of Opioid Management*** – This peer-reviewed journal addresses all aspects of the safe use and management of opioids and provides guidance to physicians and health care professionals on how to safely prescribe and responsibly manage these important drugs. Topics and features include, but are not limited to, alternatives to opioid therapy for pain and patient selection for use of opioids to treat pain.
- ***Journal of Pain & Palliative Care Pharmacotherapy*** – This quarterly, interdisciplinary journal addresses pharmacotherapy in the management of acute, chronic, and end-of-life pain and related symptoms. The journal publishes original research, timely review articles, case reports, commentaries, book and media reviews, and articles on efficacy, safety, cost-effectiveness, availability, delivery systems, ethics, policy, philosophy, and includes a section written by patients with pain.
- ***Journal of Pain and Symptom Management*** – This peer-reviewed journal serves an interdisciplinary audience of professionals by providing a forum for the publication of the latest clinical research and best practices related to the relief of illness burden among patients afflicted with serious or life-threatening illness. The journal supports both quantitative and qualitative research underpinning the evolving discipline of palliative care, including clinical trials of pain or symptom control therapies, epidemiology of phenomena related to life-threatening disease and end-of-life care, instrument development to enhance clinical assessment and facilitate investigation, and health services studies evaluating the outcomes of diverse therapeutic models. It also covers clinical practice issues, publishing both systematic and narrative reviews, case series and case reports, and both special articles and columns that present important updates on topics as varied as the international diversity of palliative medicine, the economics of palliative care, and bioethics in end-of-life care.
- ***Journal of Pain Research*** – An international, peer-reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. This journal is the official journal of the American Society of Pain and Neuroscience.
- ***Journal of Palliative Medicine*** – This peer-reviewed journal covers medical, psychosocial, policy, and legal issues in end-of-life care and relief of suffering for patients with intractable pain. The journal covers the following areas: latest medical advances in pain and symptom management; evidence-based protocols; model palliative care programs; clinical case reports; guidance for working with patients and their families; psychological and spiritual aspects of end-of-life care; and roundtable discussions with leading experts in the field. The audience of the journal includes the following: physicians, pediatricians, pharmacists, nurses, nurse practitioners, physician

assistants, social workers, psychologists, pain medicine specialists, and hospice and nursing home staff.

- **Pain Medicine** – This journal is dedicated to pain clinicians, educators, and researchers with an interest in pain from various medical specialties and related health disciplines. The journal reflects the rapid growth in pain science and practice as well as the field's need for policy, ethical, and forensic commentary on pain and its management. It promotes the visibility and development of pain medicine as a worldwide interdisciplinary medical specialty within a collaborative, multidisciplinary pain field.
- **Palliative Medicine** – This peer-reviewed journal improves knowledge and clinical practice in the palliative care of patients with far-advanced disease. It also reflects a multidisciplinary approach to care.

Pain management pharmacy columns and features are also published periodically in the *American Journal of Health-System Pharmacy (AJHP)*, *Annals of Pharmacotherapy*, *The Consultant Pharmacist*, *Federal Practitioner*, *Journal of Hospice & Palliative Nursing (JHPN)*, *Journal of Pharmacy Practice*, *Journal of the American College of Clinical Pharmacy (JACCP)*, *Journal of the American Pharmacists Association (JAPhA)*, *Pain Management Nursing*, *Pain Physician*, *Pharmacotherapy*, *Research in Social and Administrative Pharmacy (RSAP)*, and *Substance Abuse* as well as many other general medical journals.

- *AJHP* is the official publication of ASHP. It publishes peer-reviewed scientific papers on contemporary drug therapy and pharmacy practice innovations in hospitals and health systems. Specifically, the *AJHP* Collection on Opioids contains articles on opioids in pain management.
- *Annals of Pharmacotherapy* is a peer-reviewed journal that publishes research articles, review articles, commentaries, and editorials around the most efficient, safe, and cost-effective pharmacotherapy for the treatment and prevention of various illnesses. Two pharmacists currently serve on the Pain Management Panel of the editorial board.
- *Consultant Pharmacist, The*, (now published as *The Senior Care Pharmacist*) is a peer-reviewed journal published by ASCP. It is dedicated to the medication therapy needs of older adults.
- *Federal Practitioner* is a journal for physicians, clinical pharmacists, physician assistants, advanced practice nurses, and medical center administrators currently working within the U.S. Department of Veterans Affairs, U.S. Department of Defense, Indian Health Service, and U.S. Public Health Service. Article types include Original Research, Commentary, Clinical Review, Program Profile, Case in Point, and What's Your Diagnosis.
- *JHPN* is a peer-reviewed journal for nurses in hospice and palliative care settings. Focusing on the clinical, educational, and research aspects of care, *JHPN* offers current and reliable information on end-of-life nursing. Feature articles in areas such as

symptom management, ethics, and futility of care address holistic care across the continuum.

- *Journal of Pharmacy Practice* is a peer-reviewed journal that offers practicing pharmacists reviews and research trials and surveys of new drugs and novel therapeutic approaches, pharmacotherapy reviews and controversies, pharmacokinetics, drug interactions, drug administration, adverse drug events, medication safety, pharmacy education, and other pharmacy practice topics. One pharmacist serves on the Pain Management panel of the editorial board.
- *JACCP* is an official journal of the ACCP devoted to clinical pharmacy in all practice settings. *JACCP* publishes original research, review articles, editorials, letters to the editor, official ACCP statements and papers, ACCP abstracts, and Board of Pharmacy Specialties recertification modules. In February 2022, *JACCP* published a special issue titled, “The Opioid Crisis: Opportunities for Clinical Pharmacy Practice.”
- *JAPhA* is a peer-reviewed forum to improve medication use and health outcomes, inform health care policies, and advance pharmacist-provided services.
- *Pain Management Nursing* is a peer-reviewed journal that focuses on pain management as it applies to nursing. Original and review articles from experts in the field offer key insights in the areas of clinical practice, advocacy, education, administration, and research. Additional features include practice guidelines and pharmacology updates.
- *Pain Physician* is a peer-reviewed, multidisciplinary, open access journal written by and directed to an audience of interventional pain physicians, clinicians, and basic scientists with an interest in interventional pain management and pain medicine. It presents the latest studies, research, and information vital to those in the emerging specialty of interventional pain management.
- *Pharmacotherapy* is an official journal of ACCP. It publishes peer-reviewed, scientific, and professional information and knowledge to improve patient outcomes through optimal pharmacotherapy.
- *RASP* is a monthly journal featuring original scientific reports, comprehensive review articles, proposed models, and provocative commentaries in the social and administrative pharmaceutical sciences. Topics of interest include outcomes evaluation of drug products, programs, or services; pharmacoepidemiology; medication adherence; disease management; medication use policy; drug marketing; evaluation of educational paradigms that could impact practice and/or patient behavior; and other topics related to public health in the context of pharmacy or medication use.
- *Substance Abuse* is a peer-reviewed journal published by AMERSA. The journal offers wide-ranging coverage for health care professionals, addiction specialists, and others engaged in research, education, clinical care, and service delivery and evaluation.

Original research, brief reports, review articles, case studies, letters to the editor, commentaries, and editorials are published in the journal.

### ***Newsletters and Online Periodicals***

Professional pharmacy practice associations publish a variety of print and online media that disseminate pain management practice information. AAPP Communities, ACCP Pain and Palliative Care PRN, and ASHP Connect allow members the opportunity to discuss pain management and share tools and resources. The ASHP Section Advisory Group on Pain Management and Palliative Care maintains an online resource center for pharmacists practicing in pain management. APhA's Opioid Use and Misuse Resource Center provides tools, clinical and patient resources, state and federal developments, and training and webinars to help pharmacists treat patients who are using opioids. ASCP's website hosts their Practice Resource Center, which provides references and information on long-term and post-acute care pharmacy, including topics related to pain management. ASHP's Controlled Substances Management Resource Center includes articles, guidelines, and education and training on management of opioids and controlled substances. SPPCP's Resources webpage includes links to pain management information for health care providers.

### **GUIDELINE 2. Provide a select bibliography of published abstracts, articles, position papers, and white papers in the professional literature dealing with the proposed specialty.**

As of January 2023, 324 relevant articles related to pain management pharmacy practice have been published in the professional literature that support the tenets of this petition. The prevalence of articles in pharmacy and medical journals focusing on pain management pharmacy practice and patient care by PMPS provides further evidence of this emerging specialty. A bibliography of all articles and resources published on specialized pain management pharmacy practice and related issues is attached as Appendix G-1.

### **GUIDELINE 3. Reference and summarize selected experimental and quasi-experimental, peer-reviewed articles demonstrating the value of the proposed specialty (if available and appropriate).**

PMPS in a variety of settings are demonstrating and publishing positive clinical and economic outcomes resulting from effective management of patients with pain. Their collective work provides support for the validity of this proposed specialty. A detailed overview of the top pivotal articles, as determined by the pain management experts from the petitioning organizations, is attached as Appendix G-2.

**GUIDELINE 4. Describe methods of knowledge transmission through symposia, seminars, workshops, etc., and enclose representative programs concerning these activities.**

The specialized knowledge required for PMPS is transmitted through a variety of methods, including symposia, live and web seminars, interactive workshops, and enduring resources. Each year, national and state health care associations, schools and colleges of pharmacy, and for-profit educational companies offer live and enduring programming to disseminate the latest evidence for managing the unique needs of patients with pain and share innovations in specialized pain management pharmacy practice. Hundreds of hours of programs are available annually to PMPS through local, regional, and national meetings and events; web-based programs; and online learning.

According to the Accreditation Council for Pharmacy Education (ACPE) Pharmacists' Learning Assistance Network (PLAN) database, providers of ACPE-approved continuing pharmacy education (CPE) have collectively offered over 5,117 hours of pain management programming over the past 3 years (April 18, 2019–April 18, 2022). This programming includes:

- 2,286 programs with 4,047.36 hours of live, knowledge-based programs. A complete listing of these ACPE-approved activities is provided as Appendix G-3.
- 315 programs with 676.00 hours of live, application-based programs. A complete listing of these ACPE-approved activities is provided as Appendix G-4.
- 210 programs with 251.50 hours of home study, knowledge-based programs. A complete listing of these ACPE-approved activities is provided as Appendix G-5.
- 14 programs with 21.75 hours of home study, application-based programs. A complete listing of these ACPE-approved activities is provided as Appendix G-6.
- 7 programs with 120.50 hours of practice-based programs. A complete listing of these ACPE-approved activities is provided as Appendix G-7.

Sample program materials from select live educational activities are attached as Appendix G-8 and include programming from the following events:

- 2022 APhA Pain Institute provided 6 hours of relevant CPE credit. The agenda of the day's activities are included in Appendix G-8. Topics covered at the event included:
  - How to Taper Opioids Safely and Effectively
  - Health Disparities in Pain, Pain Management, OUD/SUD
  - Hospice/Palliative Care in Recovering Patients
  - Harm Reduction Programs: Boon or Bane
  - How to Have Conversations With Patients Who Are Starting to Exhibit Early Signs of SUD/OD
  - Partial Opioid Agonists and Pain Management

- 2022 APhA Institute on Substance Use Disorders provided 13.25 hours of relevant CPE credit. The agenda of the multi-day live event and participant workbook are included in Appendix G-8. Topics covered at the event included:
  - Crucial Conversations: Stop Tiptoeing Around Substance Use Disorders
  - Dispense to Prevent: Naloxone
  - Ask the Experts: Townhall Discussion on Medical Cannabis and CBD
  - Family Matters: Understanding and Addressing the Impact of Addiction on Family Units
  - Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery
  - MOUD 101: Understanding Medications for Opioid Use Disorder
  - The Grass Isn't Always Greener: Medical Cannabis and CBD
  - The Intersection of Mental Health Conditions and Substance Use Disorders
  - Understanding the Neuroscience of Substance Use Disorders
  - Washing Away the Toxicity of Shame
- 2020 APhA Pain Management Forum provided 6.5 hours of relevant CPE credit. Presentations from the following sessions are included in Appendix G-8:
  - Finding Grace: An Overview of Addiction and Recovery
  - Bridging the Gap Between Pain Management and Drug Diversion
  - Chronic Pain Management: Best Practices and Clinical Pearls
  - Opioid Alternatives: The Roles and Risks of NSAIDs in Pain Management
  - Using Brief Interventions in a Busy Pharmacy Setting
  - Naloxone: Understanding Its Role and Expanding Access in Community Pharmacies
- 2017 College of Psychiatric and Neurologic Pharmacists Annual Meeting
  - Pre-Meeting Workshop – Bridging the Gap Between Behavioral Health, Pain Management, and Substance Use

**GUIDELINE 5. Provide the number of such events, included in #4 above, which occur on an annual basis, and the average total attendance at such programs.**

Live, national events are one mechanism for dissemination of knowledge to PMPS. Over the last 3 years, national organizations that provide programming to advance the education and training of PMPS have collectively hosted 21 live educational events with approximately 12,065 attendees across all programs. Recognizing that pharmacists attend multiple programs, the total number of attendees does not equate to the number of unique participants. Program participation reflects the strong interest in programming for PMPS. Table G-4 outlines these programs and attendance, where available.

**Table G-4. Pain Management Pharmacist Educational Programming and Attendance**

<b>Sponsoring Organization</b>	<b>Pain Management Pharmacist Programming and Attendance</b>
American Association of Psychiatric Pharmacists (previously the College of Psychiatric and Neurologic Pharmacists)	2020 – 1 program; 635 certificates of credit issued 2021 – 2 programs; 766 certificates of credit issued 2022 – 2 programs; 77 certificates of credit issued
American College of Clinical Pharmacy	2020 – 1 program; 459 certificates of credit issued 2021 – 1 program; 96 certificates of credit issued 2022 – 1 program; 32 certificates of credit issued
American Pharmacists Association	2020 – 1 program; 115 certificates of credit issued 2022 – 2 programs; 754 certificates of credit issued
American Society of Consultant Pharmacists	2020 – 1 program; 730 certificates of credit issued 2021 – 1 program; 276 certificates of credit issued 2022 – 1 program; 370 certificates of credit issued
American Society of Health-System Pharmacists	2019 – 2 programs; 3,024 certificates of credit issued 2020 – 1 program; 3,254 certificates of credit issued 2021 – 1 program; 896 certificates of credit issued
Society of Pain and Palliative Care Pharmacists	2020 – 1 program; 166 certificates of credit issued 2021 – 1 program; 251 certificates of credit issued 2022 – 1 program; 164 certificates of credit issued

***Additional Mechanisms for Dissemination of Knowledge***

In addition to the methods discussed in each of the guidelines above, enduring publications and professional award programs serve an important function in the dissemination of knowledge in the proposed specialty.

***Nonperiodical Publications***

Many enduring publications and resources have been developed to enhance the skills and knowledge of PMPS. Examples of such publications include:

- *ASCP Opioid Stewardship Toolkit: A Pharmacist's Guide for Older Adults* – This is a comprehensive resource for pharmacists in any practice setting to understand how to navigate the complex issues associated with opioid use, misuse, and abuse. The Toolkit provides up-to-date information, regulatory guidance, sample policies, clinical strategies, and real-world scenarios.

- *Blue Book: Pediatric Palliative Care Approach to Pain & Symptom Management* – This resource, published in 2020 by the Dana-Farber Cancer Institute/Boston Children’s Hospital Pediatric Advanced Care Team, is a pocket-guide to pain and symptom management in children and provides educational information for health care professionals, providing guidelines for pain management and treatments.
- *Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing, 2nd edition* – This book by Mary Lynn McPherson is a guide for learning how to calculate opioid conversions for clinicians involved in pain management at all levels.
- *Oxford Textbook of Palliative Medicine, 6th edition* – This book covers new and emerging topics. It has been updated and restructured to reflect major developments in acceptance of palliative medicine as a fundamental public health need. The multidisciplinary nature of palliative care is emphasized throughout, covering areas such as ethical and communication issues, the treatment of symptoms, and the management of pain.
- *Pain (What Do I Do Now? Palliative Care)* – This book, edited by Christopher M. Herndon, uses real-world cases to illustrate concepts, approaches to therapy, and potential barriers to optimal care presented by interdisciplinary authors.
- *Pain Assessment and Pharmacologic Management* – This book, authored by Chris Pasero and Margo McCaffery, provides numerous tables, boxes, and figures that can be used in clinical practice, and it emphasizes the benefits of a multimodal analgesic approach throughout. In addition, Patient Medication Information forms for the most commonly used medications in each analgesic group can be copied and given to patients.
- *Pink Book: Pain Management Tables and Guidelines* – This resource, published in 2020 by the Dana-Farber Cancer Institute/Brigham and Women’s Hospital Pain Management Tables and Guidelines Committee, provides educational information for health care professionals, reviews pain assessment, and provides guidelines for pain management and treatments.
- *Primer of Palliative Care, 7th edition* – This resource, created by the American Academy of Hospice and Palliative Medicine for health care practitioners, introduces core concepts in high-quality care for patients facing serious or life-threatening illnesses. Pain management is one of the topics discussed in this resource.
- *Principles of Analgesic Use, 7th edition* – This resource, published by the American Pain Society, identifies treatment modalities and provides recommendations for analgesic use.



### *Professional Awards*

Professional associations have recognized PMPS for their contributions to the profession and advancing clinical practice in pain management through a wide range of awards. These awards, and their recipients, are outlined in Table G-5.

**Table G-5. Pain Management Pharmacist Recipients of National Professional Awards**

<b>Organization/Award</b>	<b>Description</b>	<b>Year/Recipient</b>
American Academy of Hospice and Palliative Medicine (AAHPM): Distinguished Hospice Interdisciplinary Team Member Award	This award recognizes a hospice interdisciplinary team member who provides the highest quality services and innovative programs and who demonstrates exemplary dedication to the practice of palliative care in a hospice setting.	2022 Mary Lynn McPherson
AAHPM: Visionaries	The visionaries project was created to recognize individuals who have made exemplary contributions to the field of hospice and palliative medicine.	2018 Mary Lynn McPherson
American Academy of Pain Medicine: Presidential Commendations	This award honors individuals for their contributions to pain care and the specialty of pain medicine.	2014 Jeffrey Fudin
American Alliance of Cancer Pain Initiatives: Pain Champion of the Year		2006 Chris Herndon
American Association of Colleges of Pharmacy (AACP): Robert Chalmers Distinguished Educator Award	The award recognizes an individual's excellence in pharmacy education.	2013 Mary Lynn McPherson
AACP: Teacher of the Year Award		2013 Rabia Atayee
American College of Clinical Pharmacy (ACCP): Fellow	Fellowship in ACCP recognizes excellence in the practice and science of clinical pharmacy. Fellowship is awarded to individuals who have made sustained contributions to the College and who have demonstrated exceptional performance in clinical pharmacy practice and/or research.	2018 Chris Herndon 2016 Suzanne Nesbit 2010 Jeffrey Fudin
ACCP: New Clinical Practitioner Award	This award recognizes a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy.	2018 Jennifer Pruskowski

ACCP: New Educator Award	This award recognizes a new educator (fewer than 6 years since completion of terminal training or degree) for outstanding contributions to the discipline of teaching and to the education of health care practitioners.	2021 Lucas G. Hill 2020 Alex N. Isaacs 2019 Kashelle Lockman 2009 Jeffrey P. Bratberg
ACCP: New Investigator Award	Presented to an ACCP member (fewer than 6 years since completion of terminal training or degree) whose research program has produced a significant publication record with a programmatic theme or an especially noteworthy single publication.	2021 Kirk E. Evoy
American Pain Society (APS): Distinguished Service Award	The award recognizes outstanding and dedicated service to APS.	2018 Chris Herndon
American Pharmacists Association (APhA): Academy of Pharmacy Practice and Management (APPM) Distinguished Achievement Award	This award recognizes individuals who have made a significant or sustained contribution to pharmacy practice and have advanced the missions of APhA and APhA-APPM.	2007 Nancy Alvarez 2004 Mary Lynn McPherson
APhA: Distinguished Federal Pharmacist Award	The Distinguished Federal Pharmacist Award is the Association's premier award to recognize pharmacists who have distinguished themselves and the profession by outstanding contributions in federal pharmacy practice that have resulted in a significant improvement of the health of the nation and/or the population they serve.	2021 Cynthia Gunderson 2019 Aimee Young
APhA: Fellow	The APhA Fellow Award was established to honor APhA members for exemplary professional achievements in professional practice and outstanding service to the profession up to that period of time through activities in APhA and other organizations.	2020 Amy Kennedy 2018 Gary E. DeLander 2004 Nancy Alvarez 1997 Mary Lynn McPherson
APhA: Generation Rx Award of Excellence	The Generation Rx Award of Excellence was established in 2011 to recognize a pharmacist who has demonstrated a commitment to the mission of substance abuse education.	2018 Charles J. Broussard 2018 Aimee Young
APhA: Gloria Niemeyer Francke Leadership Mentor Award	This award recognizes an individual who has promoted and encouraged pharmacists to attain leadership positions within pharmacy through example as role model and mentor.	2020 Nancy Alvarez
APhA: Good Government	The award, established in 1990, recognizes an individual pharmacist who actively contributes to	1998 Nancy Alvarez

Pharmacist-of-the-Year Award	the community through involvement in the political process.	
APhA: Linwood F. Tice Friend of APhA– Academy of Student Pharmacists (APhA-ASP) Award	Formerly known as the APhA Friend of ASP Award, this award was established in 1988 to recognize an individual whose long-term service and contributions have benefited APhA-ASP, and thereby, student pharmacists in general.	2021 Nancy Alvarez
APhA: Research Achievement Award in the Pharmaceutical Sciences	This award, administered by the APhA Academy of Pharmaceutical Research and Science, encourages and recognizes outstanding meritorious achievement in any of the pharmaceutical sciences.	2020 Philip S. Portoghesi
American Society of Consultant Pharmacists (ASCP): Fellowship	This recognition honors the Fellow’s excellence in pharmacy leadership, practice, and education as demonstrated by their sustained involvement with and contributions to ASCP and the ASCP Foundation on a state and national level. Also considered is involvement with other professional pharmacy and health-related organizations and professional pharmacy accomplishments.	2017 Robert Wahler 2015 Jeffrey Fudin 2001 Mary Lynn McPherson
American Society of Health-System Pharmacists (ASHP): Best Practices Award	Since 1999, the Best Practices Award program recognizes outstanding practitioners in pharmacy who have successfully implemented innovative systems that demonstrate best practices in pharmacy practice.	2022 The Development and Implementation of a System-Wide Opioid Stewardship Program – Wellstar Health System, Marietta, GA  2021 Development and Implementation of Emergency Department Pharmacist-Driven Opioid Use Disorder Treatment Initiatives – Boston Medical Center, Boston, MA  2020 Establishing an Opioid Prescription Stewardship Program Utilizing Education and Machine Learning – Lifespan/Rhode Island Hospital, Providence, RI  2019 Implementation of an Opioid Stewardship Program at an Academic Medical Center – University of Kentucky, Lexington, KY  2018 Medication Use Improvement Through a Team-

		<p>Based Approach to Opioid Stewardship – Kaiser Permanente Northwest, Portland, OR</p> <p>2018 Pharmacists Led Emergency Department Opioid Task Force: 50% Reduction in Overall Use – University of Rochester Medical Centers, Rochester, NY</p> <p>2017 Impact of a Non-profit National Academic Detailing Service on the Opioid Safety Initiative and the Opioid Overdose Education and Naloxone Distribution Program – Veterans Health Administration Pharmacy, Washington, DC</p> <p>2016 A Comprehensive Control Substance Diversion Program: Collaboration, Prevention, and Organizational Pharmacy Leadership – Massachusetts General Hospital, Boston, MA</p> <p>2015 Impact of Pharmacist Management of Pain, Agitation, and Delirium Through Multidisciplinary ABCDE Bundle Rounds – Florida Hospital Orlando, Orlando, FL</p> <p>2014 Implementation of a Pharmacist Directed Pain Management Service in the Inpatient Setting – Kaweah Delta Healthcare District, Visalia, CA</p>
ASHP Fellow	Individuals who have achieved ASHP Fellow status have successfully demonstrated sustained commitment or contributions to excellence in pharmacy practice for 10 years or more, contributed to the total body of knowledge in the field, demonstrated active involvement and leadership in ASHP, and have actively been involved in and committed to educating practitioners and others.	<p>2022 Suzanne Nesbit</p> <p>2021 Lee Kral</p> <p>2016 Michele Matthews</p> <p>2015 Jeff Fudin</p> <p>2011 Chris Herndon</p> <p>2003 Mary Lynn McPherson</p> <p>1997 Ernie Dole</p> <p>1996 Arthur Lipman</p>

American Society of Pain Educators: Academic Pain Educator of the Year Award	The academic award recognizes an exceptional educator in an academic environment.	2012 Chris Herndon
Cambia Health Foundation: Sojourns Scholar Leadership Program	The program seeks to include physicians, nurses, social workers, physician assistants, chaplains, psychologists, pharmacists, and other emerging health-system leaders by investing in their professional development. Sojourns Scholars receive \$180,000 in funding (\$90,000 per year over a 2-year grant) to carry out an innovative and impactful project in the field of palliative care and execute a leadership development plan designed to support the individual's growth as a national leader in the field.	2019 Kshelle Lockman
Hospice and Palliative Nurses Association (HPNA): Champion Award	The HPNA Champion Award, formerly known as the Presidential Citation Award, is awarded to an individual who has made a significant impact on hospice and palliative care through advocacy, community involvement, or practice. Nominees can come from a field of practice other than nursing.	2013 Mary Lynn McPherson
MAYDAY Fund, The: Fellows Program	The Fund chooses applicants working on research and evidence-based approaches to advance what is known about pain and how to best care for it. The Fellows come from across the United States and Canada with a wide range of expertise, including anesthesiology, nursing, pediatric care, pharmacy, and psychology.	2011-2012 David S. Craig 2010-2011 Anita Gupta 2010-2011 Mary Lynn McPherson 2008-2009 Scott Strassels
PAINWeek: Palliative Care Practitioner of the Year	This award recognizes an exceptional palliative care practitioner.	2015 Tanya Uritsky
Pharmacy Leadership & Education Institute: Albert B. Prescott Pharmacy Leadership Award	The Albert B. Prescott Pharmacy Leadership Award, which has been recognizing outstanding young leaders in the profession of pharmacy since 1987, is given annually to recognize emerging leaders no more than 10 years into their career. The award is named for Albert B. Prescott, an early leader in the field of pharmacy education, whose influence largely transformed the education of student pharmacists from an apprentice-based trade to a science-based profession.	1997 Nancy Alvarez
Pharmacy Podcast Network (PPN): 50	The PPN created this award to honor those in the pharmaceutical community who are rising stars,	2021 Jeffrey Fudin

Most Influential Leaders in Pharmacy Award	innovators, trailblazers, visionaries, and leaders in the field.	
Society of Pain and Palliative Care Pharmacists (SPPCP): Fudin Award for Pain and Palliative Care Mentorship	With a particular focus on education, this award will be given annually to a mentor working to hone the skills of rising clinicians in the field of chronic pain management through palliative care, advanced pain practice, and/or clinical pharmacy.	2022 Jeffrey Fudin
SPPCP: Renee Holder Literature Award	The Renee Holder Literature Award is given annually to an SPPCP member who published a manuscript in the previous year. The applications are scored by their originality, impact and quality, innovation, and dissemination and rigor.	2021 Maureen Sapphire 2020 Kyle Edmonds 2020 Rabia Atayee 2019 Amanda Lovell 2018 Julie Waldfogel
SPPCP: Seed Grant	This grant is intended to facilitate pilot or exploratory research projects that will support investigators in applying for larger grants and/or lead to future studies. The grants are awarded annually to an SPPCP member. Applications are scored by their significance and innovation, specific aims, methods, future steps, research team, and budget.	2020 Kyle Quirk – Improving Naloxone Use for Opioid Reversal in Hospitalized Cancer Patients  2020 Ryan Costantino – Hospice Informal Caregiver Education
SPPCP: Virtual Conference Poster Awards	The top poster awards are given to the best posters at the annual SPPCP Virtual Poster Session as part of the Annual SPPCP Virtual Conference in the following categories: trainee (student or resident) and practitioner. Posters are evaluated based on relevance to the fields of pain/palliative care/hospice, study design, poster design and how the video presentation that accompanies the poster complements the poster.	2022 Top Practitioner Poster: Carolyn Hall “Evaluation of Transdermal (TD) Fentanyl Prescribing at a Large, Academic Medical Center”  2022 Top Trainee Poster: Emily Oliver “A Pharmacist’s Impact on Symptom Management Education at a Community-Based Hospice Service”  2021 Top Practitioner Poster: Keshelle Lockman “Development of Entrustable Professional Activities for Specialist Hospice and Palliative Care Pharmacists”  2021 Top Trainee Poster: Vineeta Rao “Pharmacist-Led Identification of Patients With Primary Palliative Care Needs”

U.S. Department of Health and Human Services: RADM Allen J. Brands Clinical Pharmacist of the Year Award	This award recognizes the achievements of pharmacists who provide nontraditional pharmacy services.	2021 Aimee Young
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## References

<sup>1</sup> American Pharmacists Association. House of Delegates Current Adopted Policy Statements. 2021. Accessed March 22, 2022. Available at: <https://www.pharmacist.com/hod>

<sup>2</sup> American Society of Consultant Pharmacists. Policy statement: appropriate management of opioid analgesics in long-term and post-acute care facilities. June 23, 2020. Accessed April 13, 2022. Available at: [https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/Opioids\\_in\\_LTC\\_Policy\\_Statement\\_for\\_Board\\_Appr.pdf](https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/Opioids_in_LTC_Policy_Statement_for_Board_Appr.pdf)

<sup>3</sup> American Society of Consultant Pharmacists. Policy statement: the role of the consultant pharmacist in preventing and detecting diversion of controlled substances in nursing facilities. December 13, 2017. Accessed April 13, 2022. Available at: [https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/final\\_Dec13\\_\\_Drug\\_Diversion\\_policy\[2\].pdf](https://cdn.ymaws.com/www.ascp.com/resource/collection/28D69F2D-18D9-4EF8-A086-675AB7E4ECD8/final_Dec13__Drug_Diversion_policy[2].pdf)

# **Appendix A-1**

## **Domains of Practice for BPS Specialties**



## Appendix A-1. Domains of Practice for BPS Specialties

<b>Pain Management Pharmacy</b>	<p><i>Domain 1: Foundations of Pain</i></p> <p>Tasks include knowledge of etiology and pathophysiology of acute and chronic (cancer, noncancer) pain management (e.g., identifying the pain pathway: transmission, transduction, perception, modulation); evaluation of diagnostic imaging, laboratory values, and physical exam; physiological changes in special populations (e.g., pediatrics, geriatrics, pregnancy, lactation); pain assessment tools (e.g., Numeric Rating Scale, Brief Pain Inventory; Pain, Enjoyment of Life, and General Activity scale); objective and/or physiological changes related to pain (e.g., heart rate, BP, pain behaviors); social and cultural norms that could impact therapeutic outcomes (e.g., ethnic groups, direct to consumer advertising, pain misconceptions, pain bias, pain preconceived notions); patient's relevant history (e.g., childhood trauma, comorbid psychiatric conditions); and palliative/supportive care (e.g., patient/caregiver alignment).</p>	<p><i>Domain 2: Patient Care and Therapeutics</i></p> <p>Tasks include knowledge of non-pharmacological analgesic therapeutics (e.g., physical, behavioral, integrative, and complementary approaches); interventional pain management techniques and application (e.g., intrathecal drug therapy, epidurals, neurolysis); measures to evaluate and monitor response to analgesic therapy (e.g., Visual Analog Scale/Numerical Rating Scale, functional status Eastern Cooperative Oncology Group/Palliative Performance Scale); measures to evaluate and monitor safety of analgesic therapy (e.g., ECG, pertinent labs, respiratory monitoring, sleep studies, sedation screening tools, UDS/UDT); outcomes due to adverse drug-related reactions (e.g., Acute Kidney Injury due to non-steroidal anti-inflammatory drug, hepatotoxicity, vitamin deficiencies, bone density); equianalgesic opioid dosing; applicability and generalizability of research findings; pharmacogenetic variables (e.g., Cytochrome P450 with individual enzymes 2D6, 2C19, 3A4, 3A5, Opioid Receptor Mu 1, Catechol-O-Methyltransferase); diagnostic tools and tests; pharmacotherapy related to</p>	<p><i>Domain 3: Opioid Stewardship</i></p> <p>Tasks include knowledge of federal and state laws related to opioids; national accrediting agencies (e.g., The Joint Commission, Institute for Safe Medication Practices, Commission on Accreditation of Rehabilitation Facilities); clinical practice guidelines (e.g., CDC, ASHP); high risk populations and opioid risk assessment tools (e.g., ORT, SOAP and DIRE, RIOSORD); opioid risk mitigation strategies (e.g., PDMP, urine tox screenings, naloxone, opioid agreements, informed consent for opioid therapy); methods to evaluate, develop and advance institutional practice (e.g., MUE, process mapping, PDSA opioid prescribing trends); opioid stewardship principles and strategies (e.g., metrics for opioid use); opioid stewardship principles as applied to different types of pain; roles of key stakeholders (e.g., interprofessional roles, lab, nursing, providers, analytics, clinical decision support, pharmacy informatics); issues related to opioid use disorder (e.g., community resources, acute overdose, access to treatment programs, stigma of OUD, peer recovery); protocols for</p>	<p><i>Domain 4: Pain Education</i></p> <p>Tasks include knowledge of resources for pain management information; methods, materials, and principles for educating providers, patients, caregivers on basic principles in pain management (e.g., opioid pharmacotherapy, risk management strategies, harm reduction strategies current trends and guidelines on pain management, wellness, and self-care); methods and principles for educating target audiences (e.g., caregivers, patients, healthcare professionals, trainees); methods and principles for assessing patient comprehension and engagement (e.g., teach-back, situational-based assessment); strategies to overcome barriers to education; pain in specialized populations (i.e., palliative care, end-of-life, pediatrics); principles of conflict resolution, negotiation skills, and motivational interviewing; organizations that advocate and provide resources for patients with pain and recovery from opioid dependence (e.g., AAPM, IASP, narcotics anonymous,</p>	
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		<p>specific pain etiologies; pharmacokinetics and pharmacodynamics of analgesic and non-analgesic drug therapies; pharmacology of analgesics; factors that increase risk of adverse outcomes related to analgesics (e.g., comorbidities, concomitant psychoactive agents, psychosocial history); behaviors known to increase risk of negative outcomes; patients or populations with known risk factors for opioid abuse/misuse; when drug therapy is inappropriate and when de-escalation is warranted; analgesic allergy and cross-reactivity; considerations of pain management in special populations (sickle cell, pediatrics, geriatrics, substance abuse); considerations of drug delivery (e.g., topical, transdermal, intravenous, intrathecal); facilitation across transitions of care; opioid antagonists; appropriate management of drug withdrawal; therapeutic dose adjustments (e.g., tapering, titrations, Patient Controlled Analgesia management); and adherence to therapy (e.g., PDMP review, UDS/UDT).</p>	<p>patients experiencing overdose; drug diversion, storage handling, and disposal; guideline and policy development driven by regulatory and ethical, and best practice considerations; and roles of health system committees impacts on patient care and local practice changes.</p>	<p>support groups); and disparities in pain management related to social determinants of health (e.g., telehealth, prescribing patterns, underutilization, harm reduction).</p>	
<b>Ambulatory Care Pharmacy<sup>1</sup></b>	<p><i>Domain 1: Patient-Centered Ambulatory Care</i></p> <p>Tasks include collecting accurate and pertinent patient information; assessing patient-specific information; creating and implementing an</p>	<p><i>Domain 2: Translation of Evidence into Ambulatory Care Practice</i></p> <p>Tasks include interpreting and integrating literature into patient care; employing principles and strategies of</p>	<p><i>Domain 3: Ambulatory Care Practice Advancement</i></p> <p>Tasks include collaborating with other healthcare professionals to advance team-based care; enlisting strategies to effectively</p>		

	individualized patient-centered care plan; following-up to monitor and evaluate response to an individualized patient-centered care plan; educating patients and caregiver(s) regarding the care plan; communicating the patient-centered care plan with other healthcare professionals across the continuum of care.	project and research design; applying data from internal or external sources to improve population health.	educate pharmacy personnel, other healthcare professionals, learners, and other stakeholders; establishing, managing, and/or advancing an ambulatory care practice or service.		
<b>Cardiology Pharmacy<sup>2</sup></b>	<p><i>Domain 1: Patient Care and Therapeutics</i></p> <p>Tasks include collecting, analyzing, and integrating patient-specific information necessary to design a pharmacotherapeutic plan for a patient with or at risk for cardiovascular disease; designing, modifying, recommending, and implementing a patient-specific pharmacotherapeutic plan for an individual with or at risk for cardiovascular disease based on previously collected, analyzed, and integrated patient-specific information as well as clinical evidence; educating patients and caregiver(s) on and assessing their comprehension of the patient-specific cardiovascular pharmacotherapeutic plan; and facilitating transitions of care between inpatient and outpatient settings for the patient with or at risk for cardiovascular disease.</p>	<p><i>Domain 2: Translation of Evidence into Practice</i></p> <p>Tasks include applying knowledge of the appropriate design and conduct of clinical trials involving patients with or at risk for cardiovascular disease; evaluating and critiquing cardiovascular literature including study design and methodology, statistical analysis, significance of reported data, and conclusions and applicability of results to patients with or at risk for cardiovascular disease; identifying and evaluating landmark clinical trials and applying the results to patients with or at risk for cardiovascular disease; and interpreting and applying pertinent cardiovascular guideline recommendations to patients with or at risk for cardiovascular disease.</p>	<p><i>Domain 3: Practice Management and Population Health</i></p> <p>Tasks include developing, implementing, reviewing, and modifying policies, procedures, clinical pathways, protocols, and formulary decisions used in the care of patients with or at risk for cardiovascular disease; participating in the establishment and utilization of data management systems (i.e., electronic health records, data warehouses, etc.) to ensure the safe and effective use of cardiovascular medications in groups or populations of patients; promoting and ensuring the appropriate use of cardiovascular medications; applying pharmacoeconomic principles to optimize clinical and humanistic outcomes for patients with or at risk for cardiovascular disease; and educating and guiding the public regarding health services, avoidance and management of risk factors, and/or</p>		

			lifestyle modifications for the prevention of cardiovascular disease.		
<b>Critical Care Pharmacy<sup>3</sup></b>	<p><i>Domain 1: Clinical Knowledge and Application</i></p> <p>Tasks include collecting information about a patient's present illness, allergies, and past medical, surgical, social, and family histories by using interviews and medical records to ensure safe and effective use of medications; performing a comprehensive reconciliation of a patient's current and past medications by using data collected from interviews and medical records to determine the pharmacotherapy plan; integrating relevant data from physical examinations, vital signs, laboratory studies, imaging studies, procedures, advanced critical care monitoring, and other pertinent information by using clinical reasoning to comprehensively assess a patient's physiological condition and severity of illness; developing therapeutic regimens by using patient-specific data and evidence-based medicine to implement a prioritized pharmacotherapy plan that ensures optimal resource utilization and patient outcomes; collaborating as a member of an interprofessional team by using effective strategies to establish patient- and family-centered goals of care; facilitating the administration of medications to patients by assessing availability, route,</p>	<p><i>Domain 2: Practice Management, Policy, and Quality Improvement</i></p> <p>Tasks include implementing operational and clinical pharmacy services consistent with best practices to promote appropriate and efficient medication use; promoting the role and optimal use of critical care pharmacists to key stakeholders by documenting performance metrics, quality improvement, safety, and clinical interventions to demonstrate cost effectiveness and to maintain and expand services; performing quality improvement activities by reviewing current practices and conducting a needs analysis to enhance the safety and effectiveness of medication use processes; evaluating compliance with institutional policies, accreditation standards, and regulatory requirements by auditing current practices to ensure integrity and quality of care; collaborating with interprofessional groups by serving on committees and contributing to local, regional, and national initiatives to improve quality of care; developing formulary management strategies through the Pharmacy and Therapeutics Committee and other appropriate channels to improve cost</p>	<p><i>Domain 3: Evidence-Based Medicine, Scholarship, Education, and Professional Development</i></p> <p>Tasks include employing drug information skills by retrieving biomedical literature and evaluating design methodology, statistical analysis, and results to practice evidence-based medicine; contributing to the critical care body of knowledge by participating in research, delivering presentations, publishing, participating in the peer review process, or engaging in other scholarly activities to advance practice; providing interprofessional education through formal and informal methods of dissemination to improve awareness, understanding, and patient outcomes; educating patients and caregivers on medication therapy by using effective communication strategies to enhance understanding; providing education for practicing pharmacists, post-graduate trainees, and students through didactic and experiential methods to promote best practice; mentoring pharmacists, post-graduate trainees, and students by using formal and informal methods to promote professional growth; and engaging in</p>		

	<p>compatibility, stability, and medication delivery technology to ensure timeliness, safety, and effectiveness; monitoring a patient's response to therapeutic regimens by using appropriate data in order to evaluate progress toward the goals of care, modify the plan of care as needed, and minimize adverse outcomes; and communicating pertinent information by using effective oral and written strategies to ensure continuous and quality care.</p>	<p>effectiveness, resource utilization, and risk mitigation; and optimizing health information technology by using clinical informatics to improve pharmacotherapeutic decision support and minimizing patient harm.</p>	<p>continuous professional development through activities such as self-assessment and service to professional organizations to maintain and enhance proficiency.</p>		
<b>Emergency Medicine</b>	<p><i>Domain 1: Patient Care/Management</i></p> <p>Tasks include participating in bedside management of medical emergencies (e.g., trauma, stroke, psychiatric, toxicological) and resuscitations to optimize the medication use process; identifying and prioritizing (triage) ED patients by analyzing the relevant acuity indices and opportunities for optimization of pharmacotherapy; collecting essential patient information (including patient history, medication use) by utilizing available resources (e.g., pre-hospital providers); identifying and evaluating medication-related problems based on clinical presentation, available history, or laboratory data; contributing to the formulation of a differential diagnosis in the setting of limited information; designing pharmaceutical care plan</p>	<p><i>Domain 2: Practice Management</i></p> <p>Tasks include anticipating, monitoring, detecting, reporting, and reviewing adverse drug events and medication errors; recognizing trends, system failures, and gaps in the medication use process, and perform quality assurance activities (e.g., MUE) that promote safe and effective medication use; ensuring a process to maintain and optimize inventory and availability of medications essential to provide timely care in the ED; ensuring an appropriate process exists for medication order review in the ED; assisting the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the medication use process; contributing to contingency planning that</p>	<p><i>Domain 3: Education and Research</i></p> <p>Tasks include providing emergency medicine-focused education, training, or mentoring for healthcare professionals and trainees; educating patients and caregivers using appropriate techniques tailored to the audience, with a focus on high-risk medications or where the visit resulted from an adverse drug event; participating in continuous professional development related to emergency pharmacy practice (e.g., professional organizations, continuing education, clinical pharmacy networks); retrieving and critically evaluating biomedical literature and other sources regarding study design methodology, statistical analysis, and applicability of study results to emergency medicine; and contributing to the body of</p>		

	utilizing available patient-specific information and best available evidence to provide patient and family-centered care; recommending and supporting implementation of the pharmaceutical care plan in the ED; expediting the preparation/procurement and administration of time-sensitive therapeutic regimens; making evidence-based recommendations for alternative routes of administration; monitoring and evaluating patient response to initial therapy and re-design treatment plan as necessary; serving as the primary source of drug information for all practitioners and patients within the ED; ensuring continuity of care during healthcare transition and across levels of care; and identifying and seeking appropriate outside resources available to assist in the management of the ED patient.	addresses limited availability of critical drugs that affect patients in the ED (e.g., drug shortages, emergency preparedness); participating in emergency/disaster preparedness planning or response activities; developing, maintaining, monitoring, and supporting evidence-based medication use guidelines and pathways to assure safe and cost-effective medication use; identifying and implementing opportunities for practice advancement and growth within the ED (e.g., collaborative practice agreements, public health initiatives, expanded coverage); advocating for and justifying emergency medicine pharmacy services; and serving as a liaison on committees to represent the interests of pharmacy and ED patients.	knowledge in the field of emergency medicine.		
<b>Geriatric Pharmacy<sup>4</sup></b>	<p><i>Domain 1: General Principles of Aging</i></p> <p>Tasks include applying the knowledge of physiologic changes associated with aging to the clinical use of medications (e.g., pharmacokinetics, pharmacodynamics); evaluating the interrelationship between social issues and aging on health care decisions; assessing financial/reimbursement issues when making</p>	<p><i>Domain 2: Person-Centered Care</i></p> <p>Tasks include interpreting basic cognitive, mental, functional, physical, and safety assessments for common diseases and conditions; assessing a medication regimen and medical history for medication-related problems (e.g., potentially inappropriate medication, underuse, duplication, affordability); interpreting clinical findings (e.g., physical</p>	<p><i>Domain 3: Population and Public Health</i></p> <p>Tasks include participating in interprofessional decision making regarding levels of care for individual patients; maintaining the continuity of treatment and communication across the spectrum of services and during transitions between care settings; facilitating medication reconciliation to improve transitions across the continuum of care and reduce readmissions;</p>		

	<p>therapeutic recommendations; discussing the philosophy and practice of hospice and palliative care; integrating ethnic, racial, and cultural factors into health care decisions; identifying the impact of culture on care decisions and quality of life; identifying the impact of ageism on care decisions and quality of life; describing the interrelationship between an older adult and their formal and informal caregivers; communicating medication information to older patients, their caregivers, and the interprofessional team; and educating older adults and caregivers according to their communication barriers.</p>	<p>assessment, review of systems, labs, imaging); incorporating functional status into therapeutic decision-making; prioritizing care based upon severity of illness, patient preference, quality of life, and time to benefit; identifying patients who need referrals to other health and non-health professionals; assessing the older adult for iatrogenic conditions (e.g., immobility, delirium, medication side effects, malnutrition, pressure injuries, procedures, hospital-acquired infections); evaluating self-care capacity (e.g., medication self-administration, drug delivery devices, adherence aids); identifying individuals who display signs or symptoms of common diseases and conditions in older adults; defining therapeutic goals incorporating person-specific principles (e.g., age, functionality, patient preference, culture); determining therapeutic options and the risk/benefit to the patient (e.g., no treatment, non-pharmacologic interventions, pharmacologic interventions); recommending a person-specific treatment plan (e.g., medication therapy management); resolving and/or preventing medication-related problems in the older adult; incorporating life expectancy and end-of-life issues in the decision-making of appropriate use of</p>	<p>recommending resources to support older adults and caregivers; recommending evidence-based approaches for screening, immunizations, health promotion, and disease prevention for older adults; recommending interventions and behaviors that promote overall well-being of the person and caregiver (e.g., physical and mental health, nutrition, function, safety, social interactions, independence, quality of life); assessing specific risks to older adult safety; evaluating primary literature; evaluating the relevance of clinical practice guidelines, standards of care, and quality measures to geriatric care; applying the findings of research to the care of older adults; evaluating medication utilization at the system level to ensure safe, effective, and affordable drug therapy; disseminating results of research to target audience; assessing the level of an individual's health literacy; identifying educational needs for target audiences; developing educational programs/materials for target audiences; implementing educational programs for target audiences; evaluating the outcomes of an educational intervention; identifying reputable sources of information for the care of older adults; assessing formulary management</p>		
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<b>Infectious Disease Pharmacy<sup>5</sup></b>	<p><i>Domain 1: Patient Care and Therapeutics</i></p> <p>Tasks include designing an appropriate empiric infectious diseases pharmacotherapeutic and/or monitoring plan based on patient-specific data, laboratory data, antimicrobial pharmacology, and best available evidence; modifying an infectious diseases pharmacotherapeutic and/or monitoring plan based on</p>	<p><i>Domain 2: Education, Public Health, and Translation of Evidence to Practice</i></p> <p>Tasks include educating healthcare professionals and trainees regarding infectious diseases; providing public health information on infectious diseases, risk/benefits of antimicrobial therapy, and infection prevention; and critically evaluating infectious diseases</p>	<p><i>Domain 3: Antimicrobial Stewardship and Practice Management</i></p> <p>Tasks include monitoring and evaluating institutional antimicrobial usage; participating in the development of antibiogram(s) (e.g., institution-specific, unit-specific) and monitor and evaluate susceptibility trends; developing,</p>		



	<p>patient-specific data, laboratory data, antimicrobial pharmacology, and best available evidence; optimizing an infectious diseases pharmacotherapeutic and/or monitoring plan for patients during transitions of care, such as outpatient parenteral antimicrobial therapy, institutional discharge, and transfer to other facilities; identifying and recommending appropriate tests/procedures which need to be performed in order to design an infectious diseases pharmacotherapeutic plan; developing a preventative, prophylactic, or post-exposure therapy plan for appropriate patients; and educating and providing counseling to patients/caregivers regarding the safe and effective use of antimicrobials and preventative therapies, monitoring for therapeutic and adverse outcomes, and the importance of adherence to the infectious diseases pharmacotherapeutic plan.</p>	<p>literature in both the basic and clinical sciences with regard to study design, statistical analysis, study results, and applicability to patient care and policy development.</p>	<p>modifying, and/or recommending optimal institutional policies, procedures, and interventions to promote appropriate use of antimicrobials and vaccines by incorporating guidelines, surveillance data, and best available evidence (e.g., formulary restrictions, criteria for use, prospective audit and feedback, rapid diagnostics); collaborating and participating in the development and compliance with infection prevention policies, including tracking of infection rates and monitoring of outbreaks.</p>		
<b>Oncology Pharmacy<sup>6</sup></b>	<p><i>Domain 1: Pathophysiology and Molecular Biology of Cancer.</i></p> <p>Tasks include applying knowledge of oncology literature to identify the information needed about pertinent pathophysiology and molecular biology in order to optimize patient care; using genomic (i.e., germline and somatic) and molecular (i.e., prognostic and predictive) test results in order to optimize therapeutic decision making</p>	<p><i>Domain 2: Therapeutics, Patient Management, and Education</i></p> <p>Tasks include establishing therapeutic goals related to pharmacotherapeutic plans in order to determine appropriate treatment; designing or modifying evidence-based individualized pharmacotherapeutic plans based on the assessment of pertinent patient information by integrating</p>	<p><i>Domain 3: Clinical Trials and Research</i></p> <p>Tasks include evaluating the literature with regard to study design, methodology, and statistical analysis in order to determine the applicability of results to the oncology population; applying knowledge of the drug development process as it relates to oncology clinical trials; performing scholarly activities in order to promote patient-centered</p>	<p><i>Domain 4: Practice Management</i></p> <p>Tasks include establishing institutional drug-use guidelines, policies, procedures, and formularies that are consistent with evidence, regulation, and/or current practice guidelines and standards in collaboration with other stakeholders; maintaining systems and technology to ensure the safety and effectiveness</p>	<p><i>Domain 5: Public Health</i></p> <p>Tasks include applying knowledge about cancer prevention, screening, and early detection strategies; and informing the public about reliable sources of information and cancer-support organizations.</p>

	for individual patients; assessing situations that require companion diagnostics in order to enhance the value and effectiveness of therapy; and identifying potential mechanisms of tumor resistance in order to design or modify pharmacotherapeutic regimens.	pathophysiological, pharmacologic, pharmacogenomic, -kinetic, -dynamic, and -economic considerations; using prevention and monitoring strategies to address complications and toxicities in order to optimize treatment outcomes; establishing survivorship care plans and associated management strategies; educating patients and caregivers regarding pharmacotherapeutic plans; and providing training and education to trainees and healthcare providers regarding oncologic treatment and supportive care.	care; and applying knowledge of regulations as they pertain to the conduct of research and clinical trials.	of the oncology medication use process; applying knowledge of the procurement and reimbursement of oncology medications and services in order to optimize health care cost effectiveness; and optimizing processes in order to ensure the availability of oncology medications for patients.	
<b>Pediatric Pharmacy<sup>7</sup></b>	<p><i>Domain 1: Patient Management</i></p> <p>Tasks include collecting patient-specific information on which to base safe and effective medication therapy; analyzing and interpreting collected patient information; identifying and prioritizing current or potential patient-specific medical, medication, and nutrition related problems. Establishing therapeutic goals with healthcare team and patient/caregivers; designing, recommending, implementing, and documenting age and developmentally appropriate cost-effective therapeutic regimen with healthcare team and patient/caregivers;</p>	<p><i>Domain 2: Practice Management and Medication Safety</i></p> <p>Tasks include developing and implementing systems to ensure appropriate drug delivery throughout the medication use process; collaborating in the selection, implementation, and maintenance of equipment/technology and decision support involved in the medication use process; developing and maintaining a preferred formulary and ensure appropriate pediatric dosing is incorporated in all formulary monographs; adopting, adapting or developing evidence-based practice guidelines and</p>	<p><i>Domain 3: Information Management, Research, and Education</i></p> <p>Tasks include educating healthcare professionals, trainees, and students concerning safe and effective use of medications and other issues related to the care of the pediatric patient; providing medication counseling to patients/caregivers regarding the safe and effective use of medications, adverse effects, and the importance of adherence to the treatment regimen; contributing to the pediatric body of knowledge (e.g., conduct or participate in research, deliver</p>	<p><i>Domain 4: Public Health and Patient Advocacy</i></p> <p>Tasks include advocating for public health initiatives to promote health, safety, and wellness; advocating for the availability of age-appropriate formulations, safety and efficacy studies, and product labeling; educating the public regarding the importance of health, safety, and wellness (e.g., poison prevention, vaccination, safe and effective medication use, antimicrobial stewardship, substance abuse/misuse); advocating for pediatric</p>	

	designing and implementing a plan to monitor the safety and efficacy of a therapeutic regimen, and adjust as necessary; participating in the management of pediatric emergencies (e.g., NRP, PALS); reconciling medications as necessary across the continuum of care including on admission, transfer, discharge, and during outpatient encounters; identifying and managing barriers to successful transitions of care (e.g., social barriers, prior authorization, payment considerations); and identifying patients with needs beyond the scope of the pediatric pharmacy specialist and refer as appropriate (e.g., emergency department, urgent care, specialists).	protocols for the management of pediatric patients in accordance with health system policies and procedures; anticipating, preventing, reviewing, and reporting medication use events (e.g., trigger review, root cause analysis, failure mode and effects analysis, MedWatch, Vaccine Adverse Event Reporting System [VAERS]) in order to assess need for system changes; performing continuous quality improvement activities aimed at enhancing safety and cost-effectiveness of medication use; and documenting the clinical and financial impact of pediatric pharmacy services.	presentations, participate as a peer reviewer, publish); retrieving and interpreting biomedical literature with regard to study methodology, statistical analysis, study results, and applicability to pediatric pharmacy practice; and developing and maintaining a pediatric-specific medical reference library.	pharmacy practice and advanced training through professional organizations; and facilitating access to care and treatment in times of crisis (e.g., financial need, disaster, drug shortage, public health threat).	
<b>Pharmacotherapy<sup>8</sup></b>	<p><i>Domain 1: Patient-Centered Pharmacotherapy</i></p> <p>Tasks include developing patient-centered, evidence-based pharmacotherapy plans; monitoring the patient to ensure safe and effective pharmacotherapy; modifying pharmacotherapy plans through ongoing patient assessment; communicating pharmacotherapy plans to patients, caregivers, and interprofessional team members; and educating patients and caregivers on the safe and appropriate use of pharmacotherapy.</p>	<p><i>Domain 2: Application of Evidence to Practice and Education</i></p> <p>Tasks include retrieving relevant information that addresses pharmacotherapy-related inquiries; evaluating pharmacotherapy-related literature and health information; and disseminating pharmacotherapy-related information to educate healthcare professionals, patients, and caregivers.</p>	<p><i>Domain 3: Healthcare Systems and Population Health</i></p> <p>Tasks include implementing safe and effective medication use systems to improve healthcare system and population-based outcomes; utilizing technology to promote safe and effective medication use; incorporating public health initiatives to improve public health; and supporting implementation of pharmacotherapy-related quality improvement projects to foster the safe, effective, and economical use of medications.</p>		

<p><b>Psychiatric Pharmacy<sup>9</sup></b></p>	<p><i>Domain 1: Person-Centered Care</i></p> <p>Tasks include establishing a therapeutic alliance using motivational interviewing in order to achieve optimal outcomes; performing assessments by collecting pertinent information, engaging patients and key stakeholders, and using established tools in order to develop treatment and monitoring plans; individualizing treatment and monitoring plans by considering the characteristics and needs of the person in order to optimize outcomes; ensuring access to appropriate medications and care by identifying barriers in order to encourage patients' participation in treatment; and managing transitions of care within and across settings in order to improve patient outcomes.</p>	<p><i>Domain 2: Translation of Evidence into Practice and Education</i></p> <p>Tasks include selecting the most appropriate evidence for addressing clinical questions by evaluating drug information resources in order to ensure the delivery of optimal care; evaluating primary literature by analyzing study design, statistical analysis, and results in order to improve practice and provide evidenced-based recommendations and education; disseminating knowledge to healthcare professionals and trainees using techniques tailored to the audience in order to optimize person-centered care; delivering appropriate education to patients, families, caregivers, and the public using techniques tailored to the audience in order to optimize person-centered care; and contributing to the psychiatric pharmacy knowledge base by conducting quality improvement projects in order to foster the safe, effective, and economical use of medications.</p>	<p><i>Domain 3: Healthcare Policy, Advocacy, and Practice Management</i></p> <p>Tasks include using data to develop, implement, and assess systems and policies in collaboration with the healthcare team in order to optimize outcomes; developing processes for identifying and adhering to pertinent guidelines, standards of practice, and regulatory and accreditation requirements in order to ensure quality in the delivery of psychiatric pharmacy services; using population-level data to develop, implement, and assess practices or strategies for addressing health promotion in order to improve public health; advocating for persons and populations with mental illness through engagement and leadership in the community in order to improve health, safety, and access to medications and services; assessing patterns of psychotropic medication use (e.g., prescribing trends) by analyzing population-level data in order to improve the quality and safety of care; implementing processes for cost-effective care, focusing on continuous quality improvement, patient safety, and outcome measures, in order to advance psychiatric pharmacy services; and identifying the principles of implementing a collaborative practice in</p>		
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			accordance with legal and regulatory requirements in order to address care gaps and inform stakeholders.		
<b>Solid Organ Transplantation Pharmacy<sup>10</sup></b>	<p><i>Domain 1: Clinical Skills and Therapeutic Management</i></p> <p>Tasks include evaluating patients for living donation or transplantation using appropriate assessment methods and resources in order to identify pharmacologic risks, contraindications, and other considerations; interpreting pertinent health-related information in accordance with evidence, standards, and guidelines throughout all phases of transplant-related care in order to determine if and when modifications to therapy are warranted; individualizing treatment plans in accordance with evidence, standards, and guidelines; facilitating continuity of care by communicating pertinent patient information during transitions of care in order to avoid medication-related errors and complications; advocating for access to medications using prescription drug plans and other resources; and implementing a plan to overcome patient-specific barriers to care using continuous assessment.</p>	<p><i>Domain 2: Administration and Practice Development</i></p> <p>Tasks include establishing sustained, collaborative, professional relationships with members of the interdisciplinary transplant team and consultant services in order to promote patient care across the continuum; establishing institutional guidelines, policies, procedures, and formularies that are consistent with evidence, regulation, and/or current practice guidelines and standards in collaboration with other stakeholders in order to facilitate patient care; participating in quality improvement activities in order to enhance the safety and effectiveness of medication-use processes in solid organ transplantation; monitoring compliance with guidelines, policies, procedures, and formularies in partnership with institutional leadership in order to identify shortcomings and implement performance improvement initiatives; and implementing processes for cost effective care focusing on continuous quality improvement, patient safety, and outcomes in order to justify modifications in transplantation pharmacy services.</p>	<p><i>Domain 3: Information Management and Education</i></p> <p>Tasks include evaluating biomedical literature with regard to study design, statistical analysis, and applicability of results to the solid organ transplantation population; influencing the body of transplant knowledge for the purpose of improving patient outcomes and medication use, either at the institutional level or nationally; educating solid organ transplant candidates, recipients, donors, and caregivers on issues related to medications and medication adherence; disseminating information regarding public health initiatives in order to promote health, safety, and wellness in transplant patients; educating healthcare professionals, trainees, and other stakeholders concerning medication-related issues associated with the care of transplant patients.</p>	<p><i>Domain 4: Public Health</i></p> <p>Tasks include using population-level data to develop, implement, and assess practices or strategies for addressing health promotion and disease prevention; and providing information and guidance to the public regarding organ donation and allocation.</p>	

<sup>1</sup> Board of Pharmacy Specialties. Ambulatory Care Pharmacy Content Outline. September 2019. Available at: [https://www.bpsweb.org/wp-content/uploads/AmCare\\_Content\\_Outline\\_Fall2020.pdf](https://www.bpsweb.org/wp-content/uploads/AmCare_Content_Outline_Fall2020.pdf). Accessed February 8, 2022.

<sup>2</sup> Board of Pharmacy Specialties. Cardiology Pharmacy Content Outline. May 2021. Available at: [https://www.bpsweb.org/wp-content/uploads/Cardiology\\_Content\\_Outline-Spring-2022.pdf](https://www.bpsweb.org/wp-content/uploads/Cardiology_Content_Outline-Spring-2022.pdf). Accessed February 8, 2022.

<sup>3</sup> Board of Pharmacy Specialties. Critical Care Pharmacy Specialist Certification Content Outline/Classification System. September 2017. Available at: [https://www.bpsweb.org/wp-content/uploads/CritCare\\_ContentOutlineForPublication20170913.pdf](https://www.bpsweb.org/wp-content/uploads/CritCare_ContentOutlineForPublication20170913.pdf). Accessed February 8, 2022.

<sup>4</sup>Board of Pharmacy Specialties. Board Certified Geriatric Pharmacist (BCGP) Detailed Content Outline. January 2018. Available at: <https://www.bpsweb.org/wp-content/uploads/BCGPPublicDCO2018.pdf>. Accessed February 8, 2022.

<sup>5</sup> Board of Pharmacy Specialties. Infectious Diseases Pharmacy Content Outline. September 2020. Available at: [https://www.bpsweb.org/wp-content/uploads/ID\\_Pharmacy\\_Content\\_Outline\\_Fall2021.pdf](https://www.bpsweb.org/wp-content/uploads/ID_Pharmacy_Content_Outline_Fall2021.pdf). Accessed February 8, 2022.

<sup>6</sup> Board of Pharmacy Specialties. Oncology Pharmacy Specialist Certification Content Outline/Classification System. September 2016. Available at: <https://www.bpsweb.org/wp-content/uploads/OncContentOutline2017.pdf>. Accessed February 8, 2022.

<sup>7</sup> Board of Pharmacy Specialties. Pediatric Pharmacy Specialist Certification Content Outline/Classification System. September 2017. Available at: [https://www.bpsweb.org/wp-content/uploads/Pediatric\\_ContentOutlineForPublication20171017.pdf](https://www.bpsweb.org/wp-content/uploads/Pediatric_ContentOutlineForPublication20171017.pdf). Accessed February 8, 2022.

<sup>8</sup> Board of Pharmacy Specialties. Pharmacotherapy Specialist . Content Outline. July 2019. Available at: [https://www.bpsweb.org/wp-content/uploads/Pharmacotherapy\\_Content\\_Outline\\_Fall2020.pdf](https://www.bpsweb.org/wp-content/uploads/Pharmacotherapy_Content_Outline_Fall2020.pdf). Accessed February 8, 2022.

<sup>9</sup> Board of Pharmacy Specialties. Psychiatric Pharmacy Specialist Certification Content Outline/Classification System. February 2017. Available at: <https://www.bpsweb.org/wp-content/uploads/PSYContentOutline2017.pdf>. Accessed February 8, 2022.

<sup>10</sup> Board of Pharmacy Specialties. Solid Organ Transplantation Pharmacy Content Outline. March 2019. Available at: [https://www.bpsweb.org/wp-content/uploads/SOT\\_Content\\_Outline.pdf](https://www.bpsweb.org/wp-content/uploads/SOT_Content_Outline.pdf). Accessed February 8, 2022.

# **Appendix B-1**

## **Letters of Support**



4380-B Montgomery Road #1025  
Ellicott City, MD 20143

P:(800) 917-1619 Ext. 102

F:(407) 749-0714

[info@painmed.org](mailto:info@painmed.org)  
[painmed.org](http://painmed.org)

January 26<sup>th</sup>, 2023

William M. Ellis, BPharm, MS, ICE-CCP  
Executive Director, Board of Pharmacy Specialties  
2215 Constitution Ave, NW  
Washington, DC 20037

Dear Mr. Ellis:

Letter of Support for the Recognition of Pain Management Pharmacist Specialist

Kindly accept this letter of strong support on behalf of the American Academy of Pain Medicine (AAPM) for the consideration of specialty recognition of clinical pharmacists providing patient care in the field of pain management. The American Academy of Pain Medicine is dedicated to advancing multidisciplinary pain care, education, advocacy, and research to improve the quality of life for our members and those they treat.

Clinical pharmacists with extensive expertise in pain management are vital to the multidisciplinary care of persons experiencing pain both in terms of direct patient care, as well as providing in-depth education on pharmacotherapy and pharmacologic principles to other healthcare professionals.

We have had the distinct pleasure of working with numerous such pharmacists on clinical service, in research endeavors, and within broad educational efforts. Their contributions have been vital in these areas in support of physician-led pain medicine. Clinical pharmacists with expertise in pain are frequently embedded within the clinical practices of our member physicians and function to assist with medication management, opioid risk mitigation, patient education, and staff development.

As the opioid epidemic continues, hospitals and health-systems have engaged the expertise of such pharmacists to lead efforts in protocol-directed patient care, staff education, and opioid stewardship programs. Specific examples include pharmacist-led patient-controlled analgesia services, non-opioid



medication optimization, diversion prevention, as well as system-level opioid policy and order set development. Additionally, these pharmacists can and do play a significant role in opioid harm reduction initiatives in all settings of care delivery.

Pain management pharmacist are involved in providing direct care to patients across the continuum and in all settings, from pediatrics to adults and the inpatient hospice programs.

In summary the American Academy of Pain Medicine is a multidisciplinary organization dedicated to advancing multidisciplinary clinical care and therefore strongly supports the request that the Board of Pharmacy Specialties recognize pain management pharmacist specialists with the understanding that their presence and participation enhances patient care, education, and research.

Yours Sincerely,

A handwritten signature in dark ink, appearing to read 'Kayode Williams', with a stylized, flowing script.

Kayode Williams, MD, MBA, FFARCSI  
President, American Academy of Pain Medicine  
Vice Chair for System Integration and Population Health  
Associate Professor of Anesthesiology and Critical Care Medicine  
Johns Hopkins University School of Medicine  
Associate Professor Johns Hopkins Carey Business School



**ASAM** American Society of  
Addiction Medicine

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Ruth Fox, MD

1895-1989

August 23, 2022

Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Letter of Support for Pain Management Pharmacist

Dear Board of Pharmacy Specialties:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 7,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, I write to express ASAM's strong support for the recognition of Pain Management Pharmacists (PMP).

Clinical pharmacists play an important role in caring for patients with pain, especially when pain care can place patients at risk for or co-occurs with substance use disorder (SUD). People with SUD also often experience comorbid physical health conditions, including chronic pain, cancer, and heart disease.<sup>1</sup> Clinical pharmacists uniquely contribute to the care team, especially in handling complex pharmacodynamic and pharmacotherapeutic issues found in patients with comorbidities, such as complex pain conditions. There are a lot of ways to place patients at risk for harm from either inappropriate use of medications with their overlapping interactions and interferences, or undertreatment of pain. Addiction medicine specialists and other health care providers can provide better care when collaborating with well-trained, experienced Pain Management Pharmacists. ASAM strongly believes that patients with SUD would greatly benefit from pharmacists who specialize in pain management and would welcome such experts to the collaborative care team.

Sincerely,

William F. Haning, III, MD, DLFAPA, DFASAM  
President, American Society of Addiction Medicine

<sup>1</sup> NIDA. 2021, April 13. Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities. Retrieved from <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-2-co-occurring-substance-use-disorder-physical-comorbidities> on 2022, August 12

11400 Rockville Pike, Suite 200, Rockville, MD 20852

Phone: 301.656.3920 | Fax: 301.656.3815

[www.ASAM.org](http://www.ASAM.org)  
For Submission

September 19, 2022

William M. Ellis, BScPharm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Dear Mr. Ellis:

On behalf of the American Society of Anesthesiologists (ASA) and its more than 55,000 physician members, I am writing to support the recognition of the clinical specialty that has emerged for pharmacists specializing in pain. Clinical pharmacists can provide an essential role in the care of patients suffering from pain and other health conditions under the supervision of physicians and are especially vital during the ongoing national opioid epidemic.

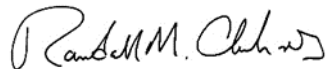
Millions of people are impacted by pain and have overlapping comorbidities and mental health diagnoses requiring a multidisciplinary approach. Patients with physical pain complaints often have complex combinations of medical, mental, and psychosocial problems that impact the management and selection of the medication regimen. Health care teams in acute care and outpatient settings manage difficult and complex medication regimens. The clinical pharmacist specializing in pain management fulfills the essential role advocating for and coordinating the continuous and safe medication management for these patients.

ASA strongly supports a multidisciplinary approach to pain care under the supervision of physicians. Clinical pharmacists are skilled at utilizing their knowledge of pharmacology and are crucial in aiding physicians in informing patients on the risks and side effects of medications, which is incredibly important for members of our community with health conditions. Pharmacists often aid physicians by participating in the management of patients' mental and physical health conditions. These patients may also be faced with frequent changes in their treatment plans, creating additional opportunities for which pharmacists can aid physicians. ASA believes in a comprehensive, physician-led treatment team, especially for those patients experiencing concurrent disorders.

In preserving patients' best interests, the ASA maintains an ongoing commitment to the delivery of safe, multidisciplinary, physician-led pain care. ASA promotes access to the best care possible and all treatment options available. Additionally, we advocate for treatment teams that proactively inform and engage the patient in all treatment decisions. Pharmacists specializing in pain can be a critical part of this team by providing detailed information about medications; this is especially important for pain management medications which can have adverse interactions with other medications.

ASA strongly urges the Board of Pharmacy Specialties to grant recognition to this new specialty to promote the delivery of safe, multidisciplinary, physician-led patient care, professionalism among pharmacists, and to disseminate best practice among general pharmacists.

Sincerely,

A handwritten signature in black ink, reading "Randall M. Clark". The signature is written in a cursive, flowing style with a large initial "R" and a stylized "C".

Randall M. Clark, MD, FASA  
President, American Society of Anesthesiologists

September 12, 2022

Board of Pharmacy Specialists  
2215 Constitution Avenue, NW  
Washington, DC 20037-2985

Dear Members of the Board,

We are writing to express our support for recognition of a new **Pain Management Pharmacist Specialist**, a critical component of the interdisciplinary healthcare team caring for patients experiencing chronic pain. The American Society of Regional Anesthesia and Pain Medicine (ASRA Pain Medicine) is a 5,000-member organization dedicated to the care of patients throughout the entire pain continuum. We believe that the future of pain medicine is a collaborative, integrated practice. This practice includes the role of the trained pharmacist in providing and advocating for the appropriate use of pharmaceuticals for management of pain as part of a coordinated, integrated care plan for treatment of the whole patient.

ASRA Pain Medicine advocates for evidence-based, appropriate use of pharmacological agents in conjunction with other pain medicine modalities to care for chronic pain patients. Chronic pain patients come to us from a variety of settings, usually with comorbid conditions requiring polypharmacy treatment across a wide spectrum of conditions. They often include patients who have been given opioids for intractable pain control, and they may include individuals with substance use disorders. The only way to properly design care pathways for this diverse and complicated patient care population is through a team approach.

With the opioid epidemic and worsening opioids-related deaths, pain management pharmacy expertise is more critical than ever. These specialists are experts in opioid stewardship programs, and advocates for patients and their caregivers. As an organization dedicated to safe, evidence-based care across the entire spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings, we strongly support this role.

To promote improved patient care, professionalism among pharmacists, and disseminated best practice among general pharmacists, we urge you to grant recognition to this new specialty.

Sincerely,

A handwritten signature in black ink, appearing to read 'Samer Narouze', with a stylized flourish at the end.

Samer Narouze, MD, PhD  
President, ASRA Pain Medicine Board of Directors



## DEPARTMENT OF VETERANS AFFAIRS

**South Texas Veterans Health Care System  
Audie L. Murphy Memorial Veterans Hospital Division  
7400 Merton Minter Boulevard  
San Antonio, TX 78229-4404**

September 20, 2022

William M. Ellis, BSPHarm, MS, ICE-COP

Executive Director  
2215 Constitution Avenue, N.W.  
Washington, D.C. 20037-2985  
Board of Pharmacy Specialties

Dear Director Ellis and Members of the Board:

I am writing to inform the board of my and the undersigned physicians' support for creation of a Pain Management Pharmacy Specialty by the Board of Pharmacy Specialties. Within our healthcare system pain clinical pharmacy practitioners have broad impact on direct patient care, policy development, patient and provider education, and multi-disciplinary team building as relates to the expansion of care to our veterans with complex and chronic pain syndromes. Pain pharmacy practitioners also have impact in our emergency department, Whole Health, palliative care, geriatrics, and home-based primary care teams ensuring veterans have access to quality pain care through all phases of life. Additionally, our pharmacy team members have taken the lead on collaborating with X-waivered physicians to ensure that veterans with iatrogenic opioid dependence syndromes have direct access in primary care setting to definitive treatment with medication therapy (e.g. buprenorphine, buprenorphine/naloxone).

All current guidelines recommend a multi-modal, team-based approach to the treatment of complex pain syndromes. Our pain clinical pharmacy specialists are not just an integral part of these multi-disciplinary teams, but a critical part of these teams and the pain care footprint within our healthcare system. Furthermore, demand for individuals possessing the unique skillset to fill such roles is growing both in the public and private healthcare sectors. As such, I and the undersigned physicians support and strongly encourage the Board to pursue creation of a Pain Pharmacy Specialty Certification.

Respectfully,

Seth D. Chandler, D.O., FAAPMR  
Chief, Physical Medicine and Rehabilitation

Hussein Musa, M.D.  
Medical Director,  
Complex Pain Center

03/16/2023

Elizabeth J. Halmai, D.O.  
Clinical Director,  
Whole Health Flagship

For Submission

Allan C. Hays, M.D.  
Chief, Interventional Pain

160 of 671



August 26, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Ave, NW  
Washington, DC 20037

To the Board of Pharmacy Specialties:

On behalf of the Institute for Patient- and Family-Centered Care, I am very pleased to submit this letter of support for a new specialty certification for pharmacists in pain management. There is an urgent need to expand expert pain management services and support and their availability for people with chronic pain, those with acute pain experiences, and for palliative and end of life care.

Pharmacists, because they work in a variety of settings, can be a very helpful resource to patients and families and to health professionals from a variety of disciplines. Pharmacists are often the most accessible and trusted health professional in rural community pharmacies and inner-city neighborhood pharmacies. With more specialized training in pain management, pharmacists can improve the quality of pain management and assist in preventing inappropriate pain management that too frequently leads to substance use disorder.

Creating a pain management specialty certification is very timely and would address an important need in the education of health professionals, and pharmacists in particular. I serve as a member of the National Academy of Medicine's Action Collaborative on Countering the U.S Opioid Epidemic and on the Collaborative's Health Professional Education and Training Workgroup. This Workgroup is urging a coordinated response to professional practice gaps related to pain management. And in NAM's newly released discussion paper, *The 3Cs Framework for Pain and Unhealthy Substance Use: Minimum Core Competencies for Interprofessional Education and Practice*, recommends a focus on partnerships with patients, families, and the community education programs (<https://nam.edu/wp-content/uploads/2022/06/The-3Cs-Framework-for-Pain-and-Unhealthy-Substance-Use.pdf>). These partnerships include the involvement of patients and families with "lived experience perspectives in education and continuous improvement."

I urge you to move forward with plans for the pain management specialty certification. Please reach out, if IPFCC could be of assistance with the development and dissemination of this much needed educational program.

Sincerely,

Beverley H. Johnson,  
IPFCC President

October 4, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Dear Mr. Ellis:

I am writing on behalf of The Johns Hopkins Hospital Department of Pharmacy and Johns Hopkins Health System Pharmacy Services to offer our strongest possible support for the petition to the Board of Pharmacy Specialties (BPS) for recognition of Pain Management Pharmacists as Specialists. The need and value of specialized expertise in pain management has never been greater as we balance the individual needs of patients in receiving effective relief from pain against the backdrop of a rising tide of inappropriate medication use. It is exactly these clinicians who are best able to understand and navigate the many complexities needed to achieve the desired outcomes for our patients.

At The Johns Hopkins Hospital, we currently employ three full-time pharmacists who are trained in pain management. These practitioners provide care daily for patients as essential members of the interprofessional team, educate patients and providers on appropriate medication use, develop effective medication use policies that help to ensure the safe and effective use of pain medications and related therapies and conduct research which answer important clinical questions that can be generalized for the benefit of others through presentation and publication. The demand for such practitioners continues to grow. As illustration, we received budgetary approval this year to recruit a fourth full time pain management clinical pharmacist to expand our services for the benefit of more patients. Moreover, we regularly support an ASHP approved PGY2 specialty practice residency program intended to prepare clinicians to help meet this growing need.

Within our organization, we believe strongly in board certification in all areas of specialized pharmacy practice. BPS certification is required for all pharmacists who practice in direct patient care roles. We currently employ nearly 100 BPS certified pharmacists across all areas of specialization in which we have



practicing pharmacists. Our long-standing commitment to BPS certification was recognized in 2018 as the recipient of the Warren E. Weaver/Richard P. Penna award by the Board of Pharmacy Specialties.

Thank you for your thoughtful consideration of this request to support of the petition to recognize Pain Management Pharmacists as specialists. As in other areas of specialized practice, we believe that such recognition helps to ensure the highest quality of care for the patients that we serve within and across our organization. Please do not hesitate to contact me at any time if I can offer additional perspective or answer any questions that you might have as you consider this important issue.

Sincerely,

*Todd W. Nesbit* (e-signature)

Todd W. Nesbit

June 27, 2022

Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Pain Management Pharmacist Specialists

Dear Members of the Board:

I urge you to recognize the clinical specialty that has emerged for pharmacists as pain specialists over the past 20 years. The appropriate use of pharmaceuticals, in combination, for management of different kinds of pain, and in the setting of the polypharmacy of seriously ill patients, is uniquely suited to the trained pharmacist who works as part of a team.

Palliative Care teams in hospitals, cancer centers, and outpatient settings manage difficult pain and other difficult symptoms. This development is broad across the USA, and around the developed world. Journal of Palliative Medicine has published numerous reports on the effectiveness of the specialist pharmacist in improving pain management.

I am a pioneer in palliative medicine. I led a cancer pain management service for an NCI-funded trial of a pharmacist-led team modeled after an aminoglycoside dosing service that paved the way for similar programs across the US. I have mentored pharmacists who have become leaders in the new Society of Pain & Palliative Care Pharmacists. Most importantly, I can attest to the esteem in which specialist pharmacists on the teams I have led in large health systems in the US are regarded by their pharmacist and physician colleagues. In addition to the improved pain management while avoiding adverse effects for which they are responsible, they also have played a key role in disseminating appropriate use of opioids and adjuvants among the healthcare professionals, including the pharmacist community, broadly. I have had the sad experience of having the 'pharmacy police' block appropriate evidence-based pain and symptom management in hospitals because of ignorance. They don't listen to physicians—but they will listen to pharmacists.

Therefore, to promote improved patient care, professionalism among pharmacists, and disseminated best practice among general pharmacists, I urge you to grant recognition to this new specialty.

Sincerely

A handwritten signature in black ink, reading "Charles F. von Gunten". The signature is fluid and cursive, with the first name "Charles" and last name "Gunten" being more prominent than the middle initial "F. von".

Charles F. von Gunten, MD, PhD  
Editor-in-Chief

July 29, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director, Board of Pharmacy Specialties  
2215 Constitution Ave, NW  
Washington, DC 20037

Re: Pain Management Pharmacist Specialty

Dear Mr. Ellis:

I am pleased to write in support of the designation of a new pharmacy specialty, that of pain management. My colleagues and I have worked for several years with Dr. Julie Cunningham, one of the champions of this specialty designation and whose expertise in pain management has proven essential to our work.

In 2015 Minnesota's legislature mandated the formation of an external advisory group to guide the Minnesota Department of Human Services (DHS, which is the department the state's Medicaid agency is under) and our sister agency, the Minnesota Department of Health (MDH), in overseeing the state's Opioid Prescribing Improvement Program (OPIP). Dr. Cunningham was a founding member of the Opioid Prescribing Work Group (OPWG) and became its chair during the latter half of the group's six-year tenure. The OPWG's charge was to develop:

- Guidance for prescribing opioids to treat acute, post-acute and chronic pain, work which was more expansive than and preceded the Center for Disease Control and Prevention's guidance for use of opioids to treat chronic pain;
- Sentinel measures to help guide Minnesota's OPIP;
- Educational resources for prescribers to help them communicate with patients about pain management and the use of opioids to treat pain;
- Quality improvement and other measurement thresholds DHS could use to work with MN Medicaid providers.

From the start, Dr. Cunningham's leadership and clinical expertise elevated the OPWG's work. Her nuanced understanding of opioids' relative risks and benefits in varied clinical situations rendered her a consistently influential work group member. When discussing the paucity of evidence about pain management following surgery, she took questions arising at the work group back to her Mayo colleagues, where she and they conducted a pivotal examination of prescribing variation after orthopedic surgery. The results of that study led the Institute for Clinical Systems Integration to develop prescribing recommendations differentiating among particular types of orthopedic surgery. Dr. Cunningham was a lead participant in that work, which then informed our Medicaid quality improvement program. Her perspective as a pain management pharmacy specialist has thus proven essential as a clinician and researcher and as a trusted collaborative partner in a variety of settings. As a direct result, she was asked to take over the role of chair of the multidisciplinary OPWG that was predominately professionals who were not pharmacists. Even now, after the work of the OPWG has ended, Dr.

Cunningham has been generous in sharing her time and expertise with our team regarding implementation of the opioid prescribing quality improvement program.

As a clinician I can also speak to the value of programs like chronic pain rehabilitation, in which Dr. Cunningham is an expert. Effective pain management requires many tools, and chronic pain rehabilitation guided by a multidisciplinary team, including specialized pharmacists, is a particularly important option for many patients.

I strongly recommend that pain management become recognized formally as the important specialty that it already is in practice.

Sincerely,

Nathan T. Chomilo, MD, FAAP, FACP

Medical Director, Medicaid & MinnesotaCare  
Minnesota Department of Human Services

Senior Equity Advisor to the Commissioner  
Minnesota Department of Health

Gender pronouns: he/him/his  
[nathan.chomilo@state.mn.us](mailto:nathan.chomilo@state.mn.us)

*Equal Opportunity Employer*

July 13, 2022

Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Pain Management Pharmacist Specialists

Dear Members of the Board:

I am writing to strongly encourage you to recognize the clinical specialty that has emerged for pharmacists as pain specialists, especially with the emergence of the national opioid epidemic. The appropriate use of medications for management of different kinds of pain, in the setting of the polypharmacy of seriously ill patients – including those with mental illness - is uniquely suited to the trained pharmacist who works as part of the treatment team.

Millions of people are impacted by chronic pain and have overlapping mental health diagnoses requiring a multidisciplinary approach. Patients with physical pain complaints often have missed or inadequate treatment of mental health diagnoses and psychosocial aspects that impact the management and selection of the medication regimen. Health care teams in acute care and outpatient settings manage difficult and complex medication regimens where pain and mental health intersect. The clinical pharmacist specializing in pain management fulfills the essential role advocating for and coordinating the continuous and safe medication management for pain and mental health.

The integration of clinical pharmacists such as pain pharmacists into treatment will enable the broader public to experience the value of clinical pharmacists, a highly trained and specialized, advanced practice. Clinical pharmacists such as psychiatric and pain pharmacists are skilled at treating the whole patient, which is incredibly important for members of our community with serious mental illnesses. They often must manage both psychiatric and physical health conditions and may be faced with frequent changes in their treatment plans. We at NAMI believe strongly in a comprehensive treatment team because it takes all of us to achieve wellness. This is especially true for those experiencing co-occurring disorders such as chronic pain and mental illness.

As the nation's largest grass roots mental health organization, NAMI actively promotes access to the best care possible and all treatment options available. Additionally, we advocate for treatment teams that proactively inform and engage the person in all treatment decisions. The pain pharmacist can be a critical part of this team by providing detailed information about medications that the physician likely does not have time to share. This is especially important for pain management medications which can have adverse interactions with psychotropic medications.

About six in 10 Americans take prescription medication for their mental health, a number that offers broad opportunities to educate, inform and advocate — the very heart of the work of NAMI and clinical pharmacists. As the scientific experts, pharmacists can play a major role in how NAMI members engage with medications and everything that goes with them. In short, pharmacists can be a conduit between the treatment experts and the people NAMI serves.

Therefore, to promote improved patient care, professionalism among pharmacists, and disseminated best practice among general pharmacists, I urge you to grant recognition to this new specialty.

Sincerely,



Kenneth Duckworth, MD  
Chief Medical Officer

September 6, 2022

Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Dear BPS Board Members:

We are writing in strong support for the establishment of the pain management pharmacy practice board specialty. The recognition and promotion of specialized training and skills in pain management is of utmost importance given the current needs in the United States, where chronic pain is the most pervasive chronic health condition, with fifty million Americans, or 1 in 6, in daily or near daily pain, and almost 20 million in pain severe enough that it regularly prevents them from engaging in basic life activities and work. Moreover, the co-occurring drug overdose crisis and the current shortage of specialists in pain management have left too many people living with pain with impeded access to appropriate pharmacotherapy services.

The **National Pain Advocacy Center (NPAC)** is a 501(c)(3) nonprofit alliance of clinicians, scientists, public health experts, and people with lived experience of pain or addiction, working together to advance the health and human rights of people with pain. We take no pharmaceutical or industry funding and are currently funded by grants from Open Societies Foundation, the Ford Foundation, and individual donations.

We applaud the BPS Board of Directors (the Board) for its explicit recognition of the “demand [for] a specific body of knowledge and skills to provide effective pain management services to patients with increasingly complex care needs.”<sup>1</sup> The growing recognition of chronic pain as a diagnosis in need of treatment, and the understanding that the best treatment is often delivered in multi-disciplinary teams of which pharmacists can play a critical role, provide strong justifications for this specialty.

People with pain often present complex cases, involving both comorbid conditions and polypharmacy use; they require specialized care and follow up. Indeed, the need for specialized care for people with chronic pain is increasingly being recognized throughout the healthcare ecosystem, as exemplified by the recent Notice of Proposed Rulemaking by the Centers for Medicare and Medicaid Services to create bundle payments for chronic pain management.<sup>2</sup>

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<sup>1</sup> See BPS Issues Call for Petition in Pain Management Pharmacy Practice, October 20, 2021, <https://www.bpsweb.org/2021/10/20/bps-issues-call-for-petition-in-pain-management-pharmacy-practice/>

<sup>2</sup> 2023 Physician Fee Schedule and other changes to Part B payment policies, 87 Fed. Reg. 45860 (July 29, 2022). Our comments focus solely on Section 33, Chronic Pain

To meet the scale and impact of chronic pain in the US, this and other improvements to the national pain management infrastructure are essential. The establishment of the pain management pharmacy practice board specialty will play a critical role in this effort, helping to build and buttress the pain management infrastructure and to bridge existing gaps in care.

Indeed, pharmacists are often at the forefront of patient care. Pharmacists play a vital role in ensuring safe medication use. Pharmacists also work within interdisciplinary teams to address patient needs. Given the shortage of pain specialists in the US, most management of pain has shifted to clinicians working in primary care settings, where collaborative work with skilled pharmacists is especially beneficial.

While other existing pharmacy specialties, such as oncology and psychiatry, may deal with pain issues, these specialties are pain-adjacent, and are unlikely to cover care for a substantial group of patients with long-term pain. A stand-alone pain management specialty is warranted to meet the gaps outlined herein.

For all of these reasons, we strongly support the Board's efforts. We write further to offer input to the Board on the content of this specialty. We specifically urge the Board to consider educating pharmacists about inequities, disparities, social determinants of health and pain, and medico-legal issues – all of which significantly impact access to pharmacotherapy services.

There is ample evidence of race, ethnic, gender, gender identity, and disability-based bias in pain assessment and treatment.<sup>3</sup> There is also evidence that Black, Indigenous, People of Color generally receive less pain medication than white patients, even after surgery.<sup>4</sup> Both chronic pain and substance use

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Management and Treatment (CPM) Bundles (HCPCS GYYY1 and GYYY2), 87 Fed. Reg. 45932-45938, <https://www.federalregister.gov/documents/2022/07/29/2022-14562/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other>

<sup>3</sup> See, e.g., Hoffman KM, et al. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016 Apr 19;113(16):4296-301. doi: 10.1073/pnas.1516047113. Epub 2016 Apr 4. PMID: 27044069; PMCID: PMC4843483; Yee, Sylvia et al. Compounded Disparities, Health Equity at the Intersection of Disability, Race, and Ethnicity, <https://dredf.org/wp-content/uploads/2018/01/Compounded-Disparities-Intersection-of-Disabilities-Race-and-Ethnicity.pdf>; Samulowitz, Anke et al. "'Brave Men' and 'Emotional Women': A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain." *Pain research & management* vol. 2018 6358624. 25 Feb. 2018, doi:10.1155/2018/6358624.

<sup>4</sup> See, e.g., Lee P, et al. Racial and ethnic disparities in the management of acute pain in US emergency departments: Meta-analysis and systematic review. *Am J Emerg Med*. 2019 Sep;37(9):1770-1777. doi: 10.1016/j.ajem.2019.06.014. Epub 2019 Jun 5. PMID: 31186154; Sabin J et al. The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma. *Am J Public Health*. 2012 May;102(5):988-95. doi: 10.2105/AJPH.2011.300621. Epub 2012 Mar 15. PMID: 22420817; PMCID: PMC3483921.

disorder disproportionately impact historically-disadvantaged communities. Specialists must not only possess the clinical skills to manage complex pain syndromes, they should also understand the intersectional issues that affect adequate and timely access to pain care.

Medico-legal competency is similarly important. While pharmacotherapy for pain involves a wide variety of potential medications, many patients with chronic pain currently use controlled medications to manage it. Several patient advocates on NPAC's Community Leadership Council have experienced significant barriers in accessing proper pain relief and medication, amid increased scrutiny of controlled medication prescribing. These barriers have been compounded for those from traditionally-disadvantaged groups. Clinically appropriate pain management requires individualization and nuance, which are more likely to emerge from a broad understanding of the social, legal and medical landscape.

Finally, we urge the Board to consider soliciting the input of people with lived experience of pain in the development of this specialty. NPAC's work is achieved through collaboration of its community members with lived experience, and its science and policy experts. Were the Board to consider integration of patient input and patient representation in the development of the specialty core competencies, we would be happy to offer input on defining skills and competencies.

In closing, we sincerely thank you for your efforts to recognize the importance of ensuring quality care for the tens of millions of Americans living with chronic pain. We also thank you for your consideration of our comments.

Sincerely,

*Kate M. Nicholson*

*Juan M. Hincapié-Castillo*

Kate M. Nicholson, JD  
Executive Director

Juan M. Hincapié-Castillo, PharmD, MS, PhD  
President of the Board



October 4, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director, Board of Pharmacy Specialties  
2215 Constitution Ave, NW  
Washington, DC 20037

Re: Recognition of Pain Management Pharmacists (PMP) as Specialists

Dear Members of the Board,

Pain management pharmacist specialists play a key role in interprofessional teams that care for patients with a range of pain needs, including in acute and post-surgical settings. The Opioid Prescribing Engagement Network (OPEN) at the University of Michigan was launched in 2016 to develop new approaches and apply evidence-based practices to address opioid addiction and has a track record of bringing together and engaging with multidisciplinary teams. OPEN's work touches on all aspects of opioid stewardship including opioid prescribing recommendations referenced as a national benchmark for acute pain management by the Centers for Disease Control, the Leapfrog Group, the National Academies of Medicine, and other organizations.

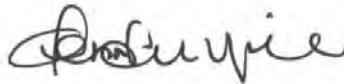
OPEN supports the recognition of Pain Management Pharmacists as specialists that provide leadership and support for opioid management and opioid stewardship efforts. The effects of long-term opioid use have an impact on millions of lives in countless communities. The support of patients with pain, opioid use disorder, or other substance use disorders requires intense collaboration with many stakeholders. Pain management pharmacy specialists can provide expertise and experience on evidence-based medicine to support safe opioid use and optimized pain management. At the University of Michigan, pain management clinical pharmacist-specialists provide clinical expertise about pain management to care teams, offer advice on opioid management and opioid use disorder, and work on leading institutional changes with multidisciplinary teams of physicians, nurses, and therapists, as well as providing guidance for patients on pain management planning.

OPEN encourages the Board of Pharmacy Specialists to recognize pain management pharmacists as specialists that play a critical role in caring for patients and advising healthcare teams.

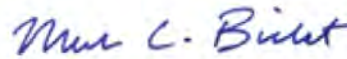
Sincerely,



**Chad M. Brummett, M.D.**  
Director, Clinical Research Anesthesia  
Director, Pain Research



**Jennifer F. Waljee, MD, MPH, MS**  
Director, Center for Healthcare  
Outcomes & Policy  
George D. Zuidema Professor

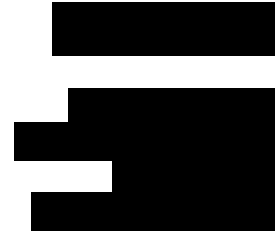


**Mark C. Bicket, M.D., PhD**  
Assistant Professor, Anesthesiology

The Opioid Prescribing Engagement Network (OPEN) at the University of Michigan

2800 Plymouth Road, North Campus Research Complex (NCRC)  
Building 16, Ann Arbor, MI 48109

[MichiganOPEN@umich.edu](mailto:MichiganOPEN@umich.edu)  
<https://michigan-open.org/>



September 28, 2022

William M Ellis, BSPHarm, MS, ICE-CCP  
Executive Director, Board of Pharmacy Specialties  
2215 Constitution Ave, NW  
Washington, DC 20037

Dear Mr Ellis.

I am writing to express my support of pharmacists to be granted approval to be board certified as pain management specialists.

I became a patient of the [REDACTED] exactly three years after my diagnosis of Ewing's Sarcoma of my L3 Vertebrae (at age 48). I had completed my chemotherapy and radiation treatments as well as two extensive back surgeries. All of which left me with intractable pain and a poor quality of life.

That was until I was referred by my oncologist to the Pain and Palliative care team. On September 11, 2015, I walked into the office and was greeted by a team which included a clinical pharmacist. When I left that appointment I had a new confidence that I had found the knowledge and support that would help me improve my quality of life.

I have met with the team, especially the clinical pharmacist, every month for the past 7 years. I didn't know how valuable they were in a clinical setting, but I do now. Over the years we have tried numerous medications looking for the best outcome with the least amount of side effects. On more than one occasion it was the clinical pharmacist who made the recommendation of possible medications. I have such confidence in their expertise and always felt like I was armed with the necessary knowledge, that I never thought twice about trying the recommendations.

Fortunately, I have been on a stable course for a while but continue to receive the through review of my medications and clinical assessment of my well being at every visit. I know I would not be where I am today without the clinical pharmacist and the rest of the team. The knowledge and support that clinical pharmacists bring to the team is invaluable.

I hope that you will approve the Pain Management Speciality Certification for Pharmacists.

Respectfully Submitted,

[REDACTED]

Cancer survivor and recipient of an excellent clinical pharmacist's care

September 27, 2022

William M. Ellis, BPharm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Pharmacy Pain Specialists

Dear Members of the Board:

I am told that there is currently no certification for pharmacists in pain management, and this strikes me as an urgent unmet need. With so many people having short-term or chronic pain problems, and the extremely fraught atmosphere surrounding medications for pain, it seems highly important to have pharmacists with the necessary training and experience in pain management to be part of the team.

I have experienced decades of chronic pain from spinal stenosis that has increasingly limited my ability to walk or stand for long periods of time. Not only has this pain been a hindrance to my work, it has also restricted many of the activities I used to enjoy, including running, traveling, and participating in even light sports. Along with many sessions of physical therapy, I have been prescribed pain medications, including opioids, by my primary care doctor and my physiatrist that I use on an as-needed basis, but over the years, they have become less effective and I have hesitated to ask for any increase in doses or other medications out of concern that I will be seen as drug-seeking.

Not long ago I was referred to a pain pharmacist [REDACTED] and immediately was impressed with her nonjudgmental attitude as she listened to my pain history, and her knowledge of a variety of modalities that could be useful in my situation. She also was very thorough and knowledgeable about the other medications I take – and there are quite a few! She suggested that I could benefit from a longer-acting opioid medication, and, in close collaboration with my primary care physician, I have been on a regimen of buprenorphine buccal films – which I had never heard of before – starting “low and slow” and currently starting to feel that they are beginning to make a difference. She and I check in frequently and I have great confidence that she will manage this regimen so it is safe and hopefully effective, and if for any reason it is not a good fit, will be able to suggest other modalities.

This experience has made me really appreciate that there are pharmacy pain specialists, and I strongly support the adoption of certification from the Board of Pharmacy Specialists.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Sept. 27, 2022

William M. Ellis, BPharm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Pharmacy Pain Specialists

Dear Members of the Board:

I am writing to you as I understand you are considering offering a certification for pharmacists in pain management, which I strongly support, it is long overdue!

I have been working with [REDACTED], a clinical pharmacist at [REDACTED], for the last 9 months. We meet virtually every few weeks.

I [REDACTED] have had chronic pain for the past twenty-five years due to degenerative disc disease in my lumbar and cervical spine and myelomalacia in my cervical spine. I have had five major spine surgeries involving fusions, discectomies and laminectomies and have been told I will need another cervical fusion in the not-too-distant future. I have been taking opioid pain medication on and off for the past twenty-five years.

After my last surgery in 2019, I was on a post-surgical opioid dosage of approximately 180 MMEs. In 2020 my wife and I made a joint decision that our life would be improved if I could manage the pain with less opioids.

There seemed to be very little advice that my primary care doctor or my pain management doctor could offer on the best way to taper and minimize physical and psychological withdrawal symptoms while managing my pain. My wife and I wanted the science and understanding that [REDACTED] offered. She was compassionate for my situation that was very comforting. She has offered practical suggestions regarding non-opioid analgesic and psychiatric medications, advice on how to manage both the physical and mental aspects of tapering and withdrawal, and has been an important support to both me and my wife. With [REDACTED] help, I have now tapered down to 37.5 MMEs.

In a clinical setting, it is clear that having a second set of informed eyes is invaluable to surgeons and other specialists, many of whom may feel insecure in prescribing pain medication. For PCPs, many of whom are extremely apprehensive about prescribing pain medication, her assistance could provide them a way to learn and feel empowered to be able to adequately treat their pain patients. It is a way of sharing the moral burden of prescribing potentially dangerous drugs, but drugs, which from my own experience, I can attest as having been enormously helpful. I believe many doctors, pain specialists, and surgeons would benefit from this sharing of expertise and responsibility, and in such situations the patient will benefit enormously.

If I can offer any further information helpful to your decision, please contact me.

Respectfully,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



July 28th, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985  
Re: Pharmacy Pain Specialists  
Dear Members of the Board:

There is a tremendous need to give recognition to specialty-trained pharmacists in pain management. The demand for pharmacy pain specialists is reflected in the exponential increase in opioid prescribing and deaths from opioid overdose over the past two decades. Despite a decline in the last two years, in 2020 opioid prescribing remained substantial with 43.3 opioid prescriptions dispensed for every 100 people in the U.S. Additionally, access to opioids by those who truly need them became more limited leading to unintended consequences. Our pharmacy pain specialists at Penn Medicine lead initiatives to tailor prescribing and serve as leaders of health-system initiatives to address the immense needs of our patient population.

The role of the pharmacy pain specialist has been well documented, with improved outcomes demonstrated in a variety of pain management settings including but not limited to surgery, oncology, chronic pain, palliative care, and hospice. Pharmacy pain specialists substantially impact patient outcomes through optimization of medication regimens, mitigation of adverse drug reactions, and promotion of best practices for pain medication use. Within our institution, our pharmacy pain specialists serve as leaders in pain management, patient advocates, educators of our clinical staff and patients and their families, clinical experts, leaders of clinical service development and implementation, and as chairs of health-system wide committees related to pain management and opioid prescribing.

Pharmacy pain specialists support the direct care of a wide variety of patient populations. Our pharmacy pain specialists serve an integral role on interdisciplinary teams within our institution, supporting the design and implementation of new pain management and palliative care services, building relationships with patients and clinicians, and designing innovative pain management plans. Their breadth of knowledge and expertise make them an essential resource when managing complex pain syndromes.

Through opioid stewardship, our pharmacy pain specialists have developed treatment protocols and electronic clinical decision-support tools. The goal of such efforts is optimizing pain management while implementing harm reduction strategies and decreasing risk of diversion. Our pharmacy pain specialists also have an important role in educating and training the next generation, most recently starting a PGY2 residency program in Pain Management and Palliative Care.

I urge you to designate pain management pharmacists as a pharmacy specialty which will promote the leadership that exists within the field of pain management pharmacy and will help solidify a future of pharmacist pain management experts that elevates the care of our patients and the development of our clinicians.

Thank you for your consideration of this important designation.

Very Truly Yours,

Regina Cunningham, PHD, RN, NEA-BC, FAAN  
Chief Executive Officer

July 28th, 2022

William M. Ellis, BSPHarm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985  
Re: Pharmacy Pain Specialists

Dear Members of the Board:

I am writing to support the recognition of pain management pharmacist specialists by the Board of Pharmacy Specialties. I have had the opportunity to work with a pharmacist with such expertise and can speak to the wealth of knowledge they contribute to the clinical domain. In my work as an emergency medicine physician and as the Director for the Penn Medicine Center for Addiction Medicine and Policy, I lead health-system wide initiatives on improving the care of patients with Opioid Use Disorder. It takes an interdisciplinary team to provide the optimal level of care and the pharmacy pain specialist has been integral in leading the development of clinical pathways and protocols and interfacing with front-line providers to support patients with complex pain needs and for patients presenting with co-morbid substance use disorder.

Our pain management pharmacist specialist has led many initiatives that support our clinicians to provide patients with evidence based approaches to pain management. As a leader in opioid stewardship, she helps to implement high-level changes that right-size opioid prescribing and expand risk mitigation and harm reduction strategies. Providers are dependent on her expertise for clinical and nuanced support when they are caring for patients with more intensive pain or opioid management requirements. She works with interdisciplinary team members to create inpatient initiatives and has led these to fruition, including but not limited to development of protocols for nonopioid analgesia throughout the hospital, pain and withdrawal management care pathways, processes for naloxone dispensing, and development of an inpatient pain management order panel and an opioid withdrawal orderset. Our pain management pharmacist specialist is a leader in education as well, through the creation of a health-system wide module that

covers pain management for front-line providers as well as delivering countless grand rounds and educational sessions.

These services are integral to successfully developing and implementing pain management services. An advanced understanding of the risks and benefits of safe medication use and synthesizing the extensive knowledge into pathways, protocols and real-time support that teams can leverage and learn from is an essential role for the pain management pharmacist specialist. The effects of this level of support start at the top with education and advocacy and trickle down to the individual patients through pathways and direct patient care recommendations. I urge you to recognize how needed the pain management pharmacist specialist is as part of the health care team with the approval of this specialty certification.

Respectfully,

A handwritten signature in black ink that reads "Jeanmarie Perrone MD". The signature is fluid and cursive, with the letters "J", "P", and "M" being particularly prominent.

Jeanmarie Perrone, MD

Professor of Emergency Medicine

Director, Division of Medical Toxicology and Addiction Medicine Initiatives,

Founding Director, Penn Medicine Center for Addiction Medicine and Policy



August 9<sup>th</sup>, 2022

William M. Ellis, BSPharm, MS, ICE-CCP  
Executive Director  
Board of Pharmacy Specialties  
2215 Constitution Avenue, N.W.  
Washington, DC 20037-2985

Re: Pharmacy Pain Specialists

Dear Members of the Board:

Pharmacy pain specialists provide necessary expertise on pain management for patients with complex pain syndromes. As the Director of the Penn Comprehensive Sickle Cell Program, I fully support the recognition of pain management pharmacist specialists by the Board of Pharmacy Specialties. My team has had the good fortune to work with a pain pharmacist specialist and to experience the wealth of knowledge and value they bring to the team. The care of patients with Sickle Cell Disease (SCD) commonly involves pain management and often times is quite complex requiring a specialist's lens. Taking a holistic approach is critical to addressing pain in this population, and the pharmacist has brought a new perspective that includes rational pharmacotherapy and an understanding of patients experiencing multifaceted acute and chronic pain as well as total pain syndromes.

The Department of Health and Human Services Inter-Agency Task Force on Pain Management Best Practices recommendation is to protect access and safe use of opioids for patients with SCD as well as to use an individualized, comprehensive approach to pain management, including patient-focused education on risks and benefits of therapy. The pharmacy pain specialist (PPS) is an expert in the delivery of direct patient care as a member of interprofessional health care teams, an educator of health care providers, and an advocate and educator for patients and their caregivers. The integration of specialty-trained pain pharmacists into teams has been well established, and evidence supports the role of the pharmacist on care teams with associated improved outcomes in the management of patients with both acute and chronic pain syndromes. Pain management pharmacy specialists are poised to serve this role in the inpatient care of patients with complex pain due to SCD. Our first-hand experience working with the pharmacy pain specialist has been through activities such as formal team and patient education on pain management and risk mitigation strategies, consultative support, development of pain management clinical pathways, and individualized patient pain plans.

The pharmacy pain specialist has an intimate understanding of the risks and benefits of safe medication use and extensive knowledge in the intricacies of pain management which is used to develop pathways and protocols and provide real-time support. The pharmacy pain specialist is integral to the care of patients with SCD and provides a tailored and necessary skill set that meets the needs of our patients. I urge you to recognize the Pharmacy Pain Specialist with approval of Board of Pharmacy Specialties certification.

Regards,

Farzana Sayani MD, MSc  
Director, Penn Comprehensive Sickle Cell Program  
Hospital of the University of Pennsylvania



# **Appendix C-1**

## **Survey of Pain Management Pharmacist Specialists Interested in Board Certification**

## Survey of Pain Management Pharmacist Specialists Interested in Board Certification

Dear Pain Management Pharmacist Specialist:

We are contacting you regarding the Board of Pharmacy Specialties' (BPS) call for petition to consider pain management as a pharmacy specialty. The American Association of Psychiatric Pharmacists (AAPP), American College of Clinical Pharmacy (ACCP), American Pharmacists Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), Hematology/Oncology Pharmacy Association (HOPA), and Society of Pain & Palliative Care Pharmacists (SPPCP) have partnered to develop and submit a petition to BPS to recognize pain management pharmacy practice as a specialty.

**We kindly request that you complete this 5–10-minute survey to provide the organizations with essential data to support this petition by August 26, 2022.** Your individual responses will be kept confidential. Collectively, all pharmacist responses will be compiled to further document the unique elements of this specialty and provide support for a petition to the BPS.

Student pharmacists and residents whose clinical service has less than 50% of time spent in the provision of care to patients with pain should not participate in the full survey but may still sign on to support the petition. At the end of the survey, all respondents will have an opportunity to add your signature to the petition. If questions arise, contact Jann Skelton at [jskelton@silverpennies.com](mailto:jskelton@silverpennies.com). Thank you for taking the time to provide this valuable information.

- Julie Cunningham, PharmD, BCPP, Representing the American Association of Psychiatric Pharmacists (formerly known as the College of Psychiatric and Neurologic Pharmacists)
- Stephanie Abel, PharmD, BCPS, Representing the American College of Clinical Pharmacy
- Sondra Adkinson, BPh, PharmD, CRPh, CPE, Representing the American Pharmacists Association
- Erika E. Tillery, PharmD, BCPP, BCGP, FASCP, Representing the American Society of Consultant Pharmacists
- Suzanne Amato Nesbit, PharmD, BCPS, CPE, FCCP, Representing the American Society of Health-System Pharmacists
- Syeda Saba Kareem, PharmD, BCOP, Representing the Hematology/Oncology Pharmacy Association
- Tanya Uritsky, PharmD, Representing the Society of Pain & Palliative Care Pharmacists

## **Practicing Pain Management Pharmacist Specialists**

\*Indicates response required

\*How many years have you been a licensed pharmacist?

- < 3 years
- 3–5 years
- 6–8 years
- 9–11 years
- 12–14 years
- 15–17 years
- 18–20 years
- > 20 years

\*How many years have you been in pain management pharmacy practice?

- I do not currently practice in pain management pharmacy practice
- < 3 years
- 3–5 years
- 6–8 years
- 9–11 years
- 12–14 years
- 15–17 years
- 18–20 years
- > 20 years

*(If 'I do not practice...' link to the option to provide support for the petition)*

\*Please indicate your primary practice setting, where you spend the majority of your time in practice.

- Academia
- Academic medical center/University-affiliated hospital
- Ambulatory care
- Children's hospital
- Community hospital, for-profit
- Community hospital, not-for-profit
- Community pharmacy
  - If checked; ask if chain; independent; mass merchant; supermarket
- Federal hospital or institution, including VA
- Home infusion/ambulatory infusion
- Hospice
- Integrated health system
- Long-term care pharmacy/setting
- Managed care
- Mixed academic/community hospital
- Oncology clinic/office

- Specialty pharmacy
- Other

\*Please indicate your secondary practice setting (if you split your time between different practice locations).

- Not applicable
- Academia
- Academic medical center/University-affiliated hospital
- Ambulatory care
- Children's hospital
- Community hospital, for-profit
- Community hospital, not-for-profit
- Community pharmacy
  - If checked; ask if chain; independent; mass merchant; supermarket
- Federal hospital or institution, including VA
- Home infusion/ambulatory infusion
- Hospice
- Integrated health system
- Long-term care pharmacy/setting
- Managed care
- Mixed academic/community hospital
- Oncology clinic/office
- Specialty pharmacy
- Other

\*Do you believe that you currently practice in the area of pain management pharmacy practice as defined by the Task Group? For purposes of this petition, the definition of pain management pharmacy practice is:

*Pain management pharmacist specialists are experts in the delivery of direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings.*

*Pain management pharmacist specialists utilize pharmacokinetic and pharmacogenomic data, and biopsychosocial factors, to design patient centered pain regimens and implement, monitor, and modify comprehensive medication plans to improve safety and efficacy that result in optimal outcomes. Specialty pain pharmacy practice enhances public health by optimizing pain management, mitigating risk, and implementing harm reduction strategies. Highly advanced communication skills, the ability to interpret published literature in a dynamic and evolving practice area, and a focus on quality and safety in compliance with established standards,*

*regulations, and professional best practices are required for pain management pharmacist specialists.*

- Yes
- No

*(If no, link to the option to provide support for the petition)*

\*Please check all types of residencies/fellowships completed.

- PGY1 Residency—Pharmacy (formerly Pharmacy Practice)
- PGY2 Residency—Palliative Care/Pain Management
- PGY2 Residency—Other Specialty
- Fellowship
- No residency or fellowship
- Other (please specify)

*(If PGY2 – Palliative Care/Pain Management)* Were you able to find a position in pain management within 3 months of completing your Palliative Care/Pain Management Residency program?

- Yes, I was able to find a position with greater than/equal to 50% of practice time working with patients with pain
- Yes, I was able to find a position with less than 50% of practice time working with patients with pain
- No, I was not able to find a position working primarily with patients with pain
- No, I decided not to pursue a position working with patients with pain

*(If PGY2 – Other Specialty)* What PGY2 Residency Program did you complete?

- Ambulatory Care Pharmacy
- Cardiology Pharmacy
- Clinical Pharmacogenomics
- Community-Based Pharmacy Administration and Leadership
- Corporate Pharmacy Administration and Leadership
- Critical Care Pharmacy
- Emergency Medicine Pharmacy
- Geriatric Pharmacy
- Health-System Pharmacy Administration and Leadership
- Health-System Pharmacy Administration and Leadership with Masters
- Infectious Diseases Pharmacy
- Internal Medicine Pharmacy
- Investigational Drugs and Research
- Medication-Use Safety and Policy
- Neurology
- Oncology Pharmacy
- Pediatric Pharmacy
- Pharmacotherapy

- Pharmacy Informatics
- Population Health Management and Data Analytics Pharmacy
- Psychiatric Pharmacy
- Solid Organ Transplant Pharmacy
- Specialty Pharmacy Administration and Leadership
- Other (please specify)

\*What BPS certifications do you currently hold? Please check all that apply.

- Ambulatory Care Pharmacy (BCACP)
- Cardiology Pharmacy (BCCP)
- Compounded Sterile Preparations Pharmacy (BCSCP)
- Critical Care Pharmacy (BCCCP)
- Geriatric Pharmacy (BCGP)
- Infectious Diseases Pharmacy (BCIDP)
- Nuclear Pharmacy (BCNP)
- Nutrition Support Pharmacy (BCNSP)
- Oncology Pharmacy (BCOP)
- Pediatric Pharmacy (BCPPS)
- Pharmacotherapy (BCPS)
- Psychiatric Pharmacy (BCPP)
- Solid Organ Transplantation Pharmacy (BCTXP)
- None

\*What BPS certifications have you previously held? Please check all that apply.

- Ambulatory Care Pharmacy (BCACP)
- Cardiology Pharmacy (BCCP)
- Compounded Sterile Preparations Pharmacy (BCSCP)
- Critical Care Pharmacy (BCCCP)
- Geriatric Pharmacy (BCGP)
- Infectious Diseases Pharmacy (BCIDP)
- Nuclear Pharmacy (BCNP)
- Nutrition Support Pharmacy (BCNSP)
- Oncology Pharmacy (BCOP)
- Pediatric Pharmacy (BCPPS)
- Pharmacotherapy (BCPS)
- Psychiatric Pharmacy (BCPP)
- Solid Organ Transplantation Pharmacy (BCTXP)
- None

*(If certifications previously held)* Why did you choose not to renew your BPS certification(s)?  
[open text box]

\*On average, how many DAYS per week do you practice in your pain management practice site?

- Less than 1 day
- 1–2 days
- 3–5 days
- More than 5 days

\*In an average week, what PERCENTAGE of your time do you estimate is devoted exclusively to providing direct patient care and services according to this definition? (Note: This may be the same as reported in the previous question; however, it may also be different. For example, you may provide additional services at your pain management practice that are unrelated to direct patient care.)

- 81%–100%
- 61%–80%
- 41%–60%
- 21%–40%
- 20% or less

\*What percentage of your time in pain management is spent on the following activities? (rating box ahead of each choice to list percentage) = 100%

- Assess patients with pain
- Engage in the comprehensive pharmacological management of patients with pain
- Advance opioid stewardship
- Educate patients, patient families, caregivers, other health care professionals, and the general public

\*What age group(s) do you serve in your pain management practice setting? Please check all that apply.

- Adults
- Geriatrics
- Pediatrics

\*What is the percentage of the patients that you care for with health care disparities, such as people from racial and ethnic minority groups, people with disabilities, people who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other), people with limited English proficiency, or people who are socioeconomically disadvantaged?

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Not applicable

\*What percentage of your time do you spend serving these types of patients in your pain management practice setting? (=100%)

- Acute pain (nonsurgical)
- Perioperative

- Chronic pain
- End of life
- Oncology
- Palliative care

\*If the petition to recognize pain management pharmacy practice as a specialty is approved, how likely would you be to pursue this specialty recognition within the next 5 years?

- Highly likely
- Likely
- Somewhat likely
- Unlikely
- Highly unlikely

\*Are you directly responsible for hiring pain management pharmacist specialists within your organization?

- Yes
- No

### **Pain Management Pharmacist Specialist Employers**

#### **Definition of Pain Management Pharmacist Specialists**

*Pain management pharmacist specialists are experts in the delivery of direct patient care as members of interprofessional health care teams, leaders of opioid stewardship programs, educators of health care providers, and advocates and educators for patients and their caregivers. Specialists leverage evidence-based medicine to care for patients of all ages, across the spectrum of complex pain, including, but not limited to, acute, chronic, palliative, and end-of-life, and within all care settings.*

*Pain management pharmacist specialists utilize pharmacokinetic and pharmacogenomic data, and biopsychosocial factors, to design patient centered pain regimens and implement, monitor, and modify comprehensive medication plans to improve safety and efficacy that result in optimal outcomes. Specialty pain pharmacy practice enhances public health by optimizing pain management, mitigating risk, and implementing harm reduction strategies. Highly advanced communication skills, the ability to interpret published literature in a dynamic and evolving practice area, and a focus on quality and safety in compliance with established standards, regulations, and professional best practices are required for pain management pharmacist specialists.*

\*What is the TOTAL NUMBER of clinical pharmacist FTEs allocated to serving patients with pain within your organization?

\*What is the TOTAL NUMBER of administrative or management pharmacist FTEs allocated to serving patients with pain within your organization?



\*What PERCENTAGE of your employee pharmacists do you believe are currently practicing in the area of specialization as defined above?

\*What PERCENTAGE of these pharmacists practicing in the area of specialization are currently required to have advanced clinical training (e.g., residency training)?

\*What PERCENTAGE of these pain management pharmacist positions currently require BPS specialty certification or other earned credentials?

\*Do you have a credentialing and privileging program for pharmacists within your organization?

- Yes
- No

*(If yes)* \* Is BPS Board Certification currently a requirement for your credentialing and privileging program?

- Yes
- No

*(If no)* \* Do you anticipate that BPS Board Certification will become a requirement for your credentialing and privileging program within the next 3 years?

- Yes
- No

\*What is the TOTAL NUMBER of pain management pharmacist positions within your institution that are currently vacant/unfilled?

\*Please rank, in preferred order, the current desired level of training for pharmacists practicing in pain management pharmacy in your organization. 1=most desired; 6=least desired

- PGY1 Residency—Pharmacy
- PGY2 Residency—Palliative Care/Pain Management
- PGY2 Residency—Other
- Fellowship training
- Employer-provided training program
- None required or desired

\*If BPS recognizes pain management pharmacy practice as a specialty, what is the likelihood that you would require this new specialty credential for newly hired pharmacists within your organization?

- Highly likely
- Likely
- Somewhat likely
- Unlikely
- Highly unlikely

\*If BPS recognizes pain management pharmacy as a specialty, what is the likelihood that you would require this new specialty credential for currently employed pain management pharmacists within your organization?

- Highly likely
- Likely
- Somewhat likely
- Unlikely
- Highly unlikely

\*Which of the following ranges best describes your organization's anticipated growth in the number of pain management pharmacists (as described above) over the next 5 years?

- Projected decrease
- 0%–5%
- 6%–10%
- 11%–20%
- >20%

\*How many positions for pain management pharmacists (as defined above) has your organization recruited over the past 3 years, from August 1, 2019, to August 1, 2022?

\*What PERCENTAGE of these positions were filled?

\*How many positions for pain management pharmacists (as defined above) do you estimate you will hire within the next 3 years?

Thank you for taking the time to share your experiences and insights.

OPTIONAL: If you would like to support this recognition effort by signing the petition to BPS, please add your signature in support of this proposed specialty by completing the following information:

First Name

Last Name

Credentials

Place of Employment

Title

Work Address

Work Address Line 2

City

State

Zip Code

Work Phone Number

Work Email Address

# **Appendix F-1**

## **ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Pain Management and Palliative Care Pharmacy Residencies**



## REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) PAIN MANAGEMENT AND PALLIATIVE CARE PHARMACY RESIDENCIES

### Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs*. The first four competency areas described herein are required, and the others are elective.

The required competency areas and all of the goals and objectives they encompass must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas described in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals encompassed by the program's selected program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

Each of the objectives listed in this document has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.<sup>1</sup>

Competency areas for PGY1 residencies are available on the ASHP website. PGY2 competency areas, goals, and objectives in pain and palliative care pharmacy are differentiated from those from PGY1 by specialization and the expectation of PGY2 residents for greater work competence and proficiency.

### Definitions

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

*Required:* Four competency areas are required (all programs must include them and all their associated goals and objectives).

<sup>1</sup>Anderson, L. W. and Krathwohl, D. R., et al (Eds.) (2001) *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. Allyn & Bacon. Boston, MA (Pearson Education Group).

*Additional (for program):* Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.

*Elective (for specific residents):* Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples that describe competent performance of educational objectives. Since the criteria are examples, they are not all required but are intended to be used to give feedback to residents on how well they are doing and how they can improve on the skill described in educational objectives while they engage in an activity.

Activities: The Standard requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Activities are the answer to the question, “What can residents do in the context of this learning experience that will provide the kind of experiences necessary to achieve the educational objective?” (compare and contrast activities with criteria by referring to the definition of criteria immediately above). Specified activities should match the Bloom’s Taxonomy learning level stated in parentheses before each objective.

Example:

*Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.*

*Learning activity:* Provide education to patients regarding proper medication use and administration, adherence, and possible adverse drug effects for all new medications initiated during clinic appointments.

*Criteria:*

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

## Competency Area R1: Patient Care

(See the appendix for additional specific requirements.)

**Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients requiring pain management and palliative care following a consistent patient care process.**

**Objective R1.1.1: (Applying) Interact effectively with health care teams to manage medication therapy for patients requiring pain management and palliative care.**

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in consensus building, negotiation, and conflict management.
- Demonstrates advocacy for the patient.
- Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.

**Objective R1.1.2: (Applying) Interact effectively with patients requiring pain management and palliative care, and their family members, and caregivers.**

Criteria:

- Interactions are respectful and collaborative.
- Maintains accuracy and confidentiality of patients' protected health information.
- Uses effective (e.g., clear, concise, accurate) communication skills.
- Empowers patients, family members, and caregivers regarding the patient's well-being and health outcomes.
- Communicates with family members to obtain patient information when patients are unable to provide the information.
- Communicates with patient and family about initiation and changes of patient therapies.
- Demonstrates advocacy for caregivers.
- Demonstrates empathy, cultural sensitivity, and support to patients and loved ones who are coping with terminal disease, disfigurement, chronic pain, opioid addiction, dying, death, and loss.
- Effectively participates in family meetings, and/or goals of care discussions when applicable.

**Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for patients requiring pain management and palliative care.**

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
  - Chief complaint.
  - History of present illness.
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Social history.
  - Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements (e.g., herbal, nutraceuticals); immunizations; and allergies.
  - Prescription drug monitoring program data when available.

- Patient assessment (examples include, but are not limited to, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems (e.g., RASS, CAM-ICU, Mini-Mental State Exam, Unidimensional and Multidimensional pain assessment scales, palliative performance scale).
- Pharmacogenomics and pharmacogenetic information, if available.
- Adverse drug reactions.
- Medication adherence and persistence.
- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable sources available, including electronic, face-to-face, and others.
- Patient information is comprehensive, organized, and integrated for subsequent problem solving and decision making.
- Clarifies information as needed.
- Displays understanding of limitations of information in health records.
- Poses appropriate questions as needed.

**Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients requiring pain management and palliative care.**

**Criteria:**

- Includes accurate assessment of patient's:
  - Health and functional status.
  - Risk factors.
  - Health data.
  - Cultural factors.
  - Health literacy.
  - Access to medications.
  - Immunization status.
  - Need for preventive care and other services, when appropriate.
  - Other aspects of care, as applicable.
- Appropriately identifies medication therapy problems, including:
  - Lack of indication for medication.
  - Medical conditions for which there is no medication prescribed.
  - Medication prescribed or continued inappropriately for a particular medical condition.
  - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  - Medication toxicity requiring medication therapy modifications.
  - Abnormal lab values requiring medication therapy modifications.
  - Therapeutic duplication.
  - Adverse drug or device-related events or the potential for such events.
  - Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
  - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - Patient not receiving full benefit of prescribed medication therapy.
  - Problems arising from the financial impact of medication therapy on the patient.
  - Patient lacks understanding of medication therapy.

- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Patient assessment needed.
- Discrepancy between prescribed medications and established care plan for the patient.
- Prioritize a pain and palliative care patient's health care needs.

**Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients requiring pain management and palliative care.**

**Criteria:**

- Specify evidence-based, measurable, achievable therapeutic goals that include consideration of:
    - Relevant patient-specific information, including culture and preferences.
    - The goals of other interprofessional team members.
    - The patient's disease state(s).
    - Medication-specific information.
    - Best evidence, including clinical guidelines and the most recent literature.
    - Effectively interprets new literature for application to patient care.
    - Ethical issues involved in the patient's care.
    - Quality-of-life issues specific to the patient.
    - End of life issues.
    - Integration of all the above factors influencing the setting of goals.
  - Designs/redesigns regimens that:
    - Are appropriate for the disease states being treated.
    - Reflect:
      - Clinical experience.
      - The therapeutic goals established for the patient.
      - The patient's and caregiver's specific needs.
- Consideration of:
- Any pertinent pharmacogenomic or pharmacogenetic factors.
  - Best evidence.
  - Pertinent ethical issues.
  - Pharmacoeconomic components (patient, medical, and systems resources).
  - Patient preferences, culture, and/or language differences.
  - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Drug shortages.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization's or patient's insurance formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and promotion of self-management.
  - Considers factors unique to geriatric and/or terminal patients when developing palliative care plans (e.g., quality of life, frailty).
  - Considers cultural factors.
  - Discontinues treatment and/or medications when appropriate.
  - Designs/redesigns monitoring plans that:
    - Effectively evaluate achievement of therapeutic goals.



- Ensure adequate, appropriate, and timely follow-up.
- Establish parameters that are appropriate measures of therapeutic goal achievement.
- Reflect consideration of best evidence.
- Select the most reliable source for each parameter measurement.
- Have appropriate value ranges selected for the patient.
- Have parameters that measure efficacy.
- Have parameters that measure potential adverse drug events.
- Have parameters that are cost-effective.
- Have obtainable measurements of the parameters specified.
- Reflects consideration of compliance.
- Anticipates future drug-related problems.
- When applicable, reflects preferences and needs of the patient.
- Plan represents the highest level of patient care.

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients requiring pain management and palliative care by taking appropriate follow-up actions.**

**Criteria:**

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
  - Poses appropriate questions as needed. Recommendation is persuasive.
  - Presentation of recommendation accords patient's right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Plan represents the highest level of patient care.
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Patient receives their medication as directed.
  - Medications in situations requiring immediacy are effectively facilitated.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.

- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

**Objective R1.1.7: (Applying) For patients requiring pain management and palliative care, document direct patient care activities appropriately in the medical record, or where appropriate.**

Criteria:

- Accurately and concisely communicates drug therapy recommendations to healthcare professionals representing different disciplines.
- Appropriately documents patient/caregiver communication and all relevant direct patient care activities in a timely manner.

**Objective R1.1.8: (Applying) Demonstrate responsibility to patients requiring pain management and palliative care for patient outcomes.**

Criteria:

- Gives priority to patient care activities.
- Routinely ensures completion of all steps of the medication management and pharmacist patient care process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Ensures appropriate transitions of care.
- Communicates with patients and family members/caregivers about their medication therapy.
- Determines barriers to patient compliance and makes appropriate adjustments.

**Goal R1.2: Ensure continuity of care during patient transitions between care settings for patients requiring pain management and palliative care.**

**Objective R1.2.1: (Applying) Manage transitions of care effectively for patients requiring pain management and palliative care.**

Criteria:

- Participates in thorough medication reconciliation when necessary.
- When appropriate, follows up on identified drug-related problems, additional monitoring, and education in a timely and caring manner.
- Provides accurate, pertinent, and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
- Provides appropriate information to other pharmacists in transitions to mitigate medication therapy problems.

## **Competency Area R2: Advancing Practice and Improving Patient Care**

**Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for patients requiring pain and palliative care, as applicable to the organization.**

**Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, order set or protocol related to care of patients requiring pain management and palliative care.**

Criteria:

- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles for advancing pharmacotherapy knowledge.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness and timeliness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- When appropriate, may include proposals for medication-safety technology improvements.

**Objective R2.1.2: (Applying) Participate in the review of medication event reporting and monitoring related to care for patients requiring pain management and palliative care.**

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.
- Effectively apply pain and opioid stewardship principles to enhance the safe use of medications for the population served.

**Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.**

Ideally, objectives R2.2.1-R2.2.6 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.
--

**Objective 2.2.1: (Analyzing) Identify and/or demonstrate understanding of specific project topic to improve patient care in a pain management and palliative care pharmacy.**

Criteria:

- Appropriately identifies or understands problems and opportunities for improvement or research projects.
- Conducts a comprehensive literature search and draws appropriate conclusions.
- Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

**Objective R2.2.2: (Creating) Develop a plan or research protocol for a pharmacy practice quality improvement or research project in pain management and palliative care.**

Criteria:

- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based and/or basic pharmacoeconomic principles, if needed.
- Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Implements the project as specified in its design.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

**Objective R2.2.3: (Evaluating) Collect and evaluate data for a pharmacy practice quality improvement or research project related to the care of patients requiring pain management and palliative care.**

Criteria:

- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Develops and follows an appropriate research or project timeline.
- Correctly identifies need for additional modifications or changes to the project.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Considers the impact of the limitations of the project or research design on the interpretation of results.
- Accurately and appropriately develops plan to address opportunities for additional changes.

**Objective R2.2.4: (Applying) Implement the project designed to improve patient care related to patients requiring pain management and palliative care.**

Criteria:

- Plan is based on appropriate data.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.

- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Gains necessary commitment and approval for implementation.
- Follows established timeline and milestones.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Outcome of change is evaluated accurately and fully.

**Objective R2.2.5: (Evaluating) Assess changes or the need to make changes to improve patient care, related to the care for patients requiring pain management and palliative care.**

Criteria:

- Evaluate data and/or outcome of project accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

**Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication, related to care for patients requiring pain management and palliative care, at a local, regional, or national conference (the presentation may be virtual).**

Criteria:

- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

## **Competency Area R3: Leadership and Management**

**Goal R3.1: Demonstrate leadership and management skills for successful self-development in the provision of care for pain management and palliative care patients.**

**Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership and management in the provision of care for pain management and palliative care patients.**

Criteria:

- Demonstrates efficient time management.
- Manages conflict effectively.

- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.
- Effectively participates in patient care related services, including interprofessional teams, and family-team planning meetings.

**Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for pain management and palliative care patients.**

Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).
- Review and interpret the most recent primary literature.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, through membership in professional organizations related to pain management and palliative care.
- Evaluate clinical practice activities for potential contributions to scholarship.

**Goal R3.2: Demonstrate management skills in the provision of care for pain management and palliative care patients.**

**Objective R3.2.1: Demonstrates effective self-management of unique emotional challenges associated with dying, death, loss, chronic pain, substance abuse, and implement effective communication skills when interacting with patients, families and caregivers.**

Criteria:

- Identifies and articulates the unique and challenging emotions that come with dying, death, loss, chronic pain, mental disorders, and substance use disorder.
- Explains and uses strategies for providing care while experiencing challenging emotions.
- Use effective strategies for breaking bad news and/or leading difficult conversations, etc.

**Objective R3.2.2: (Applying) Manage one's own pain management and palliative care practice effectively.**

Criteria:

- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.

- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, and meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Demonstrates effective advocacy for one’s own practice and for pharmacy.
- Demonstrates adaptability to practice needs.

## **Competency Area R4: Teaching, Education, and Dissemination of Knowledge**

**Goal R4.1: Provide effective medication and practice-related education to patients requiring pain management and palliative care, caregivers, health care professionals, students, and the public (individuals and groups).**

**Objective R4.1.1: (Applying) Design effective educational activities related to pain management and palliative care.**

Criteria:

- Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient, student versus PGY1 resident).
- Selects topics of significance to pain and palliative care pharmacy as outlined in the appendix.
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

**Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to pain management and palliative care.**

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

**Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to pain and palliative care.**

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one's own work and does not engage in plagiarism.

**Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to pain management and palliative care.**

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains, reviews, and applies feedback from learners and others to improve effectiveness as an educator.

**Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in pain management and palliative care.**

**Objective R4.2.1: (Analyzing) When engaged in teaching related to pain management and palliative care, select a preceptor role that meets learners' educational needs.**

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  - Selects direct instruction when learners need background content.
  - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  - Selects coaching when learners are prepared to perform a skill under supervision.
  - Selects facilitating when learners have performed a skill satisfactorily under supervision.

**Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to pain management and palliative care.**

Criteria:

- Accurately assesses the learner's skill level to determine the appropriate preceptor role for providing practice-based teaching.
- Instructs students, technicians, or others as appropriate.



- Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

# **ELECTIVE COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR PAIN AND PALLIATIVE CARE POSTGRADUATE YEAR TWO (PGY2) PHARMACY RESIDENCIES**

## **Competency Area E1: Academia**

**Goal E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.**

**Objective E1.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.**

Criteria:

- Accurately describes variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service, including public versus private colleges/schools of pharmacy and relationships between scholarly activity and teaching, practice, research and service.
- Accurately describes the academic environment, including how the decisions by university and college administration impact the faculty and how outside forces (e.g. change in the profession, funding source, accreditation requirements) that impact administrator and faculty roles.
- Accurately described faculty roles and responsibilities.
- Accurately describes the types and ranks of faculty appointments, including the various types of appointments (e.g. non-tenure, tenure-track, and tenured faculty), various ranks of faculty (e.g. instructor, assistant professor, associate professor, full professor), and the role and implications of part-time and adjunct faculty as schools continue to expand and faculty shortages occur, and promotion and tenure process for each type of appointment, including types of activities that are considered in the promotion process and for tenure.
- Accurately explains the role and influence of faculty in the academic environment, including faculty in governance structure (e.g. the faculty senate, committee service) and faculty related to teaching, practice, research, and service roles (e.g. curriculum development and committee service).
- Accurately identifies resources available to help develop academic skills, including the role of academic-related professional organizations (e.g. AACP) and other resources to help develop teaching skills and a teaching philosophy.
- Accurately identifies and describes ways that faculty maintain balance in their roles.
- Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).

**Goal E1.2: Exercise case-based and other teaching skills essential to pharmacy faculty.**

**Objective E1.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.**

Criteria:

- Identifies the appropriate level of case-based teachings for small group instruction.
- Identifies appropriate exercises for laboratory experiences.
- Provides appropriate and timely feedback to improve performance.

**Objective E1.2.2: (Applying) Effectively apply methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.**

Criteria:

- Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.
- Accurately describes methods of responding to incidents of academic dishonesty.
- Accurately explains the role of academic honor committees in cases of academic dishonesty.
- Identifies examples and methods to address unprofessional behavior in learners.
- Accurately describes copyright regulations as related to reproducing materials for teaching purposes.
- Accurately describes copyright regulations as related to linking and citing on-line materials.

**Goal E1.3: Develops and practices a philosophy of teaching.**

**Objective E1.3.1: (Creating) Develop or update a teaching philosophy statement.**

Criteria:

- Teaching philosophy includes:
  - Self-reflection on personal beliefs about teaching and learning; If updating, reflect on how one's philosophy has changed.
  - Identification of attitudes, values, and beliefs about teaching and learning; and,
  - Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.

**Objective E1.3.2: (Creating) Prepare a practice-based teaching activity.**

Criteria:

- Develops learning objectives using active verbs and measureable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activity is consistent with learning objectives in course syllabus.

**Objective E1.3.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.**

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
  - Organizes student activities (e.g., student calendar);
  - Effectively facilitates topic discussions and learning activities within the allotted time;
  - Effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
  - Effectively assesses student performance; and,

- Provides constructive feedback.

**Objective E1.3.4: (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.**

Criteria:

- Portfolio includes:
  - A statement describing one's teaching philosophy;
  - Curriculum vitae;
  - Teaching materials including slides and other handouts for each teaching experience;
  - Documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
  - Peer/faculty evaluations; and,
  - Student/learner evaluations.

## **Competency Area E2: Initiating a Pain and/or Palliative Care Pharmacy-Related Service**

**Goal E2.1: Develop a proposal for a new pain and/or palliative care pharmacy-related service.**

**Objective E2.1.1: (Creating) Write a proposal for an pain and/or palliative care pharmacy-related service.**

Criteria:

- Proposal meets a perceived need of the health system and its patients.
- Proposal is clear and persuasive.
- Effectively employs clinical, humanistic, and economic outcome strategies to justify pain and palliative care pharmacy services, as applicable.
- Appropriately documents outcomes of pain and palliative care pharmacy services.

**Objective E2.1.2: (Creating) Present a proposal for a new pain and/or palliative care pharmacy-related service.**

Criteria:

- Identifies appropriate concerned entities as audience for presentation.
- Uses effective presentation skills.

**Objective E2.1.3: (Applying) Implement a new pain and/or palliative care pharmacy-related service.**

Criteria:

- Identifies appropriate strategies for implementing the new service.
- Effectively employs selected strategies for implementing the new service.

**Objective E2.1.4: (Applying) Appraise a new pain management and/or palliative care pharmacy service.**

Criteria:

- Accurately evaluates adequacy of the new service in meeting the stated goals.

## **Competency Area E3: Provision of Prescribing Medications and the Credentialing Process as the Advanced Practice Pharmacist Practitioner**

**Goal E3.1: Applies the credentialing process for prescribing medications as the clinical pharmacy practitioner.**

**Objective E3.1.1: (Understanding) Demonstrates understanding of key elements to obtain the status of the advanced practice pharmacy specialist's scope of practice in pain management and/or palliative care.**

Criteria:

- Demonstrate understanding of the list of qualifications to apply for an advanced clinical scope of practice applicable to your practice site (such as active license in the state of practice, completion of a residency, possess certification in area of practice, maintain active BLS or ACLS as appropriate for the clinical setting, or 1500 hours of clinical experience under a collaborative practice agreement).
- Describes the process of established procedures to successfully apply for an advanced clinical scope of practice.
- Demonstrates understanding of the practice setting's policy for applying for an advanced clinical scope of practice to attain prescribing privileges.
- Follow established procedures to successfully apply (may be a hypothetical application if not permitted at the site) for credentialing as a pain and/or palliative care pharmacy practitioner.
- Describes the pharmacist process for applying to the Drug Enforcement Agency (DEA) to prescribe controlled substances and identify key states in where this process is allowed.

**Objective E3.1.2: (Understanding) Demonstrates understanding of the prescribing process of the advanced practice pharmacy specialist's role in pain and/or palliative care.**

Criteria:

- Describes the process of developing, documenting, and executing therapeutic plans utilizing the most effective, safest, clinically indicated pharmacotherapeutic treatments with approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrates understanding of the practice setting's policy for the ordering, reviewing and interpreting appropriate laboratory tests and other diagnostic studies necessary to monitor, support, and modify the patient's drug therapy with approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of the practice setting's policy for the prescribing of medications, devices and supplies to include: initiation, continuation, discontinuation, monitoring and altering therapy within approved clinical scope of practice (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of practice setting's policy for administering drugs and/or biological by injection (may be a hypothetical application if not permitted at the site).
- Participate in professional practice evaluation (PPE) program or peer review program to ensure competent and ethical treatment of patients (may be a hypothetical application if not permitted at the site).
- Demonstrate understanding of practice setting's policy for reimbursement models (may be a hypothetical application if not permitted at the site).
- Describe the pharmacist patient care process.

## Competency Area E4: Delivery of Medications

**Goal E4.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for pain and palliative care patients.**

**Objective E4.1.1: (Applying) Facilitate delivery of medications for patients requiring pain and palliative care following best practices and local organization policies and procedures and applicable state and federal laws.**

Criteria:

- Ensures correct interpretation of appropriateness of a medication order before they are prepared or permitting the distribution of the first dose, including:
  - Identifying, clarifying, verifying, and correcting any medication order errors.
  - Considering complete patient-specific information.
  - Identifying existing or potential drug therapy problems.
  - Determining an appropriate solution to an identified problem.
  - Securing consensus from the prescriber for modifications to therapy.
  - Ensuring that the solution is implemented.
- Facilitates preparation of medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  - When required, accurately calibrating equipment.
  - Adhering to appropriate safety and quality assurance practices.
  - Ensuring preparation of labels that conform to the health system's policies and procedures, as appropriate.
  - Ensuring that medication has all necessary and appropriate ancillary labels.
  - Inspecting the final medication before dispensing for accuracy, as appropriate.
- Ensures that when medication products are dispensed:
  - Follows the organization's policies and procedures.
  - Ensures ability to access prescription drug monitoring program (PDMP) per facilities policies.
  - Ensures the patient receives the medication(s) as ordered.
  - Ensures the integrity of medication dispensed.
  - Provides any necessary written and/or verbal counseling for the patient and support/education for relevant interdisciplinary staff (e.g. nursing, respiratory therapy).
  - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.
- Ensures appropriate dosing, preparation, and dispensing the following types of medications:
  - Medications used in emergency response (psychiatric crisis, overdose, neurologic emergency).
- Assesses appropriate stock of automatic dispensing cabinets.
- References appropriate literature resources to ensure use of proper practices regarding compatibility, and concentrations.

**Objective E4.1.2: (Applying) Manage aspects of the medication-use process related to formulary management for pain and palliative care.**

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are evaluated, dispensed, administered, and monitored in a manner that ensures patient safety.

**Objective E4.1.3: (Applying) Facilitate aspects of the medication-use process for pain and palliative care patients.**

Criteria:

- Makes effective use of technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety.
- Effectively prioritizes workload and organizes workflow.
  - Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
  - Promotes safe and effective drug use on a day-to-day basis.

## **Competency Area E5: Medication-Use Evaluations**

**Goal E5.1: Lead a medication-use evaluation.**

**Objective E5.1.1: (Evaluating) Lead a medication-use evaluation related to care of pain and palliative care patients.**

Criteria:

- Uses evidence-based principles to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Identifies problems and opportunities for improvement and analyzes relevant background data.
- Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
- Utilizes best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Other examples include performing an MUE, or implementing some metric or measure in the practice setting, evaluating results, and suggesting a plan for improvement.
- Demonstrates appropriate confidence and assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

## **Competency Area E6: Management of Pain and Palliative Care Medical Emergencies**

**Goal E6.1: Participate in the management of medical emergencies in pain and/or palliative care patients.**

**Objective E6.1.1: (Applying) Exercise skill as a team member in the management of medical emergencies in the pain and/or palliative care patient.**

Criteria:

- Demonstrates understanding of organization's protocol for medical emergencies.
- Appropriately prepares and dispenses medications during medical emergencies relating to opioid overdoses.
- Anticipate, recognize and make appropriate recommendations regarding symptom management emergencies (e.g., spinal cord compression, pain crisis).

**Objective E6.1.2: (Complex Overt Response) When administration is appropriate, exercise skill in the administration of emergency medications for a patient.**

Criteria:

- Uses appropriate techniques when demonstrating use or administering emergency medications for patients relating to opioid overdose.
- Effectively demonstrates use or administers emergency medications for patients relating to opioid overdose.

**Objective E6.1.3: (Applying) Interact effectively with health care teams to manage patients' emergency medication therapy in the pain and/or palliative care setting.**

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates advocacy for the patient.

## **Competency Area E7: Specialty Pharmacy**

**Goal E7.1: Effectively fulfill the major functions of a specialty pharmacist, including intake, clinical management, fulfillment, and facilitating optimal outcomes.**

**Objective E7.1.1: (Applying) Effectively engage in clinical management activities for specialty pharmacy patients.**

Criteria:

- Addresses Risk Evaluation and Mitigation Strategies (REMS) with pain and palliative care medications.
- Develops individualized education plan for specialty pharmacy patients to achieve treatment goals.

**Objective E7.1.2: (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.**

Criteria:



- Determines clinical, patient-reported, operational, and financial data to be collected based on the parameters of disease state and medication, and how data will be obtained from internal and external sources.
- Obtain, collect, and extract clinical, patient-reported, operational, and financial data.
- Analyzes and interprets clinical and patient-reported data to determine clinical and patient-reported outcomes to improve patient treatment and quality of life.
- Analyzes and interprets operational and financial data to determine operational and financial outcomes to evaluate the pharmacoeconomic impact of service offerings.

## **Competency Area E8: Writing for Publication**

**Goal E8.1: Write articles that provide pertinent medication use information on pain management and palliative care related topics for health care professionals and/or the public.**

**Objective E8.1.1: (Applying) Use knowledge of the purpose of a particular publication to write articles that provide pertinent pain management and palliative care-related topics for health care professionals and/or the public.**

Criteria:

- Identifies pain management and palliative care-related topics that would be suitable for a particular audience.
- Submits a suitably formatted article on a pain management and palliative care-related topic for peer-reviewed publication.
- Effectively provides peer review of a pharmacy or pain management and palliative care-related article for publication.

## **Competency Area E9: Clinical Investigations**

**Goal E9.1: Participate in the operation of a system that prepares and distributes investigational pain management and palliative care-related medications.**

**Objective E9.1.1: (Evaluating) Evaluate relevant aspects of a pain management and palliative care-related investigational drug study.**

Criteria:

- Demonstrates understanding of factors to consider (e.g., impact on pharmacy budget, personnel) when determining the feasibility of a proposed pain management and palliative care-related investigational drug study.
- Demonstrates understanding of drug procurement, storage, preparation, administration, and accountability considerations for investigational or other research-related drugs.
- Demonstrates understanding of the phases of the investigational drug development process and the objectives for each phase as it applies to approving pain management and palliative care-related drugs.
- Demonstrates understanding of the steps in the investigational drug protocol approval process.

- Demonstrates understanding of the purposes of standard sections of investigational protocols for pain management and palliative care -related therapy.
- Demonstrates understanding of factors to consider when judging the adequacy of the informed consent document.
- Demonstrates understanding of the laws and regulations governing informed consent (and, in pediatric patients, assent) and conduct of clinical research.

**Objective E9.1.2: (Applying) Manage the use of pain management and palliative care investigational drugs according to established protocols and the organization's policies and procedures.**

Criteria:

- Demonstrates understanding of the organization's policies by following the proper procedures and protocol when managing the use of investigational pain management and palliative care drugs.

**Objective E9.1.3: (Understanding) Compares and contrasts record-keeping requirements of various regulatory agencies covering pain management and palliative care-related clinical research studies.**

Criteria:

- Explains the process for reporting adverse reactions to drugs used in a pain management and palliative care-related investigational protocol.

## **Competency Area E10: Added Leadership and Practice Management Skills**

**Goal E10.1: Exhibits additional skills of a practice leader.**

**Objective E10.1.1: (Applying) Exhibits additional personal skills of a practice leader.**

Criteria:

- Establishes sustained active participation in relevant professional associations.
- Speaks clearly and distinctly in grammatically correct English or the alternate primary language of the practice site.
- Use listening skills effectively.
- Uses effective body language when listening to others.
- Effectively uses verbal techniques to enhance listening to others.
- Uses correct grammar, punctuation, spelling, style, and formatting conventions in preparing written communications.
- Considers recipient's preferences to determine the appropriate type of, and medium and organization of communications.
- Communicates in terms appropriate to one's audience.
- Accurately determines audience's needs.
- Explain the importance of assessing the listener's understanding of the message conveyed.
- Accurately assesses and addresses the level of health literacy of a patient.
- Uses sources of patient information that are appropriately adjusted for various levels of health literacy.
- Effectively uses techniques for persuasive communications.
- Applies guidelines for the preparation of statements to be distributed to the media.

**Objective E10.1.2: (Applying) Contribute to pain management and palliative care pharmacy departmental management.**

**Criteria:**

- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Helps identify and define significant departmental needs.
  - Manpower/staffing.
  - Staff scheduling and contingencies.
  - Staff qualifications.
  - Assesses and develops educational opportunities for critical care service line staff.
- Helps develop plans that address departmental needs.
  - Orientation.
  - Training and supervision.
  - Effectively participate in, or evaluate, strategic plan.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

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The effective date for implementation of these educational outcomes, goals and objectives is July 1, 2018.

## Appendix

### PGY2 Pharmacy Residencies in Pain Management and Palliative Care

As indicated in the overview at the beginning of this document, PGY2 pharmacy residencies in pain management and palliative care are designed to transition PGY1 pharmacy residency graduates from generalist practice to specialized practice focused on the pain management and palliative care needs of patients. In this regard, residency graduates should be equipped to participate as essential members of interdisciplinary pain management and palliative care teams and able to make complex therapeutic recommendations in a broad variety of practice settings. Thus, training should focus on developing residents' capabilities to deal with a varied depth and broad range of pain syndromes, including chronic malignant and non-malignant pain, neuropathic pain, and pain related to neurologic, orthopedic and rheumatologic conditions. Palliative care emphasis should be placed on symptom management throughout patients' illnesses and at the end of life.

#### Core Areas or Types of Patient Care Experiences

The list of topics below represents core areas or diseases that graduates of PGY2 Pain Management and Palliative Care programs are expected to have adequate knowledge of to provide patient care. The primary method for PGY2 Pain Management and Palliative Care programs to help residents achieve patient care competence in providing comprehensive medication management is sufficient experience providing patient care in core areas related to pain management and palliative care. Symptom management can occur throughout the patient care experience. In the table below it is listed in the hospice area.

For this purpose, residents are required to have direct patient care experience for disease states listed in the first column, "Required – Direct Patient Care Experience". Topics in the second column, "Required- Case-Based Application Acceptable", may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments. Topics in the third column, "Elective", are considered optional topics or diseases states that programs may include if applicable to the program's patient population. Elective areas may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.

The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions listed below. The resident will also manage patients in direct patient care experiences with these diseases and conditions.

The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions listed below.

The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions listed below.

CONTENT AREAS			
<b>NOTE:</b>	<ul style="list-style-type: none"> <li>▪ <i>Direct Patient Care experiences can be covered in any content area.</i></li> <li>▪ <i>Programs may incorporate as much case-based application and elective experiences through Direct Patient Care at their discretion.</i></li> </ul>		
	REQUIRED	REQUIRED	ELECTIVE
CONTENT AREAS	Direct Patient Care Experience Required	Case-Based Application Acceptable	
<b>Acute Pain Management</b>	<ul style="list-style-type: none"> <li>• Parenteral Pain management (including PCA and other parenteral modalities)</li> <li>• Use of multimodal analgesics, adjuvants, and co-analgesics</li> <li>• Acute pain management in setting of co-morbid substance abuse</li> <li>• Post-op pain management</li> <li>• Application of opioid stewardship principles</li> </ul>	<ul style="list-style-type: none"> <li>• Regional and neuraxial analgesia</li> <li>• Acute opioid overdose (antidotes and strategies)</li> <li>• Perioperative pain management</li> </ul>	<ul style="list-style-type: none"> <li>• Sickle Cell Crisis</li> <li>• Anesthesia and procedural sedation</li> <li>• Pediatrics</li> <li>• Wound Care</li> <li>• Emergency Room or Urgent Care</li> </ul>
<b>Chronic Pain Management</b>	<ul style="list-style-type: none"> <li>• Non-pharmacologic pain management &amp; lifestyle changes</li> <li>• Risk Mitigation strategies (assessment tools, Prescription drug monitoring program (PDMP) review, Urine/Serum drug testing interpretation, &amp; opioid agreements)</li> <li>• Use of multimodal analgesics, adjuvants, and co-analgesics (dosing, conversions, tapers, monitoring, and management of adverse effects)</li> <li>• Chronic low back pain</li> <li>• Osteoarthritis</li> <li>• Pain assessment including use of scales (Multidimensional, Unidimensional, &amp; Special patient populations, including non-verbal patients)</li> <li>• Neuropathy</li> <li>• Pain management in setting of co-morbid substance abuse</li> <li>• Application of opioid stewardship principles</li> </ul>	<ul style="list-style-type: none"> <li>• Chemotherapy-Induced Peripheral Nueropathy</li> <li>• Chronic Regional Pain Syndrome</li> <li>• Headaches</li> <li>• Pain pathophysiology (neuropathic, nociceptive, and central)</li> <li>• Chronic spine disorders (Spinal cord compression, spinal fracture, failed back syndrome)</li> <li>• Pain Self-management strategies</li> <li>• Complexities of pain assessment (barriers and subjectivity thereof)</li> <li>• Fibromyalgia</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral interventions (e.g., psycho-social)</li> <li>• Pediatrics</li> <li>• Rheumatology</li> <li>• Neurology</li> <li>• Integrative / complementary medicine</li> <li>• Pharmacogenomics</li> </ul>

		<ul style="list-style-type: none"> <li>• Post-stroke</li> <li>• Phantom Limb</li> </ul>	
<b>Psychiatric Disorders</b>	<ul style="list-style-type: none"> <li>• Common Depressive Disorders</li> <li>• Neurocognitive Disorders (Delirium and Dementia)</li> <li>• Anxiety disorders</li> <li>• Opioid Use Disorder</li> <li>• Substance-Related &amp; Addictive disorders (ETOH, cannabis, hallucinogens, opioids, sedatives, hypnotics, and tobacco)</li> <li>• Sleep-Wake disorders (Insomnia, OSA, CSA, RLS)</li> </ul>	<ul style="list-style-type: none"> <li>• Laws and regulations related to use of medication assisted treatment (MAT)</li> <li>• Bipolar disorders</li> <li>• Schizophrenia</li> </ul>	<ul style="list-style-type: none"> <li>• Personality disorders</li> <li>• Trauma &amp; Stressor Related disorders, especially PTSD</li> </ul>
<b>Palliative Care and Hospice</b>	<p>Assessment, drug therapy decision-making, and monitoring of hospice patients covering a breadth of admitting diagnoses, including one of these settings (home-based patient, LTC, ALF, inpatient - according to availability in region)</p> <ul style="list-style-type: none"> <li>• Managing death and dying process/ Last 40 hours</li> </ul> <p>Disease states (75% or more required direct patient care, up to 25% case-based):</p> <ul style="list-style-type: none"> <li>• Advanced Cancer and Survivorship</li> <li>• End-stage cardiac disease</li> <li>• End-stage COPD/Pulmonary</li> <li>• End-stage Neurocognitive Disorder</li> <li>• End-stage multi-morbidity</li> <li>• End-stage liver disease (ESLD)</li> <li>• End-stage neurologic disorders (MS, ALS)</li> <li>• End-stage renal disease (ESRD)</li> </ul> <p>Symptom management (75% or more required direct patient care, up to 25% case-based):</p> <ul style="list-style-type: none"> <li>• Anorexia/cachexia</li> <li>• Constipation</li> <li>• Cough</li> <li>• Diarrhea</li> <li>• Dysphagia</li> </ul>	<ul style="list-style-type: none"> <li>• Philosophy of care</li> <li>• Team composition</li> <li>• Transdisciplinary roles and responsibilities</li> <li>• Withdrawing and withholding life-sustaining therapies</li> <li>• Justification of pharmacy services</li> <li>• Psychosocial and Spiritual Care</li> <li>• Hospice eligibility and financial implications</li> <li>• Regulations associated with requests for hastened death</li> <li>• Reimbursement models</li> <li>• Palliative sedation</li> <li>• Respiratory failure and ventilator withdrawal</li> </ul> <p>Discussions:</p> <ul style="list-style-type: none"> <li>• Differences</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatrics</li> </ul>

	<ul style="list-style-type: none"> <li>• Dyspnea</li> <li>• Fatigue</li> <li>• Malignant bowel obstruction</li> <li>• Nausea/vomiting</li> <li>• Noisy respiration/secretions</li> <li>• Pruritus</li> <li>• Seizures</li> <li>• Spinal cord compression</li> <li>• Skeletal-related events</li> <li>• Pain including the assessment and use of scales (multidimensional, unidimensional, and special patient populations, including non-verbal patients)</li> </ul> <p>Communication and Healthcare Decision-making:</p> <ul style="list-style-type: none"> <li>• Family meetings/communication</li> <li>• Goals of care</li> <li>• Motivational interviewing</li> <li>• Recommended communications strategies (SBAR)</li> </ul>	<p>between palliative and hospice care</p> <ul style="list-style-type: none"> <li>• Special issues in hospice care</li> </ul> <p>Communication and Healthcare Decision-Making:</p> <ul style="list-style-type: none"> <li>• Advance directives</li> <li>• Medical futility</li> <li>• Cultural sensitivity</li> <li>• Quality of life awareness</li> <li>• Grief and bereavement</li> <li>• Patient and family values</li> <li>• Suffering</li> </ul>	
<b>Interventional &amp; Integrative Medicine</b>		<ul style="list-style-type: none"> <li>• Neuraxial analgesic therapy</li> <li>• Interventional pain management &amp; techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic Care</li> <li>• Acupuncture</li> <li>• Massage Therapy</li> <li>• Hypnosis</li> <li>• Mindfulness</li> <li>• Yoga</li> <li>• Physical Therapy</li> </ul>



# **Appendix G-1**

## **Pain Management Pharmacy Bibliography**

# Pain Management Pharmacy Bibliography

*As of February 1, 2023*

## Search Terms:

- Pharmacist and pain
- Pharmacist and palliative care
- Pharmacist and substance use disorder
- Pharmacist and opioid use disorder
- Pharmacist and opioid stewardship
- Pharmacist and hospice
- Pharmacist and pain rehabilitation
- Pharmacist and recovery

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# **Appendix G-2**

## **Annotated Literature Review**

## APPENDIX G-2

### Annotated Literature Review

### Pain Management Pharmacist Specialists

#### Role of Pain Management Specialists

Citation	Summary	Conclusion	Relevance to BPS Petition
Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical practice guideline for prescribing opioids for pain—United States, 2022. <i>MMWR Recomm Rep</i> 2022;71(3):1-95.	This guideline provides recommendations for clinicians providing pain care, including those prescribing opioids, for outpatients aged ≥18 years old.	This clinical practice guideline is intended to improve communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy; how to improve the effectiveness and safety of pain treatment; how to mitigate pain; improve function and quality of life for patients with pain; and reduce risks associated with opioid pain therapy, including opioid use disorder, overdose, and death.	These clinical guidelines for prescribing opioids for pain clinicians acknowledge the pharmacist's role within team-based care and promote integrated pain management and collaborative working relationships among clinicians, including behavioral health specialists, such as social workers or psychologists, pharmacists, and registered nurses. They specifically reference the role of the pharmacist in tapering, co-prescribing, and managing clinical cases of patients on benzodiazepines, providing support for Criterion A.
U.S. Department of Veterans Affairs. Clinical pharmacist practitioner (CPP) role in opioid safety. June 2021. Available at: <a href="https://www.pbm.va.gov/PBM/CPPO/Documents/ExternalFactSheet_CPPRoleinOpioidSaf">https://www.pbm.va.gov/PBM/CPPO/Documents/ExternalFactSheet_CPPRoleinOpioidSaf</a>	CPP improve access to care as an additional provider on the team and, like other advanced practice providers, have a responsibility to opioid safety as part of the provision of direct patient care. The CPP is well positioned to	This document outlines the CPP Impact on VHA Metrics related to Opioid Safety.	This document describes the CPP role in opioid safety as an additional provider in team-based care improving both access to care and opioid safety and provides support for Criterion A.

<p><a href="#">ety_508.pdf</a>. Accessed March 22, 2022.</p>	<p>recognize and address opioid safety opportunities and offer more frequent follow-up related to risk reduction efforts, such as opioid and benzodiazepine tapering, Opioid Use Disorder (OUD) medication initiation, and adherence follow-up with medication for Substance Use Disorders.</p>		
<p>Compton WM, Jones CM, Stein JB, Wargo EM. Promising roles for pharmacists in addressing the U.S. opioid crisis. <i>Res Social Adm Pharm</i>. 2019 Aug;15(8):910-6. doi: 10.1016/j.sapharm.2017.12.009. Epub 2017 Dec 31.</p>	<p>The National Institute on Drug Abuse, the National Institutes of Health, and the Office of the Assistant Secretary for Planning and Evaluation of the HHS specifically outlined roles for pharmacists in addressing the opioid crisis.</p>	<p>These roles include:</p> <ul style="list-style-type: none"> <li>▪ Utilize available prescription drug monitoring programs to help prevent the diversion of opioids. <ul style="list-style-type: none"> <li>▪ Identify signs of opioid misuse by patients (e.g., multiple prescriptions from different physicians) and inappropriate prescribing or hazardous drug combinations.</li> <li>▪ Supply patients with information on the risks of opioids, proper storage and disposal of medications, and the harms of sharing medications with others.</li> <li>▪ Serve as a site for distributing the opioid antagonist naloxone and</li> </ul> </li> </ul>	<p>This manuscript outlines the roles for pharmacists in addressing the opioid epidemic and provides support for Criterion A.</p>

		<p>provide guidance about its use.</p> <ul style="list-style-type: none"> <li>▪ Recommend addiction treatment to patients and be a resource for information on addiction treatment options in the community.</li> <li>▪ Provide medications such as buprenorphine and methadone to patients.</li> <li>▪ Implement research to enhance the delivery of addiction interventions and medications in pharmacy settings.</li> <li>▪ Provide education about the neurobiology and management of pain and its links to opioid misuse and addiction in patients.</li> </ul>	
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#### Chronic Non-cancer Pain

Citation	Summary	Conclusion	Relevance to BPS Petition
Seckel E, Jorgenson T, McFarland S. Meeting the national need for expertise in pain management with clinical pharmacist advanced practice providers. <i>Jt Comm J Qual</i>	This commentary advocates for using clinical pharmacist advanced practice providers (APPs) to meet the national need for expertise in pain management. APPs can serve many unique roles in pain	This model is widely used within the Department of Veterans Affairs (VA) where clinical pharmacists have been included and utilized in the management of chronic pain and pain-related conditions for veterans.	This article underscores the value of advanced clinical pharmacists in pain management and provides support for Criterion A.

<i>Patient Saf.</i> 2019;45(5):387-392. doi: 10.1016/j.jcjq.2019.01.002	management, including pain stewardship champions and prescribers on interprofessional care teams. When clinical pharmacist APPs are involved in providing pain management, quality of care and access improves.	This model can also be used to expand clinical pharmacist opportunities related to pain management outside of the VA.	
Coffey CP, Ulbrich TR, Baughman K, Awad MH. The effect of an interprofessional pain service on nonmalignant pain control. <i>Am J Health Syst Pharm.</i> 2019 May 17;76(Supplement_2):S49-54. doi: 10.1093/ajhp/zxy084.	This article evaluated an existing interprofessional, nonmalignant pain service by measuring the difference in patient pain scores (numeric rating scale-11) before and after a pharmacist-led pain education class and medication therapy management (MTM) visit. Secondary objectives included determining the percentage of pharmacist recommendations approved, patient satisfaction, and difference in immediate release (IR) and extended release (ER) opioid use before and after enrollment.	Patients reported an average preenrollment pain score of 8.3/10 (n = 39) and a post-survey pain score of 5.6/10 (n = 39). The IR opioid use averaged 19.7 morphine equivalent daily dose (MEDD) at enrollment and decreased by 40% to 11.8 MEDD. The provider approval rate of the pharmacist-recommended interventions ranged from 80% to 92%, depending on the predesignated disease state category.	An interprofessional, nonmalignant-pain service including a pharmacist-led class resulted in a decrease in average pain scores and MEDD in an underserved population. This article provides support for Criterion A.
Norman JL, Kroehl ME, Lam HM, et al. Implementation of a pharmacist-managed clinic for patients with chronic nonmalignant pain. <i>Am J Health Syst Pharm.</i> 2017;74(16):1229-1235. doi: 10.2146/ajhp160294	A PMPS based in a primary care setting was established to improve the care of patients with chronic nonmalignant pain who are prescribed opioid therapy for a period of 3 months or longer. Clinic patients are referred to the clinic through the electronic health record and managed by a	In this clinic description, pharmacist specialists conduct patient assessments, provide initial and ongoing counseling and education, and make recommendations to providers for opioid dosage adjustments and regimen additions and discontinuations.	This article outlines the value of PMPS to interdisciplinary teams and provides support for Criterion A.

	pharmacist under a collaborative drug therapy management protocol.		
Patel NN. Responding to the opioid crisis: an Indian Health Service pharmacist-led pain management clinic. <i>Fed Pract.</i> 2017;34(11):40-45.	Under a collaborative practice agreement, pain management pharmacists were tasked with assessing, treating, and controlling noncancer chronic pain while improving quality of care and patient satisfaction. The goal of the pharmacist-led pain management clinic was to improve functionality and pain scores and to reduce patient visits to the urgent care clinic and emergency department.	An Indian Health Service pharmacy pain management clinic emphasized judicious opioid prescribing, reduced overdose risk in the community, and improved patient functionality and quality of care through close pharmacotherapy monitoring.	This article outlines the value of PMPS to interdisciplinary teams and provides support for Criterion A.
Miller DM, Harvey TL. Pharmacist pain e-consults that result in a therapy change. <i>Fed Pract.</i> 2015;32(7):14-19.	A pharmacist-led e-consult pain service in a VA Health System is described where pain specialty pharmacists provide support to prescribing primary care providers and enable changes in therapy.	The addition of a pain specialty pharmacist as part of the E-Consult Pain Service provides support to prescribing primary care providers in general chronic pain management, as well as measuring improved adherence to VA/DoD guidelines for chronic pain.	This article outlines the value of PMPS to interdisciplinary teams and provides support for Criterion A.

### Clinical Care for Older Adults

Citation	Summary	Conclusion	Relevance to BPS Petition
Langford S, Hunter E. Interventions to reduce opioid use for pain management in the older adult population: a systematic review. <i>J Appl Gerontol.</i> 2021;40(11):1637-	Pharmacists should be aware of alternative evidence-based treatments for surgical pain in older adults.	With moderate evidence to support, based on findings of five studies, health care practitioners treating older adult postsurgical patients should utilize over-the-counter analgesia (acetaminophen and	This article provides clinical evidence for the role of PMPS in the clinical care of older adults and provides support for Criterion A.

1648. doi: 10.1177/0733464820975550		ibuprofen) to control post-surgical pain after discussion of the risks and benefits of each agent with the patient. The provider should discuss with a pharmacist which agent would be safest for the patient to continue taking after discharge from the hospital.	
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### Naloxone and MAT Provision

Citation	Summary	Conclusion	Relevance to BPS Petition
Mailloux LM, Haas MT, Larew JM, DeJongh BM. Development and implementation of a physician-pharmacist collaborative practice model for provision and management of buprenorphine/naloxone. <i>Ment Health Clin.</i> 2021 Jan 8;11(1):35-9. doi: 10.9740/mhc.2021.01.035.	The purpose of this quality improvement initiative was to develop and implement a PPCPM for management of patients on MOUD with buprenorphine/naloxone to minimize provider burden, expand access to treatment, and enhance overall patient care.	Twenty-five patients were seen over 44 appointments with an estimated 33 hours of psychiatrist time saved. Average initial and end buprenorphine doses, urine drug screen (UDS) results, and mental health (MH) medication interventions were similar between patients seen in PPCPM appointments compared with those seen in psychiatrist-only appointments. Collection of UDS, identification and management of MOUD adherence issues, other service referrals, and medication reconciliation intervention were more frequent in PPCPM appointments.	This article provides clinical and economic evidence for the role of PMPS in the care of patients with MOUD and provides supports to Criterion A.
Tewell R, Edgerton L, Kyle E. Establishment of a pharmacist-led service for patients at high risk for opioid overdose. <i>Am J Health Syst</i>	A program at a family medicine clinic to provide naloxone prescriptions in conjunction with education on naloxone use and	During the first 6 months of clinic operations, 49 patients were identified as being at risk for opioid overdose; pharmacists educated 84% of those patients and	This article provides evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.



<i>Pharm.</i> 2018;75(6):376-383. doi: 10.2146/ajhp170294	opioid hazards to patients at risk for opioid overdose is described.	subsequently confirmed that 69% had filled a naloxone prescription. Naloxone prescribing and provision of education on naloxone use to at-risk patients in a family medicine clinic can help ensure access to life-saving medication and reinforce CDC recommendations on safe prescribing of opioids.	
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### Neuropathy

Citation	Summary	Conclusion	Relevance to BPS Petition
Dumpit JR, McGuire CD, Wang FY, Crandall C, Chen TC. Evaluation of a pharmacist managed telephone pain clinic for neuropathy treatment. <i>J Pain Palliat Care Pharmacother.</i> 2020 Dec;34(4):219-24. doi: 10.1080/15360288.2020.1814479. Epub 2020 Sep 14.	A retrospective cohort study of 830 patients compared pre- and post-enrollment pain scores in a specialized telephone pain clinic. Patients were included if they were referred by VA health care providers with any diagnosis of diabetic neuropathy, fibromyalgia, or postherpetic neuralgia. At discharge, pain medications that were increased were the use of serotonin and norepinephrine reuptake inhibitors, pregabalin, and capsaicin. The telephone pain clinic also may be more effective in maximizing evidenced-based pharmacotherapy for neuropathic pain, suggesting expertise by pharmacist clinical specialists.	Patients who participated in the clinic were found to have a significant 0.83 (P = 0.014) reduction in mean pain score from baseline (6.62, SD 1.96) to discharge (5.79, SD 2.49).	This article provides evidence for the role of PMPS in neuropathy and provides support for Criterion A.

### Opioid Medication Management

Citation	Summary	Conclusion	Relevance to BPS Petition
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Lagisetty P, Smith A, Antoku D, et al. A physician-pharmacist collaborative care model to prevent opioid misuse. <i>Am J Health Syst Pharm</i> . 2020;77(10):771-780. doi: 10.1093/ajhp/zxaa060	<p>Clinical pharmacists in primary care clinics can potentially help manage chronic pain and opioid prescriptions by providing services similar to those provided within their scope of practice to patients with diabetes and hypertension.</p> <p>This paper evaluated the feasibility and acceptability of a pharmacist-physician collaborative care model for patients with chronic pain.</p>	The study demonstrated that co-management of patients with chronic pain is feasible and acceptable. Policy changes to increase pharmacists' authority to prescribe may increase physician willingness and confidence to carry out opioid tapers and prescribe buprenorphine for pain.	This article provides evidence for the role of PMPS in decreasing opioid misuse and provides support for Criterion A.
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### Opioid Stewardship

Citation	Summary	Conclusion	Relevance to BPS Petition
Hemmann BM, Moore PS, Politis PA, Frate DM. A quality improvement pilot of pharmacist-led identification of an inpatient population for opioid stewardship and pain management. <i>J Pain Palliat Care Pharmacother</i> . 2021;35(2):77-83. doi: 10.1080/15360288.2021.1883181	<p>This pilot aimed to assess the feasibility of pharmacist-led identification of a population for pain management and opioid stewardship. All patients admitted to the hospital were screened; electronic health record reports identified all opioid, antidepressant, and benzodiazepine administrations within the previous 24 hours, and pertinent family and social history risk factors for Opioid Use Disorder (OUD) and opioid-induced respiratory depression (OIRD). Data were exported to spreadsheets and calculated risk scores for OUD and OIRD, and opioid utilization and morphine</p>	The mean number of patients identified per day to receive stewardship was 13, and 18.6 potential interventions per day were identified. Based on the results of this pilot, pharmacist-led identification of inpatients warranting pain and opioid stewardship were considered feasible.	This article provides clinical evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.

	milligram equivalents (MME) were tabulated. Chart reviews were completed on patients identified as high risk for OUD or OIRD, if MME was 90 or greater, or those receiving four or more “as needed” opioid doses in the previous 24 hours. Potential regimen adjustments based on the primary investigator’s judgment were categorized.		
Hood A, Hemmann B, Chae S. Survey of opioid stewardship practices in American Society of Health-System Pharmacists (ASHP) Post-Graduate Year 2 (PGY2) Pain Management and Palliative Care (PMPC) Pharmacy Residency Programs. <i>J Pain Palliat Care Pharmacother</i> . 2021;35(2):73-76.	This editorial describes the current state of integration of opioid stewardship within the active accredited ASHP PGY2 Pain Management Palliative Care (PMPC) Pharmacy Residency programs.	As the opioid epidemic continues to impact health care institutions, there is a strong need for full-time pharmacist involvement in institutional opioid stewardship efforts. Implementation remains a challenge due to the lack of funding and full-time equivalent, however, PMPC pharmacy residents could provide additional support.	This article provides clinical evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.
Kominek C. Retrospective chart review of advanced practice pharmacist prescribing of controlled substances for pain management at the Harry S. Truman Memorial Veterans' Hospital. <i>Fed Pract</i> . 2021;38(1):20-27. doi: 10.12788/fp.0079	An advanced practice pharmacist with controlled substance prescriptive authority improved patient care with demonstrated statistically significant differences in morphine milligram equivalent (MME) dose and adherence with opioid risk mitigation from consult to discharge.	Patients seen in the Pharmacy Pain Clinic had a statistically significant reduction in MME from consult (93 MME) to discharge (31 MME) ( $P < .01$ ). There was also a statistically significant ( $P < .01$ ) improvement in use of opioid risk mitigation strategies, including urine drug screen, informed consent, naloxone, prescription drug monitoring program checks, and stratification tool for opioid risk mitigation dashboard reviews.	This article provides clinical evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.

<p>[No authors listed]. Report of the ASHP Opioid Task Force. <i>Am J Health Syst Pharm</i>. 2020;77(14):1158-1165. doi: 10.1093/ajhp/zxaa117</p>	<p>The ASHP Opioid Task Force was charged to examine how pharmacists, as the medication experts on the interprofessional team, can improve patient and public health while driving practice change, engaging in community-wide opioid-related efforts, and advancing policy solutions.</p>	<p>The Report outlined 5 charges for pharmacists to help address the national opioid epidemic.</p> <ol style="list-style-type: none"> <li>1. Identify the roles that pharmacists play in initiating, building, and growing opioid stewardship.</li> <li>2. Identify best medication-related pain management prescribing practices that optimize the use of nonopioid therapies.</li> <li>3. Identify the public health roles that pharmacists play in their communities in relation to prevention and treatment of opioid use disorders.</li> <li>4. Develop recommendations on a solutions-focused public policy agenda.</li> <li>5. Identify education, tools, and other resources to help hospitals and health systems address the opioid crisis, including in areas related to drug diversion prevention and mitigation.</li> </ol>	<p>These recommendations underscore the need for PMPS and provide support for Criterion A.</p>
<p>Manzur V, Mirzaian E, Huynh T, et al. Implementation and assessment of a pilot, community pharmacy-based, opioid pain medication management program. <i>J Am Pharm Assoc</i>.2020;60(3):497-502. doi: 10.1016/j.japh.2019.11.029</p>	<p>This study aimed to evaluate care gaps in risk- and harm-reduction strategies for 23 patients prescribed opioids and to describe the implementation of a community pharmacy-based, pilot pain-management program. The goal of the pilot program was to</p>	<p>Untreated depression, anxiety, and insomnia were the most common problems identified by pharmacists in this study (68%) and psychopathology is a predictor of opioid abuse, misuse, and overdose and should be a target of treatment as part of a pain management</p>	<p>The results of this pilot program demonstrate the need for PMPS and provide support for Criterion A.</p>

	optimize pain management, improve provider-patient engagement, and reduce risk and harm associated with opioids.	regimen. Pharmacists implemented and documented risk-reduction strategies and co-prescribed naloxone more frequently compared with clinic providers. The program enhanced the pharmacists' ability to make safe and clinically appropriate decisions with regard to filling opioid prescriptions.	
Seal KH, Rife T, Li Y, Gibson C, Tighe J. Opioid reduction and risk mitigation in VA primary care: outcomes from the integrated pain team initiative. <i>J Gen Intern Med</i> . 2020;35(4):1238-1244. doi: 10.1007/s11606-019-05572-9	This prospective study evaluated the effectiveness of an Integrated Pain Team (IPT) clinic in decreasing opioid doses and mitigating opioid risk. An interdisciplinary IPT clinic consists of a medical provider, psychologist, and pharmacist embedded in a VA primary care setting providing short-term biopsychosocial management of veterans with chronic pain and problematic opioid use.	Compared with veterans receiving usual primary care (UPC), those followed by IPT had a greater mean morphine equivalent daily dose decrease of 42mg versus 8mg after 3 months and 56mg versus 17mg after 6 months. In adjusted analysis, compared with UPC, veterans in IPT achieved a 34mg greater mean reduction at 3 months ( $p = 0.002$ ) and 38mg greater mean reduction at 6 months ( $p = 0.003$ ). Nearly twice as many patients receiving care through IPT versus UPC reduced their daily opioid dose by $\geq 50\%$ , representing more than a two-fold improvement at 3 months, which was sustained at 6 months [odds ratio = 2.03; 95% CI = 1.04–3.95, $p = 0.04$ ]. Significant improvements were also demonstrated in opioid risk mitigation by 6 months, including increased urine drug screen	This article provides clinical evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.

		monitoring, naloxone kit distribution, and decreased co-prescription of opioids and benzodiazepines (all $p$ values < 0.001).	
Uritsky TJ, Busch ME, Chae SG, Genord C. Opioid stewardship: building on antibiotic stewardship principles. <i>J Pain Palliat Care Pharmacother</i> . 2020;34(4):181-183. doi: 10.1080/15360288.2020.1765066	The opioid stewardship model is born out of the antimicrobial stewardship model, and thus there are many shared characteristics. Both opioid stewardship and antimicrobial stewardship are based on the principle that there is an indication for a particular medication in the right patient at the right time. As antimicrobial stewardship is in a later stage of development, looking at the two in parallel can lead to interesting learning and development opportunities for opioid stewardship.	Learning from the well-established parallel of antimicrobial stewardship, requirements that need to be applied to opioid stewardship for optimum outcomes are a dedicated and trained pharmacist resource and a declaration that opioid stewardship is essential for health-system accreditation.	These recommendations underscore the need for PMPS and provide support for Criterion A.
Ghafoor VL, Phelps PK, Pastor 3rd J, Meisel S. Transformation of hospital pharmacist opioid stewardship. <i>Hosp Pharm</i> . 2019;54(4):266-273. doi: 10.1177/0018578718809267	The opioid epidemic in the United States has resulted in new hospital requirements for pain management by regulatory agencies. Opioid stewardship is a concept in the early development stage of pharmacy practice. There exists a need for a cohesive vision of opioid stewardship and the role of the pharmacist.	The vision for opioid stewardship will ultimately be defined through the actions taken to improve quality care and patient safety. Opioid safety should be expanded to include stewardship of approaches that reduce the risk of diversion, overdose, and medication abuse. Pharmacists currently have a major role in monitoring opioid medication in hospitals, and this	This article provides evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.

		component will increase with new regulatory requirements.	
Poirier RH, Brown CS, Baggenstos YT, et al. Impact of a pharmacist-directed pain management service on inpatient opioid use, pain control, and patient safety. <i>Am J Health Syst Pharm.</i> 2019;76(1):17-25. doi: 10.1093/ajhp/zxy003	A retrospective analysis was conducted to evaluate the impact of a pharmacy-directed pain management service designed to optimize analgesic pharmacotherapy, minimize adverse events, and improve patients' pain management experience.	Significant decreases in the use of institutionally defined high-risk opioid medications (e.g., parenteral hydromorphone, fentanyl, transdermal fentanyl patches), a decrease in total institutional opioid use, increased co-analgesic and adjunctive medication use, and a decrease in rapid response team and code blue events associated with opioid-induced oversedation were seen after service implementation.	This article outlines the value of PMPS in optimizing analgesic pharmacotherapy and minimizing adverse events and provides support for Criterion A.
Semerjian M, Durham MJ, Mirzaian, Lou M, Richeimer SH. Clinical pharmacy services in a multidisciplinary specialty pain clinic. <i>Pain Pract.</i> 2019;19(3):303-309. doi: 10.1111/papr.12745	A retrospective chart review described a model of clinical pharmacy services as part of a multidisciplinary specialty pain clinic by discussing (1) the role of a clinical pharmacist in a specialty setting, including clinical interventions implemented, and (2) how the integration of a clinical pharmacist may translate into an improved patient care model for the management of chronic pain.	At least 1 medication-related problem was identified in 98.7% of the 380 visits. Problems identified by the clinical pharmacist were divided into 5 categories: medication refills needed (43%), medication appropriateness/effectiveness (18%), miscellaneous (17%), safety (16%), and nonadherence/patient variables (6%). Interventions focused on referral to appropriate providers, medication counseling, medication initiation, dose adjustment, and medication discontinuation.	This article provides evidence for the role of PMPS in opioid stewardship and provides support for Criterion A.

<p>Wyse JJ, Ganzini L, Dobscha SK, Krebs EE, Zamudio J, Morasco BJ. Clinical strategies for the treatment and management of patients prescribed long-term opioid therapy. <i>Pain Med.</i> 2019;20(9):1737-1744. doi: 10.1093/pm/pny211</p>	<p>The Department of Veterans Affairs (VA) conducted qualitative interviews with 24 clinicians across the United States who prescribe long-term opioid therapy for chronic pain. Interviews probed the clinical strategies providers utilized to meet opioid safety requirements and address common challenges in caring for patients.</p>	<p>Engaging pharmacists strengthened the opioid-related care provided and helped providers overcome key barriers—in terms of time constraints and their own knowledge gaps. Within these facilities, roles of PMPS included:</p> <ul style="list-style-type: none"> <li>▪ Staff patient visits, provide education as needed</li> <li>▪ Monitor fill dates, include prescription “last until” dates on the bottle, monitor urine drug testing results, and alert providers to aberrant results</li> <li>▪ Organize classes to teach patients about the risks of opioid medications <ul style="list-style-type: none"> <li>▪ Design opioid tapers</li> </ul> </li> <li>▪ Highlight aberrant urine drug test results <ul style="list-style-type: none"> <li>▪ Review primary care providers’ panels for patients co-prescribed benzodiazepines and opioids</li> </ul> </li> <li>▪ Run a daily PDMP inquiry for primary care clinics</li> </ul>	<p>These clinical strategies implemented by prescribers demonstrate the value of PMPS’ services and provide support for Criterion A.</p>
<p>Cox N, Tak CR, Cochella SE, Leishman E, Gunning K. Impact of pharmacist previsit input to providers on chronic opioid prescribing safety. <i>J Am Board Fam</i></p>	<p>The purpose of this pilot study was to evaluate the impact of a pre-visit pharmacist review of high-risk patients treated with opioids for chronic pain on</p>	<p>When comparing outcomes before and after the intervention, the mean MMEs/day decreased by 14% (<math>P &lt; .001</math>), with no change in pain scores (<math>P = .783</math>). Statistically</p>	<p>The results of this pilot program demonstrate the need for PMPS and provide support for Criterion A.</p>



<p><i>Med.</i> 2018;31(1):105-112. doi: 10.3122/jabfm.2018.01.170210</p>	<p>compliance to guideline recommendations at a family medicine residency clinic. 45 adult patients with an appointment for chronic pain who were prescribed &gt;50 morphine milligram equivalents (MMEs)/day had charts reviewed by a pharmacist before each appointment; recommendations were sent electronically to the provider before the appointment. After 4 months of implementation, each patient's chart was manually reviewed to gather outcome variables. The primary outcomes were the mean MMEs/day and pain scores.</p>	<p>significant improvements were noted in multiple other secondary opioid safety outcomes. Clinical pharmacists providing pre-visit recommendations were associated with decreased opioid utilization with no corresponding increase in pain scores and increased compliance to guideline recommendations.</p>	
<p>Tran NN, DiScala SL, Forbes H, Brooks A, Melendez-Benabe J, Cuevas-Trisan R. Pilot inpatient pain pharmacist consult service at the West Palm Beach VA Medical Center. <i>Fed Pract.</i> 2018;35(1):38-46.</p>	<p>An inpatient pain pharmacist consult service may help manage the complex issues associated with medications for patients with pain.</p>	<p>PMPS have advanced knowledge of pharmacokinetics, pharmacodynamics, and therapeutics to promote safe and effective analgesic use, as well as to identify opioid use disorders. Evidence suggests that pharmacists' presence on interdisciplinary pain teams improves outcomes by optimizing medication selection, improving adherence, and preventing adverse events.</p>	<p>This article outlines the value of PMPS to interdisciplinary teams and provides support for Criterion A.</p>

## Opioid Tapering

Citation	Summary	Conclusion	Relevance to BPS Petition
<p>Kral LA, Bettinger JJ, Vartan CM, Hadlandsmayth K, Kullgren J, Smith MA. A survey on opioid tapering practices, policies, and perspectives by pain and palliative care pharmacists. <i>J Pain Palliat Care Pharmacother</i>. 2022;1-9. doi: 10.1080/15360288.2022.2041147</p>	<p>This practice-based survey of 55 pharmacists showed that pharmacists in pain management and palliative care are actively involved in opioid tapering.</p>	<p>The Qualtrics survey was offered to the Society of Pain and Palliative Care Pharmacist members. The majority of respondents (87%) indicated they specialized in pain management. Almost all respondents (98%) reported providing tapering recommendations and 82% reported being involved with patient monitoring throughout the taper. The majority (multiple responses could be chosen) noted that the indication for initiating an opioid taper was due to abuse/misuse (91%), reduced overall efficacy (89%), and adverse drug reactions (78%). The most common follow-up intervals during tapering were weekly (15%), every 2 weeks (22%), and every 4 weeks (44%).</p>	<p>This article underscores the value of advanced clinical pharmacists in opioid tapering and provides support for Criterion A.</p>
<p>Firemark AJ, Schneider JL, Kuntz JL, et al. "We Need to Taper." Interviews with clinicians and pharmacists about use of a pharmacy-led opioid tapering program. <i>Pain Med</i>. 2021;22(5):1213-1222. doi: 10.1093/pm/pnaa442</p>	<p>Qualitative interviews of 35 stakeholders were conducted to identify factors that influence or interfere with referrals by primary care providers (PCPs) to a pharmacist-led, telephone-based program to assist patients undergoing opioid tapering. The Support Team Onsite Resource for Management of Pain (STORM) program provides individualized</p>	<p>Primary care physicians recognized that the program supported patient safety and reduced clinician burden and benefitted from the co-location of STORM pharmacists in primary care facilities.</p>	<p>This article underscores the value of advanced clinical pharmacists in opioid tapering and provides support for Criterion A.</p>

	patient care and supports PCPs in managing opioid tapers and includes pharmacist team members.		
Krichbaum MM, Vartan CM, Brooks AT, Discala SL. Outcomes associated with pharmacist-led consult service for opioid tapering and pharmacotherapy. <i>Fed Pract.</i> 2021;38(5):e39-e43. doi: 10.12788/fp.0098	A retrospective chart review assessed the outcomes of the pain pharmacist recommendations for opioid tapering and opioid pharmacotherapy by quantifying the number of recommendations accepted/implemented by the prescribers.	The study team identified 464 eConsults placed, with 89% having at least 1 recommendation accepted/implemented. Eleven patients experienced 32 adverse events likely associated with opioid dose decrease or tapering. Health care professionals' satisfaction with the pharmacy eConsult service was 83%, with 90% planning to use the service in the future, and they would recommend the service to other health care professionals.	This article underscores the value of advanced clinical pharmacists in opioid tapering and provides support for Criterion A.
Kuntz JL, Schneider JL, Firemark AJ, et al. A pharmacist-led program to taper opioid use at Kaiser Permanente Northwest: rationale, design, and evaluation. <i>Perm J.</i> 2020;24:19.216. doi: 10.7812/TPP/19.216	This paper describes the rationale, structure, and delivery of this unique pharmacist-led program, which partners with primary care practitioners (PCPs) and provides individualized care to help patients reduce opioid use, as well as the Facilitating Lower Opioid Amounts through Tapering study, which examines the program's clinical effectiveness, cost-effectiveness, and implementation.	The Support Team Onsite Resource for Management of Pain (STORM) program includes a pain medicine physician, a social worker or nurse, and pharmacists who have received specialized clinical and communications training. The program has a 2-fold role: 1) to provide PCP education about pain management and opioid use and 2) to offer clinician and patient support with opioid tapering and pain management. After program training, PCPs are equipped to discuss the need for tapering with a patient and to refer patients to the	This article underscores the value of advanced clinical pharmacists in opioid tapering and provides support for Criterion A.

		program. Program pharmacists provide a range of services, including opioid taper plans, nonopioid pain management recommendations, and taper-support outreach to patients.	
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#### Other Clinical Services

Citation	Summary	Conclusion	Relevance to BPS Petition
Schuh MJ, Randles H, Crosby S. Improving pain management with pharmacogenomics: a general introduction. <i>J Pain Palliat Care Pharmacother</i> . 2020 Sep;34(3):114-9. doi: 10.1080/15360288.2020.1734140. Epub 2020 Mar 18.	Tailoring an individual patient's pain treatment is paramount to decreasing patient suffering and diminishing morbidity. Performing pharmacogenomic (PGx) testing can help guide prescribing decisions for current and future medication therapy by assisting dosage adjustments to increase therapeutic efficacy, decrease adverse drug reactions and avoid potentially ineffective medications.	To properly use PGx results in clinical application requires the healthcare provider to distinguish the difference between types of PGx tests, interpret test results, be familiar with PGx databases to use for prescribing guidance, and evaluate the level of evidence for specific gene-drug associations.	This article underscores the value of advanced clinical pharmacists in pharmacogenomics and provides support for Criterion A.
Marti KE, Marti KM, Salvo MC. Pharmacist's role in pharmacogenomics and pain management. <i>J Am Pharm Assoc</i> . 2020;60(2):290. doi: 10.1016/j.japh.2019.11.001	Many analgesics are prodrugs activated by cytochrome P450 (CYP) 2D6. A patient deficient in CYP2D6 experiences less analgesia from medications such as codeine, oxycodone, hydrocodone, and tramadol because of the body's inability to convert the drug to the active metabolite. It is important that pharmacists and other health care professionals recognize that	With the increasing popularity of pharmacogenomic testing, there will likely be a need for pharmacists to interpret test results and collaborate with providers to optimize medication selection.	This article underscores the value of advanced clinical pharmacists in pharmacogenomics and provides support for Criterion A.

	patients who express minimal relief with opioids may have a genetic reason for this response.		
Weitzel KW, Presley DN, Showalter ML, Seymour S, Waddell RF. Pharmacist-managed headache clinic. <i>Am J Health Syst Pharm</i> . 2004;61(23):2548-2550. doi: 10.1093/ajhp/61.23.2548	Pharmacists can play an active role in headache management. This article describes the implementation of an interdisciplinary pharmacist-run headache clinic in a primary care setting.	In an interdisciplinary setting, pharmacists obtained headache and medication histories, recommended drug therapy interventions, and provided education to patients with chronic headaches, making a positive impact on therapy.	This article outlines the value of PMPS to the management of headache pain and provides support for Criterion A.

### Palliative Care and Hospice

Citation	Summary	Conclusion	Relevance to BPS Petition
Geiger J, Enck G, Luciani L, Fudin J, McPherson ML. Evolving roles of palliative care pharmacists. <i>J Pain Symptom Manage</i> . 2022;64(6):e357-e361. doi: 10.1016/j.jpainsymman.2022.07.012	This article recommends board certification for palliative care and identifies venues for future research. The profession of pharmacy lacks a board certification for palliative care. Currently, pharmacists have the opportunity for specialization with commensurate board certification in various fields, including infectious disease, oncology/hematology, psychiatry, nuclear medicine, and critical care—but not palliative care. As indicated by the advances and integration over the past twenty years, pharmacists play a vital role in palliative medicine. The final step of formalization is the creation of a board certification.	Over the past few decades, the role of the palliative care pharmacist has evolved. Pharmacists are highly skilled individuals that play a pivotal role in the hospice and palliative care team that can fulfill these specialized needs. Palliative care pharmacists work in various clinical settings, from inpatient to ambulatory care.	This article speaks directly to the need for board certification in this space and supports Criterion A.

<p>National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology—Palliative Care. March 8, 2022. Accessed December 19, 2022. Available at: <a href="https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf">https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf</a></p>	<p>The National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology on palliative care requires pharmacists as part of the interprofessional care team.</p>	<p>These guidelines recommend that interprofessional palliative care teams include, but are not limited to, board-certified palliative care physicians, advanced practice providers, social workers, chaplains, and pharmacists. These interprofessional palliative care team members should be readily available to provide consultative or direct care to patients/families/caregivers and/or health care professionals who request or require their expertise.</p>	<p>This article shows interdisciplinary support for the engagement of a palliative care pharmacist on the care team and provides support for Criterion A.</p>
<p>Malotte K, Naidu DR, Herndon CM, Atayee RS. Multicentered evaluation of palliative care pharmacists' interventions and outcomes in California. <i>J Palliat Med</i>. 2021;24(9):1358-1363. doi: 10.1089/jpm.2020.0566</p>	<p>This study characterizes palliative care pharmacist interventions and outcomes as part of three different California institutions with inpatient palliative care teams. Palliative care pharmacists provide substantial transdisciplinary interventions. Significantly decreased length of stay was found when the palliative care pharmacist was involved within 72 hours of the initial palliative care consultation and when served as lead clinician. Improved symptom goal attainment was demonstrated for pain, dyspnea, anxiety, and constipation.</p>	<p>The integration of a palliative care pharmacist on a palliative care team can be relied upon to provide patient-centered, transdisciplinary care and enhance symptom management.</p>	<p>This article highlights the clinical and economic benefits of the engagement of a palliative care pharmacist and provides support for Criterion A.</p>

<p>Romero NM, DiScala S, Quellhorst J, Silverman MA. Pharmacy-led quality improvement project on pain control using continuous subcutaneous infusion of opioids in an inpatient hospice unit. <i>Am J Hosp Palliat Care</i>. 2020 Nov;37(11):885-9. doi: 10.1177/1049909120912954. Epub 2020 Mar 19.</p>	<p>The purpose of this quality improvement (QI) project was to improve the overall process of implementing continuous subcutaneous infusion of opioids (CSCIOs) at the West Palm Beach Veterans Affairs Medical Center and characterize their use in the hospice unit.</p>	<p>Pharmacist-led intervention directed to improve CSCIO processes in an inpatient hospice unit utilizing LEAN QI methodology increased timeliness of pharmacy CSCIO delivery.</p>	<p>This article highlights the clinical benefits of the engagement of a hospice pharmacist and provides support for Criterion A.</p>
<p>Lehn JM, Gerkin RD, Kisiel SC, O'Neill L, Pinderhughes ST. Pharmacists providing palliative care services: demonstrating a positive return on investment. <i>J Palliat Med</i>. 2019;22(6):644-648. doi: 10.1089/jpm.2018.0082</p>	<p>This 16-month retrospective review comparing palliative care (PC) patients at two hospitals with consultative PC teams established a return on investment (ROI) for a pharmacist position on a hospital-based PC team.</p>	<p>A PC pharmacist's unique qualifications and perspective contribute to the value of care provided to PC patients. A favorable ROI that exceeds a pharmacist's annual salary was demonstrated.</p>	<p>This article showed positive economic outcomes when palliative care pharmacists are engaged in the care team, which supports the evidence for Criterion A.</p>
<p>Atayee RS, Sam AM, Edmonds KP. Patterns of palliative care pharmacist interventions and outcomes as part of inpatient palliative care consult service. <i>J Palliat Med</i>. 2018;21(12):1761-1767. doi: 10.1089/jpm.2018.0093</p>	<p>This study identified patterns of an inpatient palliative care pharmacist's interventions and outcomes and evaluated the impact of pharmacist involvement on patient hospital length of stay (LOS), length from admission to palliative care consult (LTC), and time from consult to discharge or death (CTD).</p>	<p>Pharmacist interventions and outcomes were predominantly related to optimizing symptoms by changes in medication regimen and education of health care professionals. A sub analysis of patients with known date of first pharmacist visit found significantly improved LOS, LTC, and CTD for patients with early access to palliative pharmacy (in addition to the other members of the palliative team) compared to those without early access.</p>	<p>This article highlights the economic benefits of the engagement of a palliative care pharmacist and provides support for Criterion A.</p>

Richter C. Implementation of a clinical pharmacist service in the hospice setting: financial and clinical impacts. <i>J Pain Palliat Care Pharmacother.</i> 2018;32(4):256-259. doi: 10.1080/15360288.2019.1615026	Adding a clinical pharmacist to the interdisciplinary group of a hospice organization proved to be a worthwhile financial investment.	An annual cost savings of \$427,000 was observed in the initial year when a clinical pharmacist was added to a hospice team. On average, 9.5 interventions were made per interdisciplinary group attendance, attributing a conservative value of \$688.94 per interdisciplinary group attendance. Clinical impacts were also well regarded by physicians and nurses.	This article highlights the economic benefits of the engagement of a palliative care pharmacist and provides support for Criterion A.
Herndon CM, Nee D, Atayee RS, et al. ASHP Guidelines on the pharmacist's role in palliative and hospice care. <i>Am J Health Syst Pharm.</i> 2016 Sep 1;73(17):1351-67. doi: 10.2146/ajhp160244.	ASHP outlines activities in its Guidelines on the Pharmacist's Role in Palliative and Hospice Care.	These guidelines showcase a considerable breadth and depth of opportunities for pharmacists' involvement in the daily management and oversight of medication-use processes across all palliative and supportive care venues, positively affecting patient outcomes while maintaining fiscal responsibility.	These guidelines outline the essential clinical and administrative roles, and practice activities in the specialty roles of palliative and hospice care pharmacists and provide support for Criterion A.

### Post-graduate Training

Citation	Summary	Conclusion	Relevance to BPS Petition
Atkinson TJ, Gulum AH, Forkum WG. The future of pain pharmacy: driven by need. <i>Integr Pharm Res Pract.</i> 2016;5:33-42. doi: 10.2147/IPRP.S63824	Pharmacy pain specialists have been referenced as highly effective additions to interdisciplinary pain management teams. Pharmacists provide expertise in complex pain medication management, which remains the primary focus of most chronic pain encounters. The PGY-	Health care systems will continue to struggle to meet the demands of patients with chronic pain until significant emphasis is placed on the education and training of health care professionals in this area. Clinical pharmacy should aim to meet this demand through the expansion of PGY-2 training	This article underscores the value of advanced residency training in pain management and provides support for Criterion F.



	2 programs surveyed differ considerably, with the majority providing significant emphasis on either acute pain management or palliative care with brief or limited exposure to chronic pain management.	programs and improved didactic education in pharmacy school that reflects the increased need for chronic pain specialists.	
Mullins AM, Herndon CM, Brock CM. Comparison of current post-graduate pain management and palliative care pharmacy residency programs. <i>J Pain Palliat Care Pharmacother</i> . 2022 Jun;36(2):132-7. doi: 10.1080/15360288.2022.2072999.	The purpose of this survey was to collect program information and compare baseline characteristics of the currently available pharmacy residency training in pain management and palliative care. It is expected that there will be further expansion in the need for specialty trained pain and palliative care pharmacists as the population continues to age and prevalence of pain increases; however, descriptions of current post-graduate year 2 pain management and palliative care residencies are limited.	The availability of post-graduate pharmacy residency training in pain management and palliative care continues to increase.	This article quantifies the growth of pharmacy residency training in pain management and palliative care and provides support for Criterion F.
Holmboe E, Singer S, Chappell K, Assadi K, Salman A, Education and Training Working Group of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic. The 3Cs framework for pain and unhealthy substance use: minimum core competencies for interprofessional education	The Health Professional Education and Training Working Group of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic. developed a core competency framework for pain management and unhealthy substance use care, including SUD care. The core competency	The 3Cs framework can help shape a health care environment that values an improved state of care for pain and unhealthy substance use by fostering interprofessional coordination and collaboration and supporting continuous improvement and learning, across prevention and care. Health care processes focused on partnership and co-production are integral to	This framework supports the education and training of health care professionals in pain management and provides support for Criterion F.

<p>and practice. June 6, 2022. Available at: <a href="https://nam.edu/the-3cs-framework-for-pain-and-unhealthy-substance-use-minimum-core-competencies-for-interprofessional-education-and-practice/">https://nam.edu/the-3cs-framework-for-pain-and-unhealthy-substance-use-minimum-core-competencies-for-interprofessional-education-and-practice/</a>. Accessed June 6, 2022.</p>	<p>framework describes the knowledge, skills, attitudes, qualifications, and behaviors that are needed to address PPGs across pain management and unhealthy substance use care and can strengthen the delivery of coordinated, high-quality, and person-centered care.</p>	<p>sustain effective and comprehensive patient-centered care. In addition to transforming structures and processes, successful implementation of the 3Cs Framework will catalyze adaptive, interprofessional practice that will better prepare health care professionals with the knowledge, skills, and abilities needed to proactively address the complex needs of patients and families with pain and unhealthy substance use and close persistent PPGs.</p>	
<p>Chappell K, Holmboe E, Poulin L, Singer S, Finkelman E, Salman A. Educating together, improving together: harmonizing interprofessional approaches to address the opioid epidemic. 2021. Available at: <a href="https://nam.edu/wp-content/uploads/2021/12/Educating-Together-Improving-Together_prepub.pdf">https://nam.edu/wp-content/uploads/2021/12/Educating-Together-Improving-Together_prepub.pdf</a>. Accessed June 6, 2022.</p>	<p>To address how education and training can more effectively respond to the opioid crisis, we must have a better understanding of problems in practice—or professional practice gaps—for health professionals and teams in practice. A coordinated response requires identifying and addressing professional practice gaps (PPGs) related to pain management, opioid use disorder (OUD), and other substance use disorder (SUD) care, as well as integrating evidence-based best practices into health professional education and training curricula across the continuum from undergraduate training into post-graduate continuing education (ACCME, n.d.-c).</p>	<p>The Health Professional Education and Training Workgroup identified five key action-oriented priorities:</p> <ol style="list-style-type: none"> <li>1. Establish minimum core competencies in pain management and SUDs for all health care professionals, and support evaluating and tracking of health care professionals' competence;</li> <li>2. Align accreditors' expectations for interprofessional collaboration in education for pain management and SUDs;</li> <li>3. Foster interprofessional collaboration among licensing and certifying bodies to optimize regulatory approaches and outcomes;</li> <li>4. Unleash the capacity for continuing education to meet</li> </ol>	<p>This approach speaks to the education and training of health care professionals in pain management and provides support for Criterion F.</p>

		health professional learners where they are; and 5. Collaborate to harmonize practice improvement initiatives.	
Herndon CM, Strassels SA, Strickland JM, et al. Consensus recommendations from the strategic planning summit for pain and palliative care pharmacy practice. <i>J Pain Symptom Manage</i> . 2012 May;43(5):925-44.e1-10. doi: 10.1016/j.jpainsymman.2011.05.021.	Pain and symptoms related to palliative care (pain and palliative care [PPC]) are often undertreated. This is largely owing to the complexity in the provision of care and the potential discrepancy in education among the various health care professionals required to deliver care.  Pharmacists are frequently involved in the care of PPC patients, although pharmacy education currently does not offer or require a strong curriculum commitment to this area of practice. The Strategic Planning Summit for the Advancement of Pain and Palliative Care Pharmacy was convened to address opportunities to improve the education of pharmacists and pharmacy students on PPC.	These recommendations will provide guidance on improving the care provided to PPC patients by pharmacists through integrating education at all points along the professional education continuum.	These recommendations guide the education and training of health care professionals in pain management and provide support for Criterion F.

### Surgical and Postoperative Pain Management

Citation	Summary	Conclusion	Relevance to BPS Petition
Warner NS, Finnie D, Warner DO, et al. The system is broken: a qualitative assessment of opioid prescribing practices	This article outlined factors that influence opioid prescribing behaviors of key stakeholders after major spine surgery, with a	Despite increased focus on postoperative opioid prescribing, there remain areas for improvement. The development of	This article highlights an opportunity for PMPS to enhance patient care and provides support for Criterion A.

<p>after spine surgery. <i>Mayo Clin Proc.</i> 2020 Sep;95(9):1906-15. doi: 10.1016/j.mayocp.2020.02.027. Epub 2020 Jul 28.</p>	<p>focus on barriers to optimized prescribing.</p>	<p>tools and processes to address critical gaps in postoperative prescribing will be essential for our efforts to reduce long-term opioid use after major spine surgery and improve patient care.</p>	
<p>Coulson EE, Kral LA. The clinical pharmacist's role in perioperative surgical pain management. <i>J Pain Palliat Care Pharmacother.</i> 2020;34(3):120-126. doi: 10.1080/15360288.2020.1734141</p>	<p>This article demonstrates the value of having a clinical pain pharmacist in transitional perioperative pain management.</p>	<p>More than 90% of patients reported they were “very appreciative” of the pharmacist talking to them about a pain management plan both before surgery and after discharge. One hundred percent of referring providers who responded to the survey reported they were satisfied with the pharmacist's role in perioperative pain management. Pain management pharmacy specialists contribute to positive pain management outcomes for patients and surgical provider satisfaction.</p>	<p>This article reinforces the value of PMPS to patients and providers and supports Criterion A.</p>
<p>Genord C, Frost T, Eid D. Opioid exit plan: a pharmacist's role in managing acute postoperative pain. <i>J Am Pharm Assoc (2003).</i> Mar-Apr 2017;57(2S):S92-8. doi: 10.1016/j.japh.2017.01.016.</p>	<p>This paper summarizes a pharmacist-led OEP practice model and the potential role that pharmacists and student pharmacists can have at the point of admission, during postoperative recovery, and on discharge in acute pain management patients.</p>	<p>A hospital pain management team operating a pharmacist-led OEP can be key to guiding the appropriate prescribing practice of opioids and assisting with transitions of care on discharge.</p>	<p>This article describes the pharmacist's involvement in medication reconciliation and discharge counseling and provides support for Criterion A.</p>

## Team-Based Care

Citation	Summary	Conclusion	Relevance to BPS Petition
Boren LL, Locke AM, Friedman AS, Blackmore CC, Woolf R. Team-based medicine: incorporating a clinical pharmacist into pain and opioid practice management. <i>PM R</i> . 2019 Nov;11(11):1170-7. doi: 10.1002/pmrj.12127. Epub 2019 Apr 16.	PMPS working with patients on chronic opioid therapy can result in significant improvements in patient access to care, adherence to best practice standards, and patient safety. A retrospective chart review of 383 patients analyzed the impact of a clinical pharmacist in a team-based care model on the adherence to best practice standards and access to care for management of patients prescribed chronic opioid therapy within an outpatient physical medicine and rehabilitation team.	A clinically significant reduction in morphine equivalent dose with an average decrease of 207 mg was seen after five or more visits with the pharmacist. The pharmacist initiated nonopioid medications at 209 unique patient visits (19.5%). The pharmacist completed 1,197 visits during the study time frame, increasing physician access by at least two additional visits per patient per year. The completion of urine drug screens and medication agreement reviews improved over time ( $P < 0.001$ ). There was an increase in morphine equivalent dose for patients who did not complete this monitoring, whereas the morphine equivalent dose remained stable in patients who did complete the monitoring.	This article highlights the clinical value of PMPS as part of team-based care and provides support for Criterion A.
Giannitrapani KF, Glassman PA, Vang D, et al. Expanding the role of clinical pharmacists on interdisciplinary primary care teams for chronic pain and opioid management. <i>BMC Fam Pract</i> . 2018 Jul 3;19(1):107. doi: 10.1186/s12875-018-0783-9.	Facilitating appropriate and safe prescribing of opioid medications for chronic pain management in primary care is a pressing public health concern. Interdisciplinary team-based models of primary care are exploring the expansion of clinical pharmacist roles to support disease management for chronic conditions, e.g., pain. This	Clinical pharmacists were identified by primary care providers as playing a central role with the ongoing management of opioid therapy including review of the state prescription drug monitoring program, managing laboratory screening, providing medication education, promoting naloxone use, and opioid tapering.	This article highlights the clinical value of PMPS as part of team-based care and provides support for Criterion A.

	<p>study aims to 1) identify roles clinical pharmacists can assume in primary care team based chronic pain care processes and 2) understand the barriers to assuming these expanded roles.</p>		
<p>Mathew S, Chamberlain C, Alvarez KS, Alvarez CA, Shah M. Impact of a pharmacy-led pain management team on adults in an academic medical center. <i>Hosp Pharm.</i> 2016 Sep;51(8):639-45. doi: 10.1310/hpj5108-639.</p>	<p>A retrospective cohort study evaluated 100 patients seen by the pharmacy pain team in an academic medical center for acute, chronic, and/or acute or chronic pain complaints to assess the impact of a pharmacy pain management service on pain-related outcomes in an adult population. The clinical pharmacists made 821 interventions.</p>	<p>Patients displayed a significant reduction in pre- and post-consult pain intensity scores on a 0 to 10 numerical rating scale (6.15 vs. 3.25; <math>P &lt; 0.001</math>). Likewise, a significant reduction in pain intensity scores was seen from pre-consult to pre-discharge (6.15 vs. 3.6; <math>P &lt; 0.001</math>). Overall functional improvement, specifically sleep, mobility, and appetite, was seen in 86.6% of patients.</p>	<p>This article highlights the clinical value of PMPS as part of team-based care and provides support for Criterion A.</p>

# **Appendix G-3**

## **ACPE PLAN Programming Live Forum Knowledge Activity**

Title	UAN	Contact Hours	ActivityType	ProviderName	State
Rhode Island Pharmacy Resident Pearls	0060-9999-19-019-L01-P	2.5 (0.25)	Knowledge	University of Rhode Island College of Pharmacy	RI
SCCM 2018 Pain and Sedation Guidelines	0503-0000-19-019-L01-P	1 (0.1)	Knowledge	Beaumont Health System	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NC
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	GA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	LA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	AR
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MO
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	UT
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NC
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA



Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	UT
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	TX
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NC
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NV
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	AR
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	GA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	TX
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	GA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	LA
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NC
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	MI
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	UT

Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Understanding Pain: Migraines, Headaches, Neck & Low Back Pain	0751-0000-19-014-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	GA
Impact Of Pharmacist Education On Pain Management Protocol Compliance	0126-0000-19-052-L01-P	0.5 (0.05)	Knowledge	Health-System Pharmacists	CA
Management of Acute Pain in Patients Receiving Maintenance Buprenorphine or Methadone Therapy	0837-9999-19-085-L01-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	ME
CBD Oil	0027-9999-19-039-L04-P	0.5 (0.05)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
UDS Mapper Applied to Chronic Disease Care Management	0067-9999-19-030-L04-P	2.25 (0.225)	Knowledge	Austin College of Pharmacy	TX
Buprenorphine...Partial to Pain?	0221-9999-19-121-L01-P	1 (0.1)	Knowledge	Pro CE, LLC	UT
2019 MPA Spring Seminar: Pharmacy Research Presentations - Module 1	0035-9999-19-018-L01-P	2.5 (0.25)	Knowledge	at the University of Montana	MT
2019 MPA Spring Seminar: Pharmacy Research Presentations - Module 1	0035-9999-19-018-L01-P	2.5 (0.25)	Knowledge	at the University of Montana	MT
Applying the CDC Guidelines for Prescribing Opioids for Chronic Pain in a Rural Clinic	0072-9999-19-035-L01-P	0.5 (0.05)	Knowledge	West Virginia University School of Pharmacy	WV
Averting the Opioid Crisis: Non-Opioid Strategies for Pain Management	0072-9999-19-034-L01-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Treatment of Pain in Recovering Drug Users	0072-9999-19-038-L01-P	0.5 (0.05)	Knowledge	West Virginia University School of Pharmacy	WV
Chronic Pain Symposium and Substance Use Disorder Symposium	0545-9999-19-006-L01-P	7 (0.7)	Knowledge	Lehigh Valley Hospital Pharmacy Department	PA
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	CA
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	IN
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	GA

Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	IA
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	AZ
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	CA
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	MN
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	IL
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	WA
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	TX
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	MI
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	MD
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	AZ
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-001-L05-P	3 (0.3)	Knowledge	Potomac Center for Medical Education	OK
Pain Management in the Palliative Care Patient: A Case-based Approach	0280-0000-19-008-L01-P	1.5 (0.15)	Knowledge	American Health Resources	MA
Research Update and Presentations	0644-0000-19-004-L04-P	3 (0.3)	Knowledge	Project	OR
Pain Management in the Palliative Care Patient: A Case-based Approach	0798-0000-19-046-L01-P	1.5 (0.15)	Knowledge	PharmCon	MA
Update on Break-through Pain Research	0798-9999-19-095-L04-P	1 (0.1)	Knowledge	PharmCon	ME
Managing Canine and Feline Pain	0201-9999-19-034-L01-P	1 (0.1)	Knowledge	American College of Apothecaries, Inc.	
How to Deal with High-Impact Chronic Pain Patients	0503-0000-19-025-L01-P	1.5 (0.15)	Knowledge	Beaumont Health System	MI

Integrating Pharmacological and Non-Pharmacological Treatments for Pain	0503-0000-19-024-L01-P	1.75 (0.175)	Knowledge	Beaumont Health System	MI
Preventing Transition from Acute to Chronic Pain	0503-0000-19-023-L01-P	1.5 (0.15)	Knowledge	Beaumont Health System	MI
Summary & Going Forward in Pain Managment	0503-0000-19-027-L04-P	0.5 (0.05)	Knowledge	Beaumont Health System	MI
Team Based Care - A Unified Perspective: Panel Discussion	0503-0000-19-026-L01-P	0.75 (0.075)	Knowledge	Beaumont Health System	MI
The Value of Team Based Care	0503-0000-19-022-L04-P	0.5 (0.05)	Knowledge	Beaumont Health System	MI
Fibromyalgia & Chronic Fatigue Syndrome	0826-9999-19-015-L01-P	3 (0.3)	Knowledge	MED2000, Inc.	
Fibromyalgia & Chronic Fatigue Syndrome	0826-9999-19-015-L01-P	3 (0.3)	Knowledge	MED2000, Inc.	
Fibromyalgia & Chronic Fatigue Syndrome	0826-9999-19-015-L01-P	3 (0.3)	Knowledge	MED2000, Inc.	
Opioid Training Institute for Healthcare Providers	0001-0000-19-036-L01-P	6.5 (0.65)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute for Healthcare Providers	0001-0000-19-036-L01-P	6.5 (0.65)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute for Healthcare Providers	0001-0000-19-036-L01-P	6.5 (0.65)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute for Healthcare Providers	0001-0000-19-036-L01-P	6.5 (0.65)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Collaboration and Communication	0001-0000-19-019-L01-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL

Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Medication Assisted Therapy	0001-0000-19-020-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Mental Health and OUD	0001-0000-19-016-L04-P	0.5 (0.05)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Opioid Use Disorder (OUD) and Mental Health	0001-0000-19-013-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL

Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: OUD Treatment Facilities and Resources	0001-0000-19-021-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part I	0001-0000-19-017-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL

Opioid Training Institute: Pain Management vs. Diversion Part II	0001-0000-19-018-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Opioid Training Institute: Risk Mitigation Strategies Part I	0001-0000-19-014-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Tapering Opioids: Opioid Taper Plans, Buprenorphine and the Role of the Patient's Pharmacist	0107-9999-19-175-L01-P	1 (0.1)	Knowledge	CEImpact	UT
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	TX
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	FL
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	LA
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	OK
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	FL
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	OK
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	TX

Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	NM
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	AR
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	AR
Inflammation, Pain Management & Functional Nutrition Therapy	0826-9999-19-014-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	LA
NMShP Spring Meeting: Ketamine - Old Dog, New Tricks?	0039-0000-19-045-L01-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
Back Pain: It's All About the Diagnosis	0530-0000-19-067-L01-P	1 (0.1)	Knowledge	Global Education Group	NC
Neck and Upper Extremity Pain Syndromes	0530-0000-19-068-L01-P	1 (0.1)	Knowledge	Global Education Group	TX
Neck and Upper Extremity Pain Syndromes	0530-0000-19-068-L01-P	1 (0.1)	Knowledge	Global Education Group	NC
Opioid Moderatism and Rapprochement: The Search for a Sane Middle Ground	0530-0000-19-047-L01-P	1 (0.1)	Knowledge	Global Education Group	MI
Opioid Moderatism and Rapprochement: The Search for a Sane Middle Ground	0530-0000-19-047-L01-P	1 (0.1)	Knowledge	Global Education Group	FL
Opioid Moderatism and Rapprochement: The Search for a Sane Middle Ground	0530-0000-19-047-L01-P	1 (0.1)	Knowledge	Global Education Group	WI
Opioid Moderatism and Rapprochement: The Search for a Sane Middle Ground	0530-0000-19-047-L01-P	1 (0.1)	Knowledge	Global Education Group	MO
Pain, Drugs, and Ethics	0530-0000-19-048-L01-P	1 (0.1)	Knowledge	Global Education Group	MO
Reefer Madness Revisited	0530-0000-19-049-L04-P	1 (0.1)	Knowledge	Global Education Group	MI
Reefer Madness Revisited	0530-0000-19-049-L04-P	1 (0.1)	Knowledge	Global Education Group	FL
Reefer Madness Revisited	0530-0000-19-049-L04-P	1 (0.1)	Knowledge	Global Education Group	MO
Reefer Madness Revisited	0530-0000-19-049-L04-P	1 (0.1)	Knowledge	Global Education Group	WI
Treating Pain Safely	0088-9999-19-055-L01-P	2.75 (0.275)	Knowledge	College of Pharmacy and Health Sciences	NC
Opioid Stewardship: Keys to Developing a Successful Program	0761-9999-19-060-L01-P	1 (0.1)	Knowledge	Educational Review Systems	FL
Non-Pharmacological Approaches- Non-Interventional	0106-9999-19-049-L01-P	1.5 (0.15)	Knowledge	Connecticut Pharmacists Association	



The Role of the Pharmacist in Reducing the Harm from Opioids	0056-0000-19-035-L04-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
The Value of Developing and Implementing Patient-Centered Care Models to Reduce Opioid Usage	0617-9999-19-017-L01-P	1.75 (0.175)	Knowledge	Sullivan University College of Pharmacy and Health Sciences	KY
Session VIII	0156-9999-19-169-L01-P	1.5 (0.15)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Pain, Agitation, Delirium, and Sleep in the ICU	0798-9999-19-073-L04-P	1 (0.1)	Knowledge	PharmCon	MI
Duloxetine vs. Pregabalin for Perioperative Pain	0480-9999-19-006-L01-P	1 (0.1)	Knowledge	University Edwardsville School of Pharmacy	IL
Pain Management 1	0163-9999-19-086-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Pain Management 2	0163-9999-19-097-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
HCA - A Pharmacist's Guide to Inpatient Acute Pain Management	0294-9999-19-014-L01-P	1 (0.1)	Knowledge	Office of Continuing Education	VA
Opioid Sparing Effects of Calcitonin on Acute Fractures in the Inpatient Setting	0048-0000-19-142-L01-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Retrospective, Enterprise-Wide Evaluation of Ketamine for Management of Acute Pain in the Emergency Department	0048-0000-19-188-L01-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Opioids: A Pharmacist Guide to Use and Abuse	0056-9999-19-043-L01-P	1 (0.1)	Knowledge	Pharmacy	NJ
Pain Management 3	0163-9999-19-118-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Pain Management 4	0163-9999-19-136-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Pain Management 5	0163-9999-19-147-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Pain Management 6	0163-9999-19-156-L04-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
The Role of Pharmacists in the Opioid Crisis and How Preceptors Can Engage Students	0834-0000-19-018-L04-P	1.5 (0.15)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX

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The Role of Pharmacists in the Opioid Crisis and How Preceptors Can Engage Students	0834-0000-19-018-L04-P	1.5 (0.15)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
The Role of Pharmacists in the Opioid Crisis and How Preceptors Can Engage Students	0834-0000-19-018-L04-P	1.5 (0.15)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Pain Management Considerations During an Opioid Epidemic	0843-0000-19-019-L01-P	1 (0.1)	Knowledge	South University School of Pharmacy	GA
Clinical Pain Assessment Strategies to Optimize Acute and Chronic Pain Management	0165-0000-19-043-L01-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
I Don't Want To Be My Patient's Dealer! Use of Methadone and Buprenorphine in Pain Management and Opioid Use Disorder	0165-0000-19-046-L01-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
Pharmacotherapy of Chronic Pain Syndromes: A Focus on Fibromyalgia and Migraine Headaches	0165-0000-19-044-L01-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
Treatment and Management of Cancer Pain	0165-0000-19-045-L01-P	1.5 (0.15)	Knowledge	Association	FL
"I'm Not an Addict" Pain in Sickle Cell Disease	0165-0000-19-049-L01-P	1.5 (0.15)	Knowledge	Association	FL
A Review of the Pharmacological Management of Painful Neuropathies and Neuralgias	0165-0000-19-048-L01-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
The Opioid Epidemic: Updates in Pain Management and Regulatory Response	0165-0000-19-051-L04-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
Weeding Through the Evidence: An Update on CBD Oil	0165-0000-19-050-L04-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
How Central is Central Poststroke Pain?	0530-0000-19-065-L01-P	1 (0.1)	Knowledge	Global Education Group	TN

How Central is Central Poststroke Pain?	0530-0000-19-065-L01-P	1 (0.1)	Knowledge	Global Education Group	TX
Mirror, Mirror on the Wall: Graded Motor Imagery to Treat Complex Regional Pain Syndrome	0530-0000-19-064-L01-P	1 (0.1)	Knowledge	Global Education Group	TX
Mirror, Mirror on the Wall: Graded Motor Imagery to Treat Complex Regional Pain Syndrome	0530-0000-19-064-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
Are You Sleeping? Palliative Sedation for Relief of Refractory Symptoms in Terminally Ill Patients	0204-0000-19-012-L04-P	1 (0.1)	Knowledge	American Society of Health-System Pharmacists	MD
Prescription Drug Monitoring Program Overview	0496-0000-19-007-L04-P	1 (0.1)	Knowledge	Centers for Medicare and Medicaid Services	MD
No One Left Alone Without Naloxone: Strategies to Address the Opioid Crisis	0591-0000-19-007-L01-P	1 (0.1)	Knowledge	(CHA) Department of Pharmacy	MA
Low Dose Naltrexone for Chronic Pain Conditions	0130-9999-19-156-L01-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
Proper Prescribing of Opioid Analgesics	0016-0000-19-046-L01-P	0.5 (0.05)	Knowledge	Chicago College of Pharmacy	IL
Orthopedic Medicine For Primary Care: Orthopedics/Pain Management/Rheumatology	0816-0000-19-040-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	FL
The ABCDEF's of Pain, Agitation, and Delirium Management	0204-0000-19-015-L04-P	1 (0.1)	Knowledge	Health-System Pharmacists	MD
The Neuroscience of Addiction: Implications for Health Professionals	0202-0000-19-155-L01-P	2 (0.2)	Knowledge	American Pharmacists Association	UT
Pharmacy Applications of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	0050-0000-19-024-L04-P	1 (0.1)	Knowledge	University of Cincinnati College of Pharmacy	OH
KASPER and Appropriate Controlled Substance Prescribing	0193-9999-19-008-L03-P	1 (0.1)	Knowledge	Northeast Kentucky Area Health Education Center	KY
Pain Management in Active Recovery: How Pharmacists Can Help	0202-0000-19-162-L01-P	1.5 (0.15)	Knowledge	American Pharmacists Association	UT
Collaboration for Success: How Pharmacists Team Up to Prevent Diversion	0202-0000-19-164-L04-P	1.5 (0.15)	Knowledge	American Pharmacists Association	UT
Ketamine: Not Just For Horses	0530-0000-19-091-L01-P	1 (0.1)	Knowledge	Global Education Group	FL

Manage Pain; Minimize Misuse / Abuse – Using Abuse-Deterrent Opioids to Enhance Patient Quality of Life	0530-9999-19-090-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Manage Pain; Minimize Misuse / Abuse – Using Abuse-Deterrent Opioids to Enhance Patient Quality of Life	0530-9999-19-090-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
Osteoarthritis Pain: Past, Present, and Future	0530-0000-19-073-L01-P	1 (0.1)	Knowledge	Global Education Group	SC
Osteoarthritis Pain: Past, Present, and Future	0530-0000-19-073-L01-P	1 (0.1)	Knowledge	Global Education Group	FL
Relax, All Antispasmodics Are the Same....Right?	0530-0000-19-074-L01-P	1 (0.1)	Knowledge	Global Education Group	FL
Medication Assisted Therapy: New Opportunities in Treatment	0530-0000-19-069-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
Regional Pain Syndromes: Hip and Knee	0530-0000-19-070-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
Regional Pain Syndromes: Neck and Back	0530-0000-19-071-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
Through the Eyes of an Expert Witness: The Importance of Chart Documentation in the Chronic Pain Patient	0530-0000-19-072-L01-P	1 (0.1)	Knowledge	Global Education Group	TN
L-Glutamine Use in Sickle Cell Disease	0010-9999-19-021-L01-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
Management of Acute Pain in Patients on Medication-Assisted Treatment	0056-9999-19-040-L01-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
Opioid Safety: Prescribing and Risk Mitigation	0576-0000-19-009-L05-P	1 (0.1)	Knowledge	University College of Pharmacy	MA
Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility and Sleep Disruption in Adult Patients in the ICU	0857-0000-19-012-L04-P	1 (0.1)	Knowledge	Chicago State University College of Pharmacy	IL
Pain management in the hospitalized patient with opioid dependence	0510-0000-19-038-L01-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
SBIRT 101:SBIRT Principles and Screening Tool Administration	0633-0000-19-008-L04-P	2 (0.2)	Knowledge	The Ohio State University College of Pharmacy	OH
Advances in Migraine Pathophysiology: Will They Lead to New Treatments?	0530-0000-19-056-L01-P	1 (0.1)	Knowledge	Global Education Group	LA

2019 International Conference on Opioids	0060-9999-19-028-L01-P	6.5 (0.65)	Knowledge	University of Rhode Island College of Pharmacy	MA
2019 International Conference on Opioids	0060-9999-19-029-L01-P	7.5 (0.75)	Knowledge	University of Rhode Island College of Pharmacy	MA
Brain Trauma, Concussion & Dementia—Live Seminar	0751-0000-19-019-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA
Brain Trauma, Concussion & Dementia—Live Seminar	0751-0000-19-019-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	PA
2019 International Conference on Opioids	0060-9999-19-030-L01-P	4 (0.4)	Knowledge	University of Rhode Island College of Pharmacy	MA
The Other Universal Precautions: The Pharmacists' Role in Safe Opioid Prescribing	0532-0000-19-012-L04-P	1 (0.1)	Knowledge	The University of Texas MD Anderson Cancer Center	TX
Pharmacy Research Symposium	0088-9999-19-066-L01-P	3 (0.3)	Knowledge	College of Pharmacy and Health Sciences	NC
Clinical Pharmacist Specialist, Pain & Palliative Medicine	0112-0000-19-221-L04-P	1.25 (0.125)	Knowledge	Michigan Pharmacists Association	MI
Pain Killers on Trial: Convicting the Opioid Epidemic	0510-0000-19-037-L04-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Guideline Update: Pain, Agitation/Sedation, Delirium, Immobility and Sleep Disruption (PADIS)	0156-9999-19-181-L01-P	1 (0.1)	Knowledge	Texas Society of Health- System Pharmacists, The	TX
What's Brewing in the Management of Alcohol Use Disorder?	0591-0000-19-010-L01-P	1 (0.1)	Knowledge	(CHA) Department of Pharmacy	MA
Clinical Pearls from Addiction Medicine	0008-9999-19-071-L01-P	1 (0.1)	Knowledge	Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
CBD Oil – What You Need to Know	0027-0000-19-056-L03-P	0.5 (0.05)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
THE OPIOID PRESCRIPTION CRISIS – THE ROLE OF THE PHARMACIST	0043-9999-19-027-L01-P	5 (0.5)	Knowledge	College of Pharmacy and Health Sciences	NY
THE OPIOID PRESCRIPTION CRISIS – THE ROLE OF THE PHARMACIST	0043-9999-19-027-L01-P	5 (0.5)	Knowledge	College of Pharmacy and Health Sciences	CA

Oncology Pain Management	0100-0000-19-031-L01-P	1 (0.1)	Knowledge	Association	AZ
2019.6.25 NYSCHP: Opioids and Conversions	0134-0000-19-087-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
An Introduction to Clinical Applications of Pharmacogenomics	0045-0000-19-026-L01-P	1.5 (0.15)	Knowledge	Pharmacy and Health Sciences	NY
Pain, Agitation, and Delirium in the ICU – Part 1: Pain Management	0097-9999-19-028-L01-P	1 (0.1)	Knowledge	Pharmacy at Wilkes University	PA
Helping your patients manage pain safely and effectively	0107-0000-19-089-L01-P	1.5 (0.15)	Knowledge	CEImpact	FL
Rheumatology And Musculoskeletal Medicine For Primary Care	0816-0000-19-052-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	TN
Opioid Trends in Prescribing: Alabama Medicaid	0172-0000-19-053-L04-P	1 (0.1)	Knowledge	Alabama Society of Health-System Pharmacists	AL
Functional Exercise: Beyond THEREX	0826-9999-19-024-L01-P	2 (0.2)	Knowledge	MED2000, Inc.	
Functional Exercise: Beyond THEREX	0826-9999-19-024-L01-P	2 (0.2)	Knowledge	MED2000, Inc.	
Considerations For Using Long-acting Opioids in Pain Management	0126-0000-19-146-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Pharmacists – Warriors in the Battle Against Opioids	0165-0000-19-025-L04-P	1 (0.1)	Knowledge	Florida Pharmacy Association	FL
Internal Medicine For Primary Care: Cardiology/Gynecology/Pain Management/Psychiatry	0816-0000-19-060-L01-P	16 (1.6)	Knowledge	Medical Education Resources, Inc.	MI
“Just Say Know” Your Audience: An Interprofessional Education Program Focused on the Stigma Associated With Substance Use Disorder	0581-0000-19-088-L04-P	0.5 (0.05)	Knowledge	American Association of Colleges of Pharmacy	IL
Opioids for Acute Pain Management	0525-0000-19-007-L01-P	1 (0.1)	Knowledge	MedStar Washington Hospital Center	DC
Substance Use During Pregnancy: What Do We Know and What Can We Do?	0140-0000-19-515-L01-P	0.75 (0.075)	Knowledge	Marshfield Clinic Health System, Inc.	WI
Opioid Pearls	0128-0000-19-032-L04-P	1 (0.1)	Knowledge	Nebraska Pharmacists Association (NPA)	NE
Alternatives to Opioids: Addressing pain in the emergency department in the post-opiate era	0126-0000-19-147-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	

: Efficacy and safety of a monthly buprenorphine depot injection for opioid use disorder: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial	0103-0000-19-007-L01-P	1 (0.1)	Knowledge	VA Western New York Healthcare System	DC
Reducing the Pain in Becoming an Opioid-Light Emergency Department	0032-9999-19-039-L01-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Opioids: Are We Still Talking About This?	0445-0000-19-020-L01-P	1 (0.1)	Knowledge	Word, Feik School of Pharmacy	TX
Substance Use Disorders Clinician Training	0130-9999-19-205-L01-P	6.75 (0.675)	Knowledge	Washington State Pharmacy Association	MT
Pain Management in Sickle Cell Anemia	0163-0000-19-215-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Post Surgical Pain Management	0163-0000-19-213-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Updates on Regulatory Guidelines and Pain Management Standards	0163-0000-19-214-L04-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Safer Opioid Prescribing	0547-9999-19-021-L01-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
Common Pharmacomistakes in Advanced Illness: Opioid Conversion Miscalculations! Achieving Pain Relief Quickly AND Safely!	0798-0000-19-138-L01-P	1.25 (0.125)	Knowledge	PharmCon	SC
Common Pharmacomistakes in Advanced Illness: Opioid Conversion Miscalculations! Achieving Pain Relief Quickly AND Safely!	0798-0000-19-138-L01-P	1.25 (0.125)	Knowledge	PharmCon	SC
Common Pharmacomistakes in Advanced Illness: Opioid Conversion Miscalculations! Achieving Pain Relief Quickly AND Safely!	0798-0000-19-138-L01-P	1.25 (0.125)	Knowledge	PharmCon	PA
Hot Pharmacy Topics - Practice Advancement Initiatives	0063-9999-19-048-L03-P	1.5 (0.15)	Knowledge	University College of Pharmacy and Allied Health	SD
Non-Opioid Pain Management	0063-9999-19-047-L01-P	1 (0.1)	Knowledge	University College of Pharmacy and Allied Health	SD

Combating the Opioid Epidemic in a Hospital System—Improving Patient Care	0863-9999-19-051-L01-P	1.5 (0.15)	Knowledge	Belmont University College of Pharmacy	TN
Stepped Care Model of Pain Care in the Primary Care Medical Home	0046-9999-19-242-L04-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
2019 Clinical Pearls	0435-0000-19-009-L01-P	1 (0.1)	Knowledge	JPS Health Network	TX
Maximizing Non-Opioid Pharmacotherapy for Pain Management	0525-0000-19-010-L01-P	1 (0.1)	Knowledge	MedStar Washington Hospital Center	DC
Cannabis & Opioids in Chronic Pain: Clinical Updates	0059-0000-19-002-L01-P	2.5 (0.25)	Knowledge	Health Sciences, College of Pharmacy	
Cannabis & Opioids in Chronic Pain: Legal Updates	0059-0000-19-003-L03-P	1.5 (0.15)	Knowledge	Health Sciences, College of Pharmacy	CA
Current Trends in the Market of Non-Sterile Pharmaceutical Compounding	0151-0000-19-023-L07-P	3 (0.3)	Knowledge	Colegio de Farmaceuticos de Puerto Rico	PR
Non Pharmacologic and Pharmacologic Management of Pain	0151-0000-19-018-L04-P	3 (0.3)	Knowledge	Colegio de Farmaceuticos de Puerto Rico	PR
Non Pharmacologic and Pharmacologic Management of Pain	0151-0000-19-018-L04-P	3 (0.3)	Knowledge	Colegio de Farmaceuticos de Puerto Rico	PR
Alternative Pain Treatments in the Medicare Population: Combating the Opioid Epidemic	0496-0000-19-010-L01-P	1 (0.1)	Knowledge	Centers for Medicare and Medicaid Services	MD
PTSD, Trauma, and Anxiety Disorders	0751-0000-19-047-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	PA
PTSD, Trauma, and Anxiety Disorders	0751-0000-19-047-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	TX
PTSD, Trauma, and Anxiety Disorders	0751-0000-19-047-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	PA
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV



Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Opioid Reduction Act: What You Need to Know	0072-9999-19-070-L03-P	1 (0.1)	Knowledge	West Virginia University School of Pharmacy	WV
Applying PADIS to our ICU Patients: Pharmacological Considerations and Pitfalls in Analgesia, Sedation, Delirium and Sleep	0016-0000-19-006-L01-P	1.25 (0.125)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
Narcotic Avoidance Strategies and Analgesic Adjuncts in Critically Ill Patients	0016-0000-19-007-L01-P	1 (0.1)	Knowledge	Chicago College of Pharmacy	IL
Alternatives to Opioids: Addressing Pain in the Emergency Department in the Post-Opioate Era	0126-0000-19-154-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Managing Chronic Pain in the Guideline Era	0046-9999-19-310-L01-P	3 (0.3)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Managing Chronic Pain in the Guideline Era	0088-9999-19-136-L01-P	3 (0.3)	Knowledge	College of Pharmacy and Health Sciences	NC
Pharmacy Roundtable - August	0248-0000-19-021-L01-P	1 (0.1)	Knowledge	Shreveport	LA
OPIOIDS & MARIJUANA: MANAGING THE NATIONWIDE EMERGENCY	0212-9999-19-002-L03-P	6 (0.6)	Knowledge	BioMed General	
OPIOIDS & MARIJUANA: MANAGING THE NATIONWIDE EMERGENCY	0212-9999-19-002-L03-P	6 (0.6)	Knowledge	BioMed General	
OPIOIDS & MARIJUANA: MANAGING THE NATIONWIDE EMERGENCY	0212-9999-19-002-L03-P	6 (0.6)	Knowledge	BioMed General	
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	VT
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	IL

Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	IL
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NV
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	IL
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	ME
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	IN
Coping with Chronic Pain: Comprehensive Pain Management	0751-0000-19-049-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	KS
Chapter None: Patient-Centered or Paper-Centered Pain Management?	0530-0000-19-130-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Eyes Without a Face: Music Therapy and Pain Management in Alzheimer's Disease	0530-0000-19-136-L01-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Geriatric Pain Management: Minimally Invasive Interventions	0530-0000-19-131-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Hanging by a Thread: Facial & Orofacial Pain	0530-0000-19-123-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Icebergs, Oceans, and the Experience of Pain	0530-0000-19-118-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Injections, Nerve Blocks, Pumps, and Spinal Cord Stimulation	0530-0000-19-116-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Innovations in Pain Medicine Ultrasonography: Image Guidance, Diagnosis, and Emerging Applications	0530-0000-19-128-L04-P	3 (0.3)	Knowledge	Global Education Group	NV
Insight into Preclinical Drug Discovery and Translational Medicine	0530-0000-19-127-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Interventional Pain Management: Opioid Sparing Technologies	0530-0000-19-139-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
La Femme Migraneur	0530-0000-19-119-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Lip Service: Using Words as the Foundation for Effective Pain Management	0530-0000-19-129-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Malpractice for Dummies: Getting Sued and Surviving to Talk About It	0530-0000-19-135-L03-P	1 (0.1)	Knowledge	Global Education Group	NV

Moving Beyond the Obvious: the Pivotal Role of Psychology in Pain Management	0530-0000-19-115-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Neck and Upper Extremity Pain Syndromes	0530-0000-19-133-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Neurogenic Thoracic Outlet Syndrome	0530-0000-19-138-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Neuromodulation for Advance Practice Providers	0530-0000-19-134-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Catastrophizing: Making a Mountain Out of a Mole Hill	0530-0000-19-132-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Salt of the Earth: the Importance of Sodium Channels in Pain Management	0530-0000-19-126-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-19-124-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Status Traumaticus: A Trauma Informed Approach to Chronic Pain Management	0530-0000-19-117-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Stem Cells and Regenerative Medicine for Nonresolving Inflammation	0530-0000-19-125-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Death of Caesar: Psychological Stages of Grief and Chronic Pain	0530-0000-19-122-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Gang That Couldn't Shoot Straight: Revisiting the CDC Guidelines	0530-0000-19-121-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
The World According to Cannabinoids: Clinical and Research Updates	0530-0000-19-120-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Acute Pain in Patients with Active Substance Use Disorder	0530-0000-19-140-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Are the Monsters Coming to Main Street?	0530-0000-19-163-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Case Based Challenges in Acute Pain Management	0530-0000-19-155-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Casualties: You're In Pain and It's All Your Fault	0530-0000-19-149-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Chronic Pain Assessment	0530-0000-19-148-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-19-161-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Enhancing Recovery After Surgery: How Certified Nurse Anesthetists Are Improving Outcomes	0530-0000-19-159-L04-P	1 (0.1)	Knowledge	Global Education Group	NV

Hitting the Bull's Eye in Pain Management: Using all the Arrows in Your Quiver!	0530-0000-19-143-L04-P	3 (0.3)	Knowledge	Global Education Group	NV
How Healing Works, and What it Means for Chronic Pain Management	0530-0000-19-150-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
How Pain Coaching Impacts Patient Outcomes	0530-0000-19-157-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Inside the Trojan Horse: Addressing Current Legal Actions Against Healthcare Practitioners	0530-0000-19-146-L03-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Let's Get Physical! Musculoskeletal Pelvic Pain	0530-0000-19-156-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Maleficent Morphine Milligram Equivalents & Dosing Dilemma Disasters	0530-0000-19-162-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Management Coaching: Integrative and Complimentary Strategies for Chronic Pain	0530-0000-19-151-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Pathways Made Simple	0530-0000-19-145-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Terminology: Knowing the Difference Makes a Difference!	0530-0000-19-142-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Therapeutics	0530-0000-19-153-L04-P	2 (0.2)	Knowledge	Global Education Group	NV
Psychological Twister: Using Metaphors, Mindfulness & Values to Promote Change	0530-0000-19-158-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Rotate the Molecule! Rationalizing Excessive Opioid Prescribing with Buprenorphine	0530-0000-19-154-L04-P	3 (0.3)	Knowledge	Global Education Group	NV
The BIG BANG OF PAIN: Chronic Overlapping Pain Syndrome in Women	0530-0000-19-144-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Dynamics of Managing Acute Postoperative Pain in the Current Opioid Sparing Environment	0530-0000-19-147-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
The Force is With You: Mind Tricks for Chronic Pain Patients	0530-0000-19-141-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Golden Girls Dilemma: Genitourinary Syndrome of Menopause (GSM)	0530-0000-19-160-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Tumbling Dice: Preventing a Benzodiazepine Crisis and Understanding Protracted Withdrawal Syndrome	0530-0000-19-152-L04-P	1 (0.1)	Knowledge	Global Education Group	NV

A Modest Proposal: Addressing the Components and Complexities of Coordinated Care	0530-0000-19-183-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
A New Leaf: A Legal and Medical Perspective on Marijuana Use When Prescribing Controlled Substances	0530-0000-19-170-L03-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Achieving Change from Within: Use of Motivational Interviewing	0530-0000-19-172-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Alcohol As Analgesia: Does it Really Numb the Pain?	0530-0000-19-169-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
American Headache Society: Chronic Migraine Education Program (Part 1)	0530-0000-19-171-L01-P	1.5 (0.15)	Knowledge	Global Education Group	NV
American Headache Society: Chronic Migraine Education Program (Part 2)	0530-0000-19-178-L01-P	2 (0.2)	Knowledge	Global Education Group	NV
Back to the Future: Current and Future Opioid Abuse Risk Assessment and Mitigation Strategies	0530-0000-19-182-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Blinded By the Light: The Danger of Idiopathic Intracranial Hypertension	0530-0000-19-175-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Buprenorphine: a Molecule for All Seasons	0530-0000-19-174-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Central Sensitization and Ketamine Infusions	0530-0000-19-186-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Deuces Wild: Fudin & Gudin Argue the New Rules of the Game	0530-0000-19-187-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Kratom or Bait'em? Understanding the Pharmacology of Kratom	0530-0000-19-173-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Life Hacks to Teach Chronic Pain Patients	0530-0000-19-165-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Medication Assisted Therapy: New Opportunities in Treatment	0530-0000-19-164-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Mirror Mirror on the Wall...Who's the FDA's Fairest ADF of All	0530-0000-19-181-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Navigating the OTC Analgesic Aisle: What a Pain in the Aspirin!	0530-0000-19-168-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
No Guts, No Glory: Mystery of the Microbiome	0530-0000-19-167-L04-P	1 (0.1)	Knowledge	Global Education Group	NV

Putting the “FUN” in DysFUNCTIONal: Pain Management Options in Renal and Hepatic DysFUNCTION	0530-0000-19-190-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Spilled Beans and Hard Stops: How Legislation, Guidelines, and Reimbursement Policies Impact Patient Care	0530-0000-19-189-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Starting an Acute Pain Service is Harder Than You Think... AKA, OMG Why Did I Agree to Do This Again?!	0530-0000-19-188-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Curbside Consult in Management	0530-0000-19-176-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Elephant in the Room: Helping Patients to Navigate the "O" Impasse	0530-0000-19-185-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Static Pendulum: Pain, Drugs, and Ethics	0530-0000-19-177-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Unbearable Lightness of...Multimodal Treatment Plans	0530-0000-19-180-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Through the Eyes of an Expert Witness: The Importance of Chart Documentation in the Chronic Pain Patient	0530-0000-19-184-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Understanding Analgesic Trials	0530-0000-19-179-L04-P	2 (0.2)	Knowledge	Global Education Group	NV
Which Came First...Pain Or Substance Abuse Disorder?	0530-0000-19-166-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Intervening in the Opioid Epidemic in the US:Education of Healthcare Professionals - Successes, Challenges and Unintended Consequences	0010-9999-19-038-L04-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
Introduction to the Standardized Patient_Live CE	0010-9999-19-034-L01-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
State of the Nation: The Opioid Epidemic in the US - A Public Health Crisis and a Pharmacy Profession Call to Action	0010-0000-19-041-L04-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
An Elusive Villain: Pain Associated With Lyme Disease and Other Spirochetal Infections	0530-0000-19-195-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Analgesics of the Future	0530-0000-19-208-L04-P	1 (0.1)	Knowledge	Global Education Group	NV

Applying Mechanism-Based Classification to Clinical Reasoning for Complex Persistent Pain	0530-0000-19-204-L04-P	2 (0.2)	Knowledge	Global Education Group	NV
Back Pain: It's All About the Diagnosis	0530-0000-19-203-L04-P	2 (0.2)	Knowledge	Global Education Group	NV
Cannabis and Opioids Together: Syn or Synergistic?	0530-0000-19-210-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Everybody's Greasing UP, But Should You Rub It In? A Review of Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-19-193-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
He SAID, She SAID. What's the Deal with NSAIDs?	0530-0000-19-201-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
I'm Not a Doctor, But I Play One in DC	0530-0000-19-192-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Lost in the Weeds: The Past, Present, and Future of Hemp in Pain Management	0530-0000-19-191-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Medical Stasi: The Standardization Proclamation and Its Consequences	0530-0000-19-197-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Not Glad All Over: Chronic Widespread Pain	0530-0000-19-206-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Opioid Math Calculations: Titrations and Breakthroughs	0530-0000-19-196-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Opioid Moderatism: Seeking Middle Ground	0530-0000-19-207-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Reefer Madness Revisited: Taking the Insanity Out of Medical Cannabinoids	0530-0000-19-194-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Cracked Mirror: Exploring Opioid Abuse Deterrent Methods from the Laboratory to the Real User	0530-0000-19-211-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Global Legalization of Marijuana: A Reasonable Solution to Treat Pain...or a Pipe Dream:	0530-0000-19-200-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Sirens of Titan: Treatment Options for Managing Opioid Withdrawal and Overdose	0530-0000-19-202-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Spider's Stratagem: Arachnoiditis	0530-0000-19-205-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
The Visible Few: An Imperfect Burden on Patients and Providers	0530-0000-19-199-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Thug Drugs Revisted	0530-0000-19-209-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV

When Darkness Falls: Managing Pain in Fibromyalgia and Restless Leg Syndrome	0530-0000-19-198-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Management in the Postoperative Setting	0542-0000-19-010-L01-P	1 (0.1)	Knowledge	Hospital	TN
Neurology For Primary Care	0816-0000-19-073-L01-P	12 (1.2)	Knowledge	Resources, Inc.	NM
What's New in Medicine 2019 - Day 2 Internal Medicine	0347-9999-19-007-L01-P	9 (0.9)	Knowledge	Foundation for Care Management	WA
Opioid Therapy and Opioid Tapering: Guidance for Clinicians to Improve Outcomes. A Case-Based Pro/Con Discussion Format	0530-0000-19-226-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Acupuncture for Addressing the Intersection of Pain, OUD, and PTSD	0530-0000-19-212-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Better With Age? Pain Management of the Older Adult	0530-0000-19-213-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Doing Business or Risky Business? Benzodiazepines and Opioids in Palliative Care	0530-0000-19-230-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Embrace Changes and Prevent Overdose: A Basic Blueprint for Legal Risk Mitigation and Response	0530-0000-19-218-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Expanding Options for Chronic Pain Treatment: The Integrative Pain Management Program	0530-0000-19-228-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Frankie says RELAX: The Ins and Outs of Skeletal Muscle Relaxants	0530-0000-19-223-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Get Your Specimens in Order: The Importance of Individualized Test Orders and Timely Test Utilization	0530-0000-19-229-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Improving Safety of Chronic Opioid Prescribing by Incorporating Clinical Pharmacists On Teams	0530-0000-19-225-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Let's Get on the Same Prescribing Page: Standardizing Opioid Prescribing Practices among Sickle Cell Disease Patients	0530-0000-19-214-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Manual Therapies for Pain Management	0530-0000-19-222-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Moving Mountains: Shifting the Pain Management Paradigm	0530-0000-19-215-L04-P	1 (0.1)	Knowledge	Global Education Group	NV



Nutritional Pain Management	0530-0000-19-217-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Opioids and Mental Health – Suicide Prevention as Highest Priority	0530-0000-19-231-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Testing the Waters: Urine Drug Screening for the Perplexed Among Us	0530-0000-19-216-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
That’s Debatable! Does cannabis reduce opioid death, and does gabapentin increase it?	0530-0000-19-219-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Transformative Care for Myopain: Enhancing Long-Term Success in Myofascial Pain and Fibromyalgia (Part 1)	0530-0000-19-221-L04-P	1.5 (0.15)	Knowledge	Global Education Group	NV
Transformative Care for Myopain: Enhancing Long-Term Success in Myofascial Pain and Fibromyalgia (Part 2)	0530-0000-19-227-L04-P	2 (0.2)	Knowledge	Global Education Group	NV
VA's Stepped Care Model for Pain Management and Whole Health: Patient-Centered Biopsychosocial Pain Care	0530-0000-19-220-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
You’re Using WHAT for Pain Management? Psilocybin, Ecstasy and Ketamine	0530-0000-19-224-L04-P	1 (0.1)	Knowledge	Global Education Group	NV
Internal Medicine For Primary Care: Addiction/Endocrinology/Palliative/Psychiatry	0816-0000-19-081-L01-P	20 (2)	Knowledge	Medical Education Resources, Inc.	HI
Novel Use of Non-Opioids for Safe and Effective Acute Pain Management	0122-0000-19-020-L01-P	1 (0.1)	Knowledge	Acurity, Inc.	NY
Pain Management in the Face of the Opioid Stewardship	0106-0000-19-093-L01-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Prescription Digital Therapeutics: A Novel Modality to be Integrated into Standard of Care Pharmacotherapy for Patients	0106-0000-19-103-L04-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Having True Impact on the Opioid Crisis: What Everyone Should Know	0121-0000-19-056-L05-P	1.5 (0.15)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Beating the Pain Game: Non-Opioid Analgesic Strategies Amid an Opioid Crisis	0121-0000-19-070-L01-P	1 (0.1)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Changes in Pain Management for Cancer Patients during the Opioid Epidemic	0497-0000-19-003-L03-P	1 (0.1)	Knowledge	Karmanos Cancer Center	MI
De-prescribing in Pain Management	0598-0000-19-022-L01-P	1 (0.1)	Knowledge	Association	MO

Welcome MAT: Managing Opioid Use Disorder	0100-0000-19-059-L01-P	1 (0.1)	Knowledge	Association	AZ
Non-Opioids Alternatives for Chronic Pain Management	0107-9999-19-302-L01-P	1 (0.1)	Knowledge	CEImpact	UT
Fifty Shades of Pain - A Primer	0112-0000-19-235-L01-P	1 (0.1)	Knowledge	Association	MI
MSPT Five-Live	0112-0000-19-225-L03-P	5.25 (0.525)	Knowledge	Michigan Pharmacists Association	MI
Toward Safer Management of Chronic Non-Cancer Pain	0143-0000-19-161-L01-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Toward Safer Management of Chronic Non-Cancer Pain	0143-0000-19-161-L01-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Toward Safer Management of Chronic Non-Cancer Pain	0143-0000-19-161-L01-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Is Grandpa in Pain or Just a Junkie? Managing Pain and Addiction in Geriatrics.	0798-9999-19-149-L01-P	2 (0.2)	Knowledge	PharmCon	PA
Multi-modal (non-opioid) Approaches to Pain Management and Epidemiology of Opioid Misuse and Addiction	0043-9999-19-045-L01-P	1 (0.1)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NY
Pharmacology and Medicinal Chemistry of Opioid Medications and Therapeutic Considerations in the Prescribing of Opioids	0043-9999-19-044-L01-P	1 (0.1)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NY
Regulatory Policy and Harm Reduction Strategies and Opioid Overdose Prevention and Response	0043-9999-19-047-L01-P	1 (0.1)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NY
Therapeutic Cases and Identification and Treatment of Opioid Use Disorder	0043-9999-19-046-L01-P	1 (0.1)	Knowledge	College of Pharmacy and Health Sciences	NY
The Community Pharmacist's Role in Opioid Overdose Prevention	0499-9999-19-023-L01-P	2 (0.2)	Knowledge	Medical Education Consultants, LLC	SC
Substance Use Disorder Medication Assisted Training (MAT) Waiver Training	0130-9999-19-242-L01-P	4.25 (0.425)	Knowledge	Washington State Pharmacy Association	OK
2019.9.20 MSHP Clinical Pearls	0134-0000-19-096-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	MN
2019.9.20 Tristate Novel Opportunities for Expansion of Pharmacy Practice	0134-0000-19-109-L04-P	2 (0.2)	Knowledge	Health-System Pharmacists	NY

Opiate Abuse and the Community Pharmacist	0096-9999-19-055-L01-P	1 (0.1)	Knowledge	Texas Tech University Health Sciences Center School of Pharmacy	TX
Efficacy & Tolerability of Pain Pharmacotherapy	0471-9999-19-018-L04-P	1 (0.1)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NJ
Efficacy & Tolerability of Pain Pharmacotherapy	0471-9999-19-018-L04-P	1 (0.1)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NJ
Efficacy & Tolerability of Pain Pharmacotherapy	0471-9999-19-018-L04-P	1 (0.1)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NJ
Treatment of Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) with Extended Release Naltrexone (XR-NTX)	0016-0000-19-068-L01-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
Substance Abuse in Adolescence: A Review of Common and Emerging Drugs of Abuse in Teens and Young Adults	0122-0000-19-021-L01-P	1 (0.1)	Knowledge	Acurity, Inc.	NY
Visualizing Pain and Addiction: An Augmented Reality Discussion	0376-0000-19-031-L01-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	PA
CDC Opioid Prescribing Guideline Implementation Part I	0107-9999-19-245-L01-P	0.75 (0.075)	Knowledge	CEImpact	IA
The 17th Annual Pain Awareness Symposium - AM Session	0510-9999-19-041-L04-P	3 (0.3)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
The 17th Annual Pain Awareness Symposium - PM Session	0510-9999-19-042-L04-P	2 (0.2)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Updates on the Use of Ketamine for Acute Pain Management	0172-0000-19-059-L01-P	1 (0.1)	Knowledge	Alabama Society of Health- System Pharmacists	AL
Chronic Pain Assessment	0530-0000-19-235-L01-P	1 (0.1)	Knowledge	Global Education Group	MD
Episodic Versus Chronic Migraine: An Update on Novel and Emerging Therapeutic Options	0530-0000-19-232-L01-P	1 (0.1)	Knowledge	Global Education Group	CA

Patient Centered Urine Drug Testing for Primary Care	0530-0000-19-234-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Patient Centered Urine Drug Testing for Primary Care	0530-0000-19-234-L01-P	1 (0.1)	Knowledge	Global Education Group	WA
Role of All Practice Providers Involved in Pain Management in the Acute-Care Setting	0530-0000-19-233-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Pain Management and Genetics	0112-9999-19-392-L04-P	1.5 (0.15)	Knowledge	Association	MI
Management of Substance Use Disorders - Pharmacotherapy Focus	0156-9999-19-283-L01-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Setting the Standard: Pediatric Intensive Care Unit (PICU) Sedation and Tapers	0180-0000-19-902-L01-P	0.5 (0.05)	Knowledge	Pediatric Pharmacy Association	OH
Interdisciplinary Strategies for Managing Maternal Opioid Use Disorder	0025-0000-19-103-L01-P	7.5 (0.75)	Knowledge	University of Maryland School of Pharmacy	MD
Engaging the Texas Prescription Monitoring Program to Support Patient Health	0156-9999-19-279-L01-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Integrative Pain Management	0751-0000-19-078-L04-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	CA
PharmaCE By the Bay Spring Session	0112-9999-19-402-L01-P	6 (0.6)	Knowledge	Association	MI
Pain Management: An Overview of Safe & Effective Therapies	0462-0000-19-011-L01-P	1 (0.1)	Knowledge	Stony Brook University Medical Center	NY
Substance Use Disorders - Current Trends	0064-0000-19-074-L01-P	3 (0.3)	Knowledge	University of Tennessee College of Pharmacy	TN
Substance Use Disorders - Current Trends	0064-0000-19-074-L01-P	3 (0.3)	Knowledge	University of Tennessee College of Pharmacy	TN
Substance Use Disorders - Current Trends	0064-0000-19-074-L01-P	3 (0.3)	Knowledge	University of Tennessee College of Pharmacy	TN
Substance Use Disorders - Current Trends	0064-0000-19-074-L01-P	3 (0.3)	Knowledge	University of Tennessee College of Pharmacy	TN
News and Controversies in Pain Management	0112-9999-19-384-L04-P	1 (0.1)	Knowledge	Association	MI
Rheumatology And Musculoskeletal Medicine For Primary Care	0816-0000-19-090-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	CA
Maine Harm Reduction Conference	0837-9999-19-215-L01-P	5.5 (0.55)	Knowledge	University of New England School of Pharmacy	ME

Session R: Shedding Light on a Dark Subject: The US Opioid Crisis	0135-0000-19-030-L01-P	1 (0.1)	Knowledge	Illinois Pharmacists Association	IL
Developing an Opioid & Pain Stewardship Program: A Health-System Pharmacy Approach	0163-9999-19-259-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Internal Medicine For Primary Care: Dermatology/Gynecology/Neck & Spine/Pain Management	0816-0000-19-091-L01-P	20 (2)	Knowledge	Medical Education Resources, Inc.	HI
NOpioids: Non-Opioid Pain Management Strategies	0556-0000-19-014-L01-P	1 (0.1)	Knowledge	Health Services, Department of Pharmacy	IN
Managing Pain in Geriatric Patients	0798-0000-19-166-L01-P	1.25 (0.125)	Knowledge	PharmCon	SC
Implementing a system-based approach to provide safe, effective pain management	0816-9999-19-142-L04-P	1 (0.1)	Knowledge	Medical Education Resources, Inc.	MO
Novel Use of Pharmacotherapy in Pain Management	0647-0000-19-070-L04-P	1 (0.1)	Knowledge	OhioHealth Pharmacy Services	OH
Facing the opioid epidemic head-on through a comprehensive system wide strategy	0816-9999-19-158-L04-P	1 (0.1)	Knowledge	Medical Education Resources, Inc.	MO
Kentucky's Pharmacist Recovery Network	0022-0000-19-130-L03-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Opioid Crisis: The Role of Healthcare in Addressing Substance Use as Part of Usual Care	0646-0000-19-004-L05-P	1 (0.1)	Knowledge	Northwell Health	NY
Opioid Crisis: The Role of Healthcare in Addressing Substance Use as Part of Usual Care	0646-0000-19-004-L05-P	1 (0.1)	Knowledge	Northwell Health	NY
Assumption of Care and Titration Management	0143-0000-19-174-L04-P	1.5 (0.15)	Knowledge	Education and Research Foundation, Inc.	KY
Harm Reduction in Community Practice	0143-0000-19-177-L04-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Making Sense of the 2016 CDC Opioid Guidelines	0143-0000-19-176-L04-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Welcome and Current State	0143-0000-19-175-L04-P	0.5 (0.05)	Knowledge	Education and Research Foundation, Inc.	KY
2019 Pediatric Pain Management Conference: Pain Management: Old Drugs with New Applications	0488-0000-19-036-L01-P	0.75 (0.075)	Knowledge	Cook Children's Medical Center	TX

2019 Pediatric Pain Management Conference:Opioid Crisis	0488-0000-19-035-L03-P	1 (0.1)	Knowledge	Cook Children's Medical Center	TX
Use & Abuse: Comparative Perspectives on Opioids & Cannabis in 2019	0136-0000-19-030-L03-P	2 (0.2)	Knowledge	New Jersey Pharmacists Association	NJ
Pain Management in the Era of an Opioid Epidemic	0510-0000-19-048-L04-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
The Gang That Couldn't Shoot Straight: Revisiting the CDC Guidelilnes	0530-0000-19-236-L01-P	1 (0.1)	Knowledge	Global Education Group	SC
The Gang That Couldn't Shoot Straight: Revisiting the CDC Guidelilnes	0530-0000-19-236-L01-P	1 (0.1)	Knowledge	Global Education Group	VA
Residency Seminar October 19- Updates in Safe Opioid Use and Prescribing	0835-0000-19-058-L03-P	1 (0.1)	Knowledge	Banner Health	AZ
NMShP Balloon Fiesta Symposium 2019: Pharmacologic interventions for the management of pain, agitation, sedation, and delirium in the ICU	0039-0000-19-084-L04-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
Treatment of Pain Management and Opioid Use Disorder Continuum	0837-9999-19-218-L01-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	NH
Alternatives to Opioids for Management of Postoperative Pain in Hip and Knee Arthroplasty in Opioid-Naive Patients	0033-0000-19-096-L01-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Multimodal Pain Management in the Surgical Patient	0046-9999-19-302-L01-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Role of Non-Opioid Therapies in Acute Pain Management	0088-9999-19-160-L01-P	1 (0.1)	Knowledge	College of Pharmacy and Health Sciences	NC
5th Annual Scientific Symposium	0294-0000-19-025-L04-P	6 (0.6)	Knowledge	Office of Continuing Education	VA
Oh My Aching Back: Proactively Addressing Inappropriate Imaging for Low Back Pain	0396-9999-19-067-L04-P	0.75 (0.075)	Knowledge	Academy for Continued Healthcare Learning, The	TX
Guidelines to Practice in the Treatment of Parts I & II	0067-0000-19-114-L04-P	3 (0.3)	Knowledge	Austin College of Pharmacy	TX
Intravenous Lidocaine for Perioperative Pain Management	0466-0000-19-035-L01-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD

Experiential Education Perspectives on Substance Use Issues Involving Pharmacy Students in New York State	0645-0000-19-005-L03-P	2 (0.2)	Knowledge	D'Youville College School of Pharmacy	NY
A Comprehensive Community Program Tackling Opioid Abuse in Houston	0067-9999-19-165-L04-P	0.75 (0.075)	Knowledge	Austin College of Pharmacy	TX
Multimodal Analgesia for the Surgical Patient	0115-0000-19-007-L01-P	1 (0.1)	Knowledge	Atlanta Academy of Institutional Pharmacists	GA
Neurobiology and Pharmacological Treatment of Opioid Use Disorder	0067-0000-19-124-L01-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Drug Diversion Risks vs. Exploiting Opportunities	0106-9999-19-107-L04-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Pain Management: Clinical and Legal Aspects of Cannabis and Opiates	0510-0000-19-047-L03-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Effective Approaches to Pain Management	0226-0000-19-009-L04-P	2 (0.2)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	RI
Pediatric Pain Management: The 5th Vital Sign	0459-0000-19-039-L01-P	2 (0.2)	Knowledge	Institute for Wellness and Education, Inc., The	NJ
Medical Professions Education Day (AM session)	0647-0000-19-066-L01-P	3 (0.3)	Knowledge	Services	OH
Multimodal Pain Management in the Hospitalized Patient: A Focus on Non-Opioid Therapy	0022-9999-19-118-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Integrative Approaches to Pain Management	0026-0000-19-109-L04-P	1.5 (0.15)	Knowledge	Pharmacy and Health Sciences	MA
Bridges to Babylon: Assessing & Managing Comorbidities in Chronic Pain Patients	0530-0000-19-237-L01-P	1 (0.1)	Knowledge	Global Education Group	PA
Do As I Say! Facilitating Treatment Adherence in Pain Medicine	0530-0000-19-238-L01-P	1 (0.1)	Knowledge	Global Education Group	PA
To Dream the Impossible Dream: Acute Pain Management for Patients on Buprenorphine	0530-0000-19-243-L01-P	1 (0.1)	Knowledge	Global Education Group	PA
Opiate Withdrawal Management	0854-9999-19-030-L04-P	0.75 (0.075)	Knowledge	Medication Education, Inc.	FL

From Crisis to Collaboration: An Interprofessional Approach to the Opioid Epidemic	0025-0000-19-101-L01-P	4.25 (0.425)	Knowledge	University of Maryland School of Pharmacy	MD
USPHS: Ketamine: Old Dog, New Tricks?	0202-0000-19-186-L01-P	0.5 (0.05)	Knowledge	Association	TX
USPHS: Opioids: The Epidemic Addressed by a Community Awareness Program	0202-0000-19-196-L01-P	0.5 (0.05)	Knowledge	American Pharmacists Association	TX
USPHS: Pharmacist-Run Chronic Pain Management Clinic in the Bureau of Prisons	0202-0000-19-239-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	TX
Scientific Poster Session, IV: Pain Management Poster CPE	0217-0000-19-217-L01-P	0.5 (0.05)	Knowledge	American College of Clinical Pharmacy	NY
The Opioid Overdose Epidemic – Opportunities for Pharmacists to Lead.	0409-0000-19-019-L05-P	1.25 (0.125)	Knowledge	Innovatix, LLC	GA
Implementing Medication-Assisted Treatment Programs in Federal Healthcare Systems	0202-0000-19-185-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	TX
Neuropathic Pain: The Basics and Beyond	0046-9999-19-345-L01-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Buprenorphine 101: Physicians and Community Pharmacists Collaborating to Improve Access to Medication Assisted Treatment	0202-0000-19-285-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	
Multidisciplinary Management of Pain in CF	0816-9999-19-162-L01-P	3.75 (0.375)	Knowledge	Medical Education Resources, Inc.	TN
Hydroco-NO: Minimizing the Use of Opioids for Pain Management in the Elderly	0156-9999-19-287-L01-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Controlled Substance Prescribing: Regulatory Updates & Changes	0508-9999-19-040-L03-P	2 (0.2)	Knowledge	Baptist Memorial Health Care Corporation	TN
Assessment and Management of Cancer Pain in the Setting of the Opioid Epidemic	0016-0000-19-064-L01-P	0.75 (0.075)	Knowledge	Chicago College of Pharmacy	IL
2019.11.2 Western Opioid Stewardship	0134-0000-19-132-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
Management of Chronic Pain in an Ageing Population	0471-9999-19-020-L01-P	2 (0.2)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	IN



Red Flags:Pharmacists Corresponding Responsibility in Regard to Controlled Substances	0372-0000-19-003-L03-P	2 (0.2)	Knowledge	Rx School	CA
Safe and Effective Use of Methadone in Pain Management	0033-0000-19-108-L01-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Pharmacy Quiz Bowl	0217-9999-19-251-L01-P	1 (0.1)	Knowledge	American College of Clinical Pharmacy	NY
Update in Pain Medicine	0582-0000-19-071-L01-P	0.5 (0.05)	Knowledge	Intermountain Healthcare	UT
Internal Medicine For Primary Care: Allergy & Immunology/Palliative Medicine/Vascular	0816-0000-19-107-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	CA
Substance Abuse Disorder	0108-0000-19-048-L01-P	1 (0.1)	Knowledge	Virginia Society of Health-System Pharmacists	VA
Internal Medicine For Primary Care: Endocrinology/Gastroenterology/Geriatrics/ Pulmonology	0816-0000-19-109-L01-P	20 (2)	Knowledge	Medical Education Resources, Inc.	HI
Addiction Medicine	0126-0000-19-173-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Having Our Patients' Backs: Non-Opioid Treatment of Chronic Low Back Pain	0036-9999-19-197-L01-P	2 (0.2)	Knowledge	Oregon State University	OR
A-cute New Way to Manage Pain: Non-Opioid Medications for Acute Pain Management	0534-0000-19-070-L01-P	1 (0.1)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services	TN
The Ambulatory Care Pharmacist Impacting the Opioid Epidemic	0106-0000-19-121-L04-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Opioid Use Disorder: Emerging Best Practices for Payer and Clinician Management of Patient Care	0233-9999-19-084-L04-P	1 (0.1)	Knowledge	Academy of Managed Care Pharmacy	VA
Reduce the Use: Opioid Sparing Pain Management	0575-0000-19-179-L01-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
Non-Pharmacological Pain Management Modalities	0140-0000-19-521-L04-P	0.75 (0.075)	Knowledge	Marshfield Clinic Health System, Inc.	WI

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	GA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MD
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AZ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WV
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MD
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OH
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CT
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	PR
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NV
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AR
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	DE

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NE
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AZ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OR
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	VA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	UT
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MO
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	GA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NM
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	ME
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	ID
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	SC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MO
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	PA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	GA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	GA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MT
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NJ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	LA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OH

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	ID
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CO
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CO
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AZ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CO



Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	HI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MS
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	GA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NM
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	SC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OK
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NJ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	VA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KS
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	VA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OH
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CO
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AR
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	SC

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	LA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KS
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	TX
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	FL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NC
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	PA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	KY
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	IL
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	MN
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	CA
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	NJ
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	AZ

Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OK
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	OH
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WI
Caring for Patients in Pain: Community Pharmacy's Role in OTC Multi-Modal Pain Solutions (Live)	0254-0000-19-011-L04-P	1 (0.1)	Knowledge	Walgreens University	WI
Pediatric Pain Management and Safety Considerations	0503-0000-19-053-L01-P	1 (0.1)	Knowledge	Beaumont Health System	MI
Opioids: It Only Takes a Little to Lose a Lot	0590-0000-19-016-L01-P	0.3 (0.03)	Knowledge	Dhabi	
The Road Map to Implementing Opioid Stewardship Program	0590-0000-19-015-L04-P	0.4 (0.04)	Knowledge	Cleveland Clinic Abu Dhabi	
Lidocaine and Ketamine in Pain Management. You Can Teach Old Drugs New Tricks!	0798-9999-19-216-L01-P	1 (0.1)	Knowledge	PharmCon	MD
Rheumatology And Musculoskeletal Medicine For Primary Care	0816-0000-19-111-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	TX
2019.11.19 Westchester Opioid Stewardship	0134-0000-19-164-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
Tackling Tough Pain: The Use of Buprenorphine/Naloxone in Pain Management	0843-9999-19-042-L01-P	1 (0.1)	Knowledge	South University School of Pharmacy	SC
Co-occurring Pain and Substance Use Disorders in Older Adults	0060-9999-19-057-L01-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI
SCOPE of Pain, Safer Competent Opioid Prescribing Education	0043-9999-19-061-L01-P	1 (0.1)	Knowledge	College of Pharmacy and Health Sciences	NY
The Role of Intravenous Ketamine Infusions for Acute Pain Management	0064-0000-19-091-L01-P	1 (0.1)	Knowledge	University of Tennessee College of Pharmacy	TN
Expert Panel on Addiction Medicine focusing on Active Duty Service Members (ADSM) and Veterans	0829-9999-19-350-L04-P	1 (0.1)	Knowledge	AffinityCE	MD

Good MUS: New Agents to tackle Opioid Use Disorders	0458-0000-19-066-L01-P	1 (0.1)	Knowledge	Grady Health System Pharmacy	GA
Addressing and Measuring Substance Misuse DoD-Wide	0829-9999-19-354-L04-P	0.5 (0.05)	Knowledge	AffinityCE	MD
Nicotine Use Disorders: Addressing nicotine addiction irrespective of formulation using integrated approaches	0829-9999-19-355-L04-P	0.75 (0.075)	Knowledge	AffinityCE	MD
Rheumatology And Musculoskeletal Medicine For Primary Care	0816-0000-19-120-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	CA
Treating Hepatitis C in Context	0178-9999-19-903-L01-P	2 (0.2)	Knowledge	Association Research & Education Foundation	MD
Achieving Change from Within: Use of Motivational Interviewing	0530-0000-19-239-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Hanging By a Thread: Facial & Orofacial Pain	0530-0000-19-240-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
La Femme Migraneur: The Role of Estrogen in Headaches	0530-0000-19-241-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
The Elephant in the Room: Helping Patients to Navigate the "O" Impasse	0530-0000-19-242-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Primary Care MAT (Valley Preferred CE Symposium)	0545-9999-19-020-L04-P	0.75 (0.075)	Knowledge	Lehigh Valley Hospital Pharmacy Department	PA
HIV and Addiction: Pharmacists & Innovative Clinical Approaches to Address Hard-to-Reach Patient Populations	0106-0000-19-132-L02-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Multimodal Pain Management	0126-0000-19-158-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Internal Medicine For Primary Care: Addiction Medicine/Endocrinology/Geriatrics	0816-0000-19-123-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	NV
Internal Medicine For Primary Care: Geriatrics/Ophthalmology/Pain Management	0816-0000-19-124-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	NY
Bitter Pill to Swallow: Patients at Risk for Opioid Adverse Events and How to Prevent Them	0121-0000-19-084-L01-P	1 (0.1)	Knowledge	Illinois Council of Health-System Pharmacists	IL
2019.12.17 NYSCHP Webinar Opioid Stewardship	0134-0000-19-124-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY



Fibromyalgia	0634-0000-19-014-L01-P	1 (0.1)	Knowledge	Center for Clinician Advancement	FL
Sedation and Delirium Management in ICU Patients with Risk Factors for Delirium	0156-9999-20-056-L01-P	0.75 (0.075)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Opioid Epidemic Continuing Education	0156-9999-20-053-L01-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Lidocaine for the Treatment of Renal Colic	0063-9999-20-002-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD
Enhancing Addiction Treatment Education and Mentorship: Interprofessional Learning Collaborative	JA4008234-0000-20-004-L08-P	11 (1.1)	Knowledge	Northwell Health	NY
Taper Tantrums: Diffusing Pediatric Sedation Tapers	0534-0000-19-072-L01-P	1 (0.1)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services	TN
Medication Assisted Treatment of Substance Use Disorder, the Pharmacist's Role	0035-9999-20-005-L01-P	1.5 (0.15)	Knowledge	at the University of Montana	MT
Residency Seminar January '20- ALTO: Alternatives to Opioids	0835-0000-20-003-L01-P	1 (0.1)	Knowledge	Banner Health	AZ
Residency Seminar January '20- Ketamine for Pain	0835-0000-20-004-L01-P	1 (0.1)	Knowledge	Banner Health	AZ
Residency Seminar January '20- Management of Opioid Use Disorder	0835-0000-20-005-L01-P	1 (0.1)	Knowledge	Banner Health	AZ
Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic – An Overview of CPS Involvement and Opportunities to “C.U.R.E.” the Opioid Crisis	0008-9999-20-026-L08-P	1 (0.1)	Knowledge	University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
Managing Opioid Use Disorder in the Hospital Setting	0121-0000-20-005-L08-P	1 (0.1)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Clinical Pearls for Medication Use in End-of-Life Care: Not Quite the Kitchen Sink: Pain Management	0112-9999-20-403-L08-P	1.25 (0.125)	Knowledge	Michigan Pharmacists Association	MI

Pain, Agitation/Sedation, Delirium, Immobility, And Sleep disruptions (PADIS) Updates and the Role of Ketamine	0478-9999-20-003-L01-P	1 (0.1)	Knowledge	Houston Methodist Hospital	TX
Inpatient & Peri-Operative Pain Management	0503-0000-20-017-L01-P	1.5 (0.15)	Knowledge	Beaumont Health System	MI
Cannabis Use for Pain Management	JA4008174-0000-20-022-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	AL
Assessment of Chronic Pain in a Chronic Opioid Patient	0156-9999-20-061-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Piedmont Health Primary Care Conference	0014-9999-20-012-L01-P	5.75 (0.575)	Knowledge	University of Georgia College of Pharmacy	GA
Know Pain, Know Gain Pharmacy Patient Counseling Competition 2020	0159-0000-19-053-L01-P	1.5 (0.15)	Knowledge	Pennsylvania Pharmacists Association	PA
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	WA
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	WA
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	FL
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	WA
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	
Nutrition for Inflammation & Pain	0826-9999-20-001-L01-P	6 (0.6)	Knowledge	MED2000, Inc.	IL
The Pharmacist's Role in Opioid Abuse	0511-0000-20-001-L08-P	2 (0.2)	Knowledge	Union University College of Pharmacy	TN
Arizona's Drug Epidemic: Understanding Pharmacists Roles and Responsibilities	0100-9999-19-062-L08-P	3 (0.3)	Knowledge	Arizona Pharmacy Association	AZ
Medical Pain Management for Hospital Pharmacy Staff	0152-0000-20-001-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NJ
Ibogaine & the Opioid Crisis: Time for Another Look?	0284-0000-20-063-L08-P	1 (0.1)	Knowledge	College of Psychiatric and Neurologic Pharmacists	NE
Did We Create the Opioid Crisis?	0510-0000-20-002-L08-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Treating Cancer Pain with Intrathecal Medications	0032-9999-20-005-L01-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	TX
Treating Cancer Pain with Intrathecal Medications	0032-9999-20-005-L01-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS

Medication Assisted Treatment for Opioid Use Disorder	0063-9999-20-014-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD
New Approaches to Pain Management: Multimodal Opioid-Free Analgesia	0062-0000-20-003-L01-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
New Approaches to Pain Management: Multimodal Opioid-Free Analgesia	0062-0000-20-003-L01-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
Treatment of and Pain Management in Opioid Use Disorder	0044-0000-20-001-L08-P	1 (0.1)	Knowledge	University at Buffalo School of Pharmacy and Pharmaceutical Sciences	NY
Overcoming Barriers to Treatment for Substance Use Disorders	0072-9999-20-012-L01-P	2 (0.2)	Knowledge	West Virginia University School of Pharmacy	WV
Novel Strategies for Opioid Use Disorder	0228-0000-20-013-L01-P	1 (0.1)	Knowledge	Georgia Society of Health-System Pharmacists, Inc.	GA
Metha-Don't Kill My Vibe: Clinical Pearls for Methadone Use in Palliative Care	0285-0000-20-001-L08-P	1 (0.1)	Knowledge	Dana-Farber Cancer Institute	MA
Hope, Healthcare, & Heroin: A Review of Opioid Addiction and Medication Assisted Treatments	0798-0000-20-001-L08-P	1.5 (0.15)	Knowledge	PharmCon	SC
Opioid Use Disorder	0063-9999-20-016-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD
The Use of Ketamine for Analgesia	0063-9999-20-020-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD
Buprenorphine for Cancer Pain	0112-9999-20-418-L08-P	1 (0.1)	Knowledge	Association	MI
Bupronorphien for Pain Management	0056-0000-20-006-L08-P	1 (0.1)	Knowledge	Pharmacy	PA
Acute Pain management in the hospitalized patient with opioid dependence	0124-0000-20-002-L01-P	1 (0.1)	Knowledge	Society of Health-System Pharmacists	MI
RSS: VISN 20 National Pain VA-ECHO Series	JA4008199-0000-20-077-L08-P	24 (2.4)	Knowledge	VHA Employee Education System	UT
The Pharmacist's Role in the Provision of Palliative Care	0036-9999-20-104-L05-P	1 (0.1)	Knowledge	Oregon State University	OR

It's a Hard Narc Life: A Case Study in Narcotic Dispensing and The Lines of Pharmacist Professional Discretion	0575-0000-20-039-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	INT
North Carolina Medical Board Opioid Prescribing Overview	JA4008199-0000-20-118-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	NC
North Carolina Medical Board Opioid Prescribing Overview	JA4008199-0000-20-118-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	DC
Women's Health Inter-Professional: Evaluation and Management of Chronic Overlapping Pain Syndromes	JA4008199-0000-20-087-L08-P	2 (0.2)	Knowledge	VHA Employee Education System	
Women's Health Inter-Professional: Evaluation and Management of Chronic Overlapping Pain Syndromes	JA4008199-0000-20-087-L08-P	2 (0.2)	Knowledge	VHA Employee Education System	
Managing Chronic Pain without the Overuse of Opioids	0027-9999-20-032-L08-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	IL
Managing Chronic Pain without the Overuse of Opioids	0027-9999-20-032-L08-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	IL
Managing Chronic Pain without the Overuse of Opioids	0027-9999-20-032-L08-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	IL
Opioid-Free Analgesia in the ICU: Magic or Illusion?	0236-0000-20-095-L08-P	1 (0.1)	Knowledge	Society of Critical Care Medicine	FL
Fifty Shades of Pain – A Primer	0112-0000-20-101-L08-P	1.5 (0.15)	Knowledge	Association	MI
Not Your Father's Opioids: 2nd- and 3rd-generation drugs	0100-0000-19-064-L01-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Not Your Father's Opioids: 2nd and 3rd-generation drugs	0100-0000-20-003-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Alternative to Opioids: Integrative Approach in the Management of Chronic Pain	0834-0000-20-005-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX

Behavioral Therapies: Modalities of Drug Addiction Treatment	0834-0000-20-007-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Medication Assisted Treatment (MAT)	0834-0000-20-004-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Panel Discussion-Health Professionals and Community Resources-Implementing The Call to Action	0834-0000-20-008-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Pharmacotherapy Options for the Treatment of Pain in Primary Care Settings	0834-0000-20-009-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Safe, appropriate use of Opioids(Ethics)	0834-0000-20-006-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Update on the Opioid Epidemic	0834-0000-20-002-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Walking the Tightrope: Managing Pain in Out-Patients with Substance Use Disorders(SUD)(Ethics)	0834-0000-20-003-L08-P	1 (0.1)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Substance-Related Use and Mental Health Disorders: Update on National Trends in Healthcare	0100-0000-20-002-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Pain Management in Cancer Care	0112-0000-20-139-L08-P	1.25 (0.125)	Knowledge	Michigan Pharmacists Association	MI
Pharmacy Grand Rounds-Opioid Stewardship in the ICU	JA4008181-0000-20-046-L08-P	1 (0.1)	Knowledge	Trinity Health System	MI
Opioid Overdose Response and Naloxone Training	JA0002895-0000-20-024-L08-P	1.5 (0.15)	Knowledge	Administration - Center for Drug Evaluation & Research	
Opioid Overdose Response and Naloxone Training	JA0002895-0000-20-024-L08-P	1.5 (0.15)	Knowledge	Administration - Center for Drug Evaluation & Research	MD

Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) Site Visit	JA4008199-0000-20-079-L08-P	7 (0.7)	Knowledge	VHA Employee Education System	
Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) Site Visit	JA4008199-0000-20-079-L08-P	7 (0.7)	Knowledge	VHA Employee Education System	MO
The Evolution of OEND Research: Lessons Learned and Implications for VHA	JA4008199-0000-20-120-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
The Evolution of OEND Research: Lessons Learned and Implications for VHA	JA4008199-0000-20-120-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
2020 East Tennessee Opioid Conference	0064-9999-20-009-L08-P	5 (0.5)	Knowledge	University of Tennessee College of Pharmacy	TN
A-Cute New Way to Manage Pain	0575-0000-20-060-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
Preventing Harm and Reducing Maine overdose Deaths: A Naloxone and SUD Stigma Primer for Pharmacy Professionals	0837-9999-20-005-L01-P	2 (0.2)	Knowledge	University of New England School of Pharmacy	ME
A Functional Medicine Approach To Pain and Inflammation	0107-9999-20-074-L01-P	4 (0.4)	Knowledge	CEImpact	OH
Emergency Department Management of Opioid Overdose and Withdrawal	0152-0000-20-006-L04-P	1 (0.1)	Knowledge	Health-System Pharmacists	NJ
Medication Use in the Pain Pathway	0626-0000-20-004-L08-P	1 (0.1)	Knowledge	Health	TX
Mental Health: Depression with & due to Chronic Pain	0626-0000-20-006-L08-P	1 (0.1)	Knowledge	Baylor Scott & White Health	TX
Oxygenation vs Respiration & CO2 Monitoring	0626-0000-20-002-L01-P	1 (0.1)	Knowledge	Health	TX
Team Complementary Methods for Pain & Stress Management	0626-0000-20-003-L08-P	1.25 (0.125)	Knowledge	Baylor Scott & White Health	TX
Undermanagement: Chronic & Acute	0626-0000-20-005-L08-P	1 (0.1)	Knowledge	Health	TX
Field-Based Treatment of Common Illness in Mostly Well Patients - Respiratory Illness and Pain Management	0816-9999-20-119-L01-P	1 (0.1)	Knowledge	Medical Education Resources, Inc.	CO
Perioperative Pain Management In Total Knee Arthroplasty (TKA)	0798-9999-20-030-L08-P	1 (0.1)	Knowledge	PharmCon	DE
Pain, Agitation/Sedation, Delirium, Immobility and Sleep Disruption Management in the ICU	0010-9999-20-009-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC

Don't Lose Your Nerve: Non-opioid Treatment of Chronic Neuropathic Pain	0036-9999-20-190-L01-P	2 (0.2)	Knowledge	Oregon State University	OR
Preventing Harm and Reducing Maine overdose Deaths: A Naloxone and SUD Stigma Primer for Pharmacy Professionals	0837-9999-20-008-L01-P	2 (0.2)	Knowledge	University of New England School of Pharmacy	NH
This Nerve is on Fire: Neuropathy and Spasticity in the Spinal Cord Injury Population	0609-0000-20-006-L01-P	1 (0.1)	Knowledge	James A. Haley Veterans' Hospital	FL
Opioid Restrictions and Regulations: A Health-System Approach	0389-0000-20-001-L03-P	1 (0.1)	Knowledge	Lahey Hospital & Medical Center	MA
Preventing Harm and Reducing Maine overdose Deaths: A Naloxone and SUD Stigma Primer for Pharmacy Professionals	0837-9999-20-009-L01-P	2 (0.2)	Knowledge	University of New England School of Pharmacy	NY
Is This Depression?; Parkinson's Disease; Pain Management for First Line Providers; Panel Q & A	0025-9999-20-017-L01-P	1.75 (0.175)	Knowledge	University of Maryland School of Pharmacy	MD
The Opioid Epidemic and Worker Safety	0062-9999-20-014-L08-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
Medication-Assisted Treatment for Opioid Abuse— Treatment or Not?	0136-0000-20-006-L03-P	2 (0.2)	Knowledge	New Jersey Pharmacists Association	NJ
Combatting the Opioid Crisis in Kentucky: Engaging in the Interprofessional Team to Care for Communities across the Commonwealth	0193-9999-20-003-L08-P	1 (0.1)	Knowledge	Northeast Kentucky Area Health Education Center	KY
Pain management and role of pharmacists in pain stewardship	0163-9999-20-030-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
CBD Facts: How to Answer Your Patient's Questions	0459-0000-20-024-L01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The	KY
Opioid Safety in the Emergency Department	JA4008199-0000-20-151-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Safety in the Emergency Department	JA4008199-0000-20-151-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Emerging Healthcare Trends: Treating the Whole Patient - Day 1	0060-0000-20-007-L04-P	6.25 (0.625)	Knowledge	University of Rhode Island College of Pharmacy	RI
Opioid Epidemic in 2020: What Do We See	0060-0000-20-008-L03-P	1.25 (0.125)	Knowledge	University of Rhode Island College of Pharmacy	RI

Management of Acute Pain in Inpatients Receiving Medication-Assisted Treatment for Substance Abuse Disorders	0122-0000-20-005-L08-P	1 (0.1)	Knowledge	Acurity, Inc.	NY
Pain Management and Cannabidiol and Medicinal Cannabis	0372-0000-20-003-L08-P	2 (0.2)	Knowledge	Rx School	CA
Buprenorphine: The Science of Its Development to Clinical Use	0466-0000-20-012-L08-P	1 (0.1)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Buprenorphine: The Science of Its Development to Clinical Use	0466-0000-20-012-L08-P	1 (0.1)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
RS: IOW - MAT Waiver Training	JA4008199-0000-20-209-L08-P	3.75 (0.375)	Knowledge	VHA Employee Education System	IA
Combating the Opioid Crisis in South Carolina	0062-9999-20-095-L08-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
Does implementing a Best Practice Advisory (BPA) trigger for naloxone coprescription based on daily morphine equivalent dose (MED) increase the rates of naloxone prescribing?	0156-9999-20-189-L08-P	0.25 (0.025)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Combating the Growing Opioid Crisis in South Carolina	0062-9999-20-073-L08-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
2020.3.14 RASHP 3hour	0134-0000-20-041-L04-P	3 (0.3)	Knowledge	Health-System Pharmacists	NY
Guidelines on Prescribing Opioids for Chronic Pain	0133-9999-20-002-L08-P	1 (0.1)	Knowledge	Louisiana Pharmacists Association	
Controlled Substances: Limiting Risk, Maximizing Benefits	0510-0000-20-011-L08-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Group Functional Analysis for Substance Misuse: A Multidisciplinary Interactive Approach	0575-0000-20-063-L08-P	1.25 (0.125)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
Volunteer to Save a Life: Overdose Education and Naloxone Distribution	0575-0000-20-062-L08-P	1.25 (0.125)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
Hydroco-NO: Minimizing the Use of Opioids for Pain Management in the Elderly	0156-9999-20-091-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX



Hydroco-NO: Minimizing the Use of Opioids for Pain Management in the Elderly	0156-9999-20-091-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
PHARMACY LAW: PREVENTING REGULATORY VIOLATIONS WHEN DISPENSING CONTROLLED SUBSTANCES	0043-9999-20-006-L08-P	5 (0.5)	Knowledge	St. John's University College of Pharmacy and Health Sciences	LA
PHARMACY LAW: PREVENTING REGULATORY VIOLATIONS WHEN DISPENSING CONTROLLED SUBSTANCES	0043-9999-20-006-L08-P	5 (0.5)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NV
Chemical Dependency: A Multidimensional Discussion of a Multidimensional Problem	0178-9999-20-1910-L04-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
Chemical Dependency: A Multidimensional Discussion of a Multidimensional Problem	0178-9999-20-1910-L04-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
Latest Research in Stimulants and Designer Drugs	0178-9999-20-1906-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Pregnancy and Substance Abuse	0178-9999-20-1902-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Pregnancy and Substance Abuse	0178-9999-20-1902-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Prevention Partner	0178-9999-20-1903-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Prevention Partner	0178-9999-20-1903-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Dealing with Addiction and the Need to Treat Chronic Pain: The Need to Treat the Entire Patient	0178-9999-20-1912-L04-P	3 (0.3)	Knowledge	Alabama Pharmacy Association Research & Education Foundation	AL
Dealing with Addiction and the Need to Treat Chronic Pain: The Need to Treat the Entire Patient	0178-9999-20-1912-L04-P	3 (0.3)	Knowledge	Alabama Pharmacy Association Research & Education Foundation	AL
Greater Than A Mother's love: How Opioids and Heroin Hijack the Brain	0178-9999-20-1916-L04-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
Neuroscience of Addiction: The Fundamentals of Treatment "Know Science No Stigma"	0178-9999-20-1915-L04-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
Heeding the Call for Safe and Responsible Pain Management in Our Communities	0376-0000-20-011-L01-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	PA

OEND: Stimulants and the Opioid Crisis: Challenges and Opportunities	JA4008199-0000-20-213-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND: Stimulants and the Opioid Crisis: Challenges and Opportunities	JA4008199-0000-20-213-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
The Pharmacist's Guide to Opioid Use Disorder	0178-9999-20-1920-L01-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
The Pharmacist's Guide to Opioid Use Disorder	0178-9999-20-1920-L01-P	6 (0.6)	Knowledge	Association Research & Education Foundation	AL
Updates in the Management of Pain, Agitation, Delirium, Immobility, and Sleep in Critically Ill Patients	0510-0000-20-013-L01-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Medication Assisted Therapy (MAT) Waiver Training	JA4008199-0000-20-198-L08-P	4 (0.4)	Knowledge	VHA Employee Education System	CA
Medication Assisted Therapy (MAT) Waiver Training	JA4008199-0000-20-198-L08-P	4 (0.4)	Knowledge	VHA Employee Education System	DC
A Walk Through Alabama Opioid Treatment Program (OTP's)	0178-9999-20-1922-L01-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Management of Migraine-Associated Pain with Novel Preventative Agents	0055-0000-20-008-L08-P	1 (0.1)	Knowledge	Duquesne University School of Pharmacy	PA
Overview of Duchenne Muscular Dystrophy	0055-0000-20-012-L01-P	1 (0.1)	Knowledge	Duquesne University School of Pharmacy	PA
Use of MAT in the treatment of opioid use disorder	0062-9999-20-076-L08-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
Updates in Prescription Drug Misuse, Diversion and Pain Management: Harm Reduction Considerations for Pharmacists	0072-9999-20-026-L03-P	3 (0.3)	Knowledge	West Virginia University School of Pharmacy	WV
Updates in Prescription Drug Misuse, Diversion and Pain Management: Harm Reduction Considerations for Pharmacists	0072-0000-20-026-L03-P	3 (0.3)	Knowledge	West Virginia University School of Pharmacy	WV
Updates in Prescription Drug Misuse, Diversion and Pain Management: Harm Reduction Considerations for Pharmacists	0072-0000-20-026-L03-P	3 (0.3)	Knowledge	West Virginia University School of Pharmacy	WV

Updates in Prescription Drug Misuse, Diversion and Pain Management: Harm Reduction Considerations for Pharmacists	0072-0000-20-026-L03-P	3 (0.3)	Knowledge	West Virginia University School of Pharmacy	
Treating Pain Safely: An Update for Prescribers	0046-9999-20-031-L01-P	3 (0.3)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Treating Pain Safely: An Update for Prescribers	0046-9999-20-031-L01-P	3 (0.3)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Peeking into Pandora's Box: Chronic Pain in Older Adults - Practice and Policy	0025-0000-20-029-L08-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD
Peeking into Pandora's Box: Chronic Pain in Older Adults - Practice and Policy	0025-0000-20-029-L08-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD
Prescribing and Monitoring Controlled Substances	0156-9999-20-195-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Prescribing and Monitoring Controlled Substances	0156-9999-20-195-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Session 1B - Substance Use Disorder	0175-0000-20-065-L08-P	1 (0.1)	Knowledge	Wisconsin	WI
Session 3M - Anticoagulation/Opioids	0175-0000-20-078-L08-P	1.5 (0.15)	Knowledge	Wisconsin	WI
The Neuroscience of Addiction: Implications for Health Professionals	0129-0000-20-027-L01-P	1.5 (0.15)	Knowledge	Ohio Pharmacists Foundation, Inc.	OH
Shining a Light on Lived Experience: Taking the Stigma Out of Addressing Opioid Stewardship	0175-0000-20-051-L08-P	1 (0.1)	Knowledge	Pharmacy Society of Wisconsin	WI
Aspirus Oncology Spring Forum- Emerging Concepts in Cancer Care	0112-9999-20-448-L01-P	6.5 (0.65)	Knowledge	Michigan Pharmacists Association	WI
Don't Have a COW(S), I'll Tell You How!	0056-0000-20-019-L08-P	1 (0.1)	Knowledge	Pharmacy	PA
Don't Have a COW(S), I'll Tell You How!	0056-0000-20-019-L08-P	1 (0.1)	Knowledge	Pharmacy	PA
Considerations for Acute Post-Operative Pain in Opioid Tolerant Patients	0100-9999-20-011-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Expanding Diagnosis and Treatment of Opioid Use Disorder During Acute Hospitalization	JA4008199-0000-20-224-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management in Patients Receiving Treatment for Opioid Use Disorder	0022-0000-20-114-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Bootcamp: Financial Feasibility and Sustainability: Why Prescribe Buprenorphine in Clinic	0067-9999-20-081-L08-P	1 (0.1)	Knowledge	University of Texas at Austin College of Pharmacy	TX

Bootcamp: Coordination with Addiction Treatment Programs and Criminal Justice	0067-9999-20-083-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Bootcamp: From Stabilization to Maintenance: Medical Decision Making	0067-9999-20-084-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Bootcamp: High Risk Prescription Management: Tapers, Diversion Detection, and Overdose Reduction	0067-9999-20-080-L08-P	1 (0.1)	Knowledge	University of Texas at Austin College of Pharmacy	TX
Bootcamp: How to Measure Success	0067-9999-20-085-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Bootcamp: Operational Models of Care Panel: What and Who do I Need in Clinic	0067-9999-20-079-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Bootcamp: Pragmatic Issues for Buprenorphine Prescribers	0067-9999-20-082-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Bootcamp: Team-based intakes, inductions, and visits: key roles and considerations for non-prescribers	0067-9999-20-078-L08-P	1 (0.1)	Knowledge	University of Texas at Austin College of Pharmacy	TX
RS: CRVA-SUD Clinical Pharmacy Boot Camps (MASTER) (BIS11425)	JA4008199-0000-20-114-L08-P	21.75 (2.175)	Knowledge	VHA Employee Education System	MO
From the ED to the ICU: The expanding Role of Ketamine	0100-9999-20-014-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Opioid Stewardship in a Pediatric World	0514-0000-20-002-L08-P	1 (0.1)	Knowledge	Texas Children's Hospital Pharmacy	TX
Geri Duty: Grandma vs. The Reindeer (Geriatric Pain Management Review)	0798-0000-20-101-L08-P	1.5 (0.15)	Knowledge	PharmCon	SC
Opioid Epidemic: Harm-Reduction Strategies for the Pharmacist	0598-0000-20-001-L04-P	1 (0.1)	Knowledge	Missouri Pharmacy Association	MO
Keeping Up-To-Date with the Controlled Substance Monitoring Database	0575-0000-20-025-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
The Epidemic of Opioids, Pain, and Addiction	0001-0000-20-004-L08-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
The Epidemic of Opioids, Pain, and Addiction	0001-0000-20-009-L08-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
SAMHSA Opioid Overdose Prevention Tool Kit	0133-9999-20-004-L08-P	1 (0.1)	Knowledge	Association	
SAMHSA Opioid Overdose Prevention Tool Kit	0133-9999-20-004-L08-P	1 (0.1)	Knowledge	Association	

Understanding Opioid Use Disorder and the Pharmacist's Role to Increase Treatment Access	0027-0000-20-059-L08-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
Future, Factors, & Findings of Pain, Alcohol Withdrawal, & Diabetes	0060-9999-20-022-L01-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI
2020 MSHP Annual: Opioid Disorder	0134-0000-20-014-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	MN
2020.4.24 Annual Assembly Walking the Pain Management Line Between Palliative and Hospice Care	0134-0000-20-045-L08-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
Avoiding Risks While Managing Pain: Following the REMS Blueprint for Pain Management	0043-9999-20-011-L08-P	3.5 (0.35)	Knowledge	College of Pharmacy and Health Sciences	NY
Opioid Overdose Prevention & Response	0043-9999-20-012-L08-P	0.5 (0.05)	Knowledge	College of Pharmacy and Health Sciences	NY
San Francisco Chronic Pain VA-ECHO	JA4008199-0000-20-190-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
San Francisco Chronic Pain VA-ECHO	JA4008199-0000-20-190-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND, SUD treatment, and Pain Management in the era of COVID-19	JA4008199-0000-20-291-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND, SUD treatment, and Pain Management in the era of COVID-19	JA4008199-0000-20-291-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Management of Pediatric Chronic Myeloid Leukemia	0180-0000-20-215-L08-P	0.5 (0.05)	Knowledge	Pediatric Pharmacy Association	
Pain Management: A Multimodal Approach	0837-9999-20-089-L08-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	ME
Assessing Utilization of Dexmedetomidine in the Critical Care Setting at an Academic Medical Center	0846-0000-20-029-L01-P	0.5 (0.05)	Knowledge	Froedtert Hospital	WI
Impact of Inpatient Pain Pharmacist E-Consults on Post-Discharge Morphine Equivalent	0126-0000-20-068-L08-P	0.25 (0.025)	Knowledge	Health-System Pharmacists	CA
Buprenorphine – Second Only to Methadone	0043-9999-20-019-L08-P	0.5 (0.05)	Knowledge	College of Pharmacy and Health Sciences	INT

Medical Cannabis in Palliative Care	0043-9999-20-017-L08-P	1 (0.1)	Knowledge	College of Pharmacy and Health Sciences	INT
Substance Use Disorder: The Person Behind the Problem	0043-9999-20-020-L08-P	0.5 (0.05)	Knowledge	College of Pharmacy and Health Sciences	INT
Trust but Verify: Risk Mitigation in Hospice and Palliative Care	0043-9999-20-018-L08-P	0.5 (0.05)	Knowledge	College of Pharmacy and Health Sciences	INT
The Opioid Epidemic in 2020: Update and Treatment Overview	0056-9999-20-028-L08-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
Is Cancer Pain Control a Right or a Privilege?	0500-0000-20-003-L08-P	1 (0.1)	Knowledge	Memorial Hermann	TX
Safety is Within Our Reach: De-escalation of Opioid Therapy	0010-0000-20-013-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
PAIN COACH: Pain Assessments and INterventions to Consider in Older Adult Care, for Healthcare Professionals	0022-0000-20-109-L08-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Opioids for Chronic Pain: Review of the Guidelines and Required Monitoring	0843-9999-20-009-L01-P	1 (0.1)	Knowledge	South University School of Pharmacy	SC
Buprenorphine formulations for chronic pain management in patients with Opioid Use Disorder or on lo	JA4008199-0000-20-368-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Buprenorphine formulations for chronic pain management in patients with Opioid Use Disorder or on lo	JA4008199-0000-20-368-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
A Quality Improvement Pilot Identifying an Inpatient Population for Pain and Opioid Stewardship	0048-0000-20-049-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Assessment of post-operative morphine milliequivalents in orthopedic procedure before and after the implementation of a multi-modal pain management order set	0048-0000-20-118-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Beyond Opioids: Alternative Therapy for Acute Pain Management and its Impact on Opioid Utilization in the Emergency Center	0048-0000-20-116-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH

Evaluation of a perioperative multi-modal analgesia approach in regards to enhanced recovery after surgery	0048-0000-20-162-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Evaluation of impact between pharmacy driven opioid management clinic and electronic consults (e-consult) in the primary care setting: a retrospective chart review	0048-0000-20-039-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Evaluation of the impact of opioid alternative care sets and education on the use of opioids and opioid alternatives for acute pain management in the emergency department	0048-0000-20-040-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Impact of Clinical Pharmacy Consultation on Pain Management for Hospitalized Patients	0048-0000-20-161-L04-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Impact of continuous infusion opioids on discharge opioid prescriptions	0048-0000-20-175-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Impact of multimodal opioid-sparing ordersets on opioid use and pain scores in postoperative patients	0048-0000-20-033-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Opioid prescribing within a large health system	0048-0000-20-080-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Should Pregabalin/Gabapentin Be Used in Acute Postoperative Pain?	0163-9999-20-073-L01-P	1 (0.1)	Knowledge	Florida Society of Health- System Pharmacists, Inc.	FL
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale in 2020 and Beyond	0530-0000-20-027-L03-P	1 (0.1)	Knowledge	Global Education Group	TX
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale in 2020 and Beyond	0530-0000-20-027-L03-P	1 (0.1)	Knowledge	Global Education Group	
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale in 2020 and Beyond	0530-0000-20-027-L03-P	1 (0.1)	Knowledge	Global Education Group	GA
Mirror Mirror on the Wall: Who's the FDA's Fairest ADF of All?	0530-0000-20-042-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-20-044-L04-P	1 (0.1)	Knowledge	Global Education Group	GA

The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-20-044-L04-P	1 (0.1)	Knowledge	Global Education Group	NJ
The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-20-044-L04-P	1 (0.1)	Knowledge	Global Education Group	
Targeted Drug Delivery and Medication Side Effects: Understanding Etiology and Patient Presentation	0032-9999-20-028-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Impact of a multi-modal pain admission order set in non-ICU trauma patients	0126-0000-20-079-L08-P	0.5 (0.05)	Knowledge	Health-System Pharmacists	CA
Opioid and Controlled Substance Training	0112-9999-20-468-L08-P	1 (0.1)	Knowledge	Association	MI
Pain Management: A Medication Review	0046-9999-20-207-L04-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
New Jersey State Regulations Surrounding Opioid Withdrawal Treatment	0056-0000-20-034-L03-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	NJ
Pain Management for Special Populations	0088-9999-20-074-L01-P	1 (0.1)	Knowledge	College of Pharmacy and Health Sciences	NC
OEND: Cannabis Research: Current State and Future Directions	JA4008199-0000-20-435-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND: Cannabis Research: Current State and Future Directions	JA4008199-0000-20-435-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Virtual Poster Presentations	0088-0000-20-072-L01-P	3.5 (0.35)	Knowledge	College of Pharmacy and Health Sciences	NC
Medical Marijuana: Pain, Dosage, and Safety Issues	0751-0000-20-055-L01-P	4 (0.4)	Knowledge	Institute for Natural Resources (INR)	NY
CRVA-SUD Clinical Pharmacy Boot Camps (MASTER) (BIS11425)	JA4008199-0000-20-423-L08-P	21.75 (2.175)	Knowledge	VHA Employee Education System	
Opioid Dispensing and Supply Chain	0221-9999-20-182-L08-P	1 (0.1)	Knowledge	Pro CE, LLC	
Substance Use Disorder Webinar Series: Substance Use Disorder Overview	0278-0000-20-017-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Opioid Overdose and The Role of Naloxone	0857-0000-20-010-L04-P	1 (0.1)	Knowledge	Chicago State University College of Pharmacy	IL
Myth Busters: Buprenorphine Edition	0027-0000-20-068-L01-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
The Opioid Epidemic: What Licensed Health Professionals Need To Know	0492-0000-20-049-L04-P	6 (0.6)	Knowledge	Institute for Brain Potential	All



Intrathecal Targeted Drug Delivery	0032-9999-20-019-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
N-acetylcysteine for Post-traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD)	0843-9999-20-013-L01-P	1 (0.1)	Knowledge	South University School of Pharmacy	SC
Opioid Use Disorder: Harm Reduction and Pharmacotherapy	0060-0000-20-029-L08-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI
2020.6.10 Central Residency Research Showcase	0134-0000-20-106-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
2020 Virtual Residency Conference: Session 1.6: Pain Management	0577-0000-20-015-L08-P	1 (0.1)	Knowledge	and Supply Management Group, LLC	INT
Expanding Diagnosis and Treatment of Opioid Use Disorder During Acute Hospitalization	JA4008199-0000-20-445-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Expanding Diagnosis and Treatment of Opioid Use Disorder During Acute Hospitalization	JA4008199-0000-20-445-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Substance Use Disorder Webinar Series: Substance Use Disorder Treatment Basics	0278-0000-20-018-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
The Opioid Epidemic: Raising Awareness and Seeking Solutions	0510-0000-20-021-L08-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
Combating the Opioid Crisis – Implementing Effective Solutions in the Emergency Department	0547-0000-20-020-L08-P	1 (0.1)	Knowledge	Allegheny General Hospital Department of Pharmacy Services	PA
Methodist Pharmacy Research Rounds: Session 4	0064-9999-20-111-L01-P	0.75 (0.075)	Knowledge	University of Tennessee College of Pharmacy	TN
The Opioid Epidemic in 2020(	0741-0000-20-017-L08-P	3 (0.3)	Knowledge	Systems, Inc.	NV
Naloxone and the Opioid Epidemic: Pharmacy's Impact	0845-0000-20-053-L08-P	1 (0.1)	Knowledge	University of North Texas Health Science Center	TX
GESHP Pharmacy Residency Symposium	0126-0000-20-089-L01-P	1.5 (0.15)	Knowledge	Health-System Pharmacists	CA
Pharmacy Residency Research Project Presentation - North Coast Chapter	0126-0000-20-083-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Innovative Research Topics in Clinical Pharmacy Practice	0575-0000-20-094-L01-P	2.5 (0.25)	Knowledge	Tennessee Pharmacists Consortium for Education	

The Cannabidiol (CBD) Craze: A focus on Pain Management and Mental Health	0060-0000-20-032-L01-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI
Pregnant and Postpartum Care for People with SUD During the COVID-19	0278-0000-20-024-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Demystifying Opioid Management: Best Practices in the Prescribing, Management and Deprescribing of Opioids	0575-0000-20-083-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	
Pain Free: Focus on Headache, Fibromyalgia, and Back and Neck Pain	0492-0000-20-053-L08-P	6 (0.6)	Knowledge	Institute for Brain Potential	All
San Francisco Chronic Pain VA-ECHO - June session	JA4008199-0000-20-457-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
San Francisco Chronic Pain VA-ECHO - June session	JA4008199-0000-20-457-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management Case Studies: A Surgeons Perspective	0761-9999-20-084-L01-P	1 (0.1)	Knowledge	Educational Review Systems	
OEND: Considerations for Patients with Substance Use Disorders	JA4008199-0000-20-500-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND: Considerations for Patients with Substance Use Disorders	JA4008199-0000-20-500-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain, Pain, Go Away: How Pharmacy Can Play A Role In Opioid Stewardship	0179-9999-20-007-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	LA
Reflections on Caring for the Patient with a Substance Use Disorder	0278-0000-20-025-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Pain in a Day	0829-0000-20-087-L01-P	3 (0.3)	Knowledge	AffinityCE	
Best Practices in Chronic Pain Management	0170-0000-20-029-L08-P	1 (0.1)	Knowledge	Pharmacists Society of the State of New York	NY
Psychological Approaches To Managing Pain	0492-0000-20-058-L08-P	6 (0.6)	Knowledge	Potential	All
Medical Marijuana: Pain, Dosage, and Safety Issues—4 Hour Webinar	0751-0000-20-068-L01-P	4 (0.4)	Knowledge	Institute for Natural Resources (INR)	NY
Improving Prescription Opioid Safety in Kentucky Communities	0022-0000-20-137-L08-P	0.5 (0.05)	Knowledge	University of Kentucky College of Pharmacy	KY
Improving Prescription Opioid Safety in Kentucky Communities	0022-0000-20-137-L08-P	0.5 (0.05)	Knowledge	University of Kentucky College of Pharmacy	KY

Improving Prescription Opioid Safety in Kentucky Communities	0022-0000-20-137-L08-P	0.5 (0.05)	Knowledge	University of Kentucky College of Pharmacy	KY
Improving Prescription Opioid Safety in Kentucky Communities	0022-0000-20-137-L08-P	0.5 (0.05)	Knowledge	University of Kentucky College of Pharmacy	KY
Good Mus: Novel Strategies for Opioid Use Disorder	0228-0000-20-060-L01-P	1 (0.1)	Knowledge	Georgia Society of Health-System Pharmacists, Inc.	
Geriatric Medicine for Primary Care: Geri/Psych/Rheum	0816-0000-20-061-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	MT
Implementation of Medication Treatment in Rural and CBOC Settings: Progress and Opportunities	JA4008199-0000-20-519-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Implementation of Medication Treatment in Rural and CBOC Settings: Progress and Opportunities	JA4008199-0000-20-519-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioids in the ED: From the treatment of pain to opioid use disorder	JA4008199-0000-20-528-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioids in the ED: From the treatment of pain to opioid use disorder	JA4008199-0000-20-528-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioids: Past, Present and Future	0165-0000-20-033-L08-P	1.5 (0.15)	Knowledge	Association	FL
Drug Diversion Risks in Sterile Compounding: Abuse, Safety, and Prevention	0032-9999-20-052-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	TX
Pharmacists on the Front Line of Substance Use Disorder	0107-0000-20-129-L08-P	1.5 (0.15)	Knowledge	CEImpact	TX
Get in Control: Helping Patients Make Informed Decisions for Better Pain Management	0107-0000-20-135-L01-P	1.5 (0.15)	Knowledge	CEImpact	TX
Cancer Pain Management: A focus on opioid therapy	0156-9999-20-215-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Cancer Pain Management: A focus on opioid therapy	0156-9999-20-215-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Stigma: Addiction or undertreated pain? Stigma around patients with chronic pain	0121-0000-20-058-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Opioid Stewardship®: Challenges During Times of Public Crisis	0221-9999-20-301-L08-P	1 (0.1)	Knowledge	Pro CE, LLC	

PILLS, PEOPLE, & PAIN: UNDERSTANDING THE PROBLEM-FINDING THE SOLUTION	0043-9999-20-013-L08-P	5 (0.5)	Knowledge	College of Pharmacy and Health Sciences	NV
PILLS, PEOPLE, & PAIN: UNDERSTANDING THE PROBLEM-FINDING THE SOLUTION	0043-9999-20-013-L08-P	5 (0.5)	Knowledge	College of Pharmacy and Health Sciences	IL
The Pharmacist's Role in Managing Patients with Opioid Use Disorder	0159-9999-20-015-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	MD
The Opioid Epidemic in 2020	0741-0000-20-013-L08-P	3 (0.3)	Knowledge	Systems, Inc.	FL
Seeing the Whole Person with Chronic Pain	0575-0000-20-093-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	
Pain Management	0741-0000-20-052-L08-P	3 (0.3)	Knowledge	Systems, Inc.	NY
Substance Use Disorder Medication Assisted Training (MAT) Waiver Training	0130-9999-20-202-L01-P	4.25 (0.425)	Knowledge	Washington State Pharmacy Association	WA
Opioid Crisis in the era of COVID-19	0010-9999-20-023-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
ASHP Opioid Task Force: Outcomes and Actions	0032-9999-20-046-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Internal Medicine For Primary Care: Pain Management/Pulmonology/Rheumatology	0816-0000-20-067-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	MA
Assessing Louisiana Pharmacists' Readiness to Dispense Naloxone and Counsel on Responding to Opioid Overdoses	0133-0000-20-017-L08-P	0.25 (0.025)	Knowledge	Louisiana Pharmacists Association	LA
Beyond Opioids: A Look at Multimodal Approaches and Pain Management Alternatives	0154-0000-20-013-L08-P	1 (0.1)	Knowledge	Texas Pharmacy Association	TX
San Francisco Chronic Pain VA-ECHO - July session	JA4008199-0000-20-546-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
San Francisco Chronic Pain VA-ECHO - July session	JA4008199-0000-20-546-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Innovative Strategies for Implementing OEND Among High Risk Patients	JA4008199-0000-20-573-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Innovative Strategies for Implementing OEND Among High Risk Patients	JA4008199-0000-20-573-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
National Pain VA-ECHO - July Session	JA4008199-0000-20-418-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	

National Pain VA-ECHO - July Session	JA4008199-0000-20-418-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management and use of Opioids in Hospice Patients	0010-9999-20-024-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
Pain Management: Review of Pharmacological Regimens	0032-9999-20-057-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	TX
Stimulant Use Disorder	0278-0000-20-027-L08-P	1 (0.1)	Knowledge	Association	VA
Substance Use Disorder: Cultural Humility & LGBTQ+ Communities	0278-0000-20-028-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
PDSI National Call: Using Buprenorphine for Opioid Withdrawal in the Emergency Department	JA4008199-0000-20-611-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
PDSI National Call: Using Buprenorphine for Opioid Withdrawal in the Emergency Department	JA4008199-0000-20-611-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Introduction and Updates on SCOUTT	JA4008199-0000-20-560-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Introduction and Updates on SCOUTT	JA4008199-0000-20-560-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Conference -Treating the Whole Person in Pain	0046-9999-20-059-L01-P	6.25 (0.625)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Acute to Chronic Pain	0032-9999-20-034-L08-P	3 (0.3)	Knowledge	University of Mississippi School of Pharmacy	MS
Medication Assisted Treatment	0032-9999-20-033-L08-P	1.5 (0.15)	Knowledge	University of Mississippi School of Pharmacy	MS
Identifying and Assisting the Impaired Healthcare Worker	0864-9999-20-011-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	IN
What to do about Drug Diversions in Hospitals	0864-0000-20-010-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	IN
Facing the Opioid Crisis: Pain, Addiction, and Overdose	0848-0000-20-020-L08-P	1 (0.1)	Knowledge	UAB Hospital Department of Pharmacy	AL
Stepped Care for Opioid Use Disorder SUD Directors Pre-Conference	JA4008199-0000-20-657-L08-P	7 (0.7)	Knowledge	VHA Employee Education System	
Stepped Care for Opioid Use Disorder SUD Directors Pre-Conference	JA4008199-0000-20-657-L08-P	7 (0.7)	Knowledge	VHA Employee Education System	

CBD: Controlled Dispensing and Operational Considerations	0156-0000-20-118-L08-P	2 (0.2)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Multi-modal Pain Management Strategies: Evidence-based Considerations for Inpatient Practice	0156-0000-20-132-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Residency Preparation Bootcamp	0156-0000-20-127-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
After the Goldrush: Testing Medical Cannabis and CBD in Chronic Pain Patients	0530-0000-20-025-L01-P	1 (0.1)	Knowledge	Global Education Group	
Substance Use Disorder During COVID-19	0062-9999-20-167-L01-P	2 (0.2)	Knowledge	Carolina College of Pharmacy	SC
Controlled Substance Update	0171-0000-20-033-L08-P	1 (0.1)	Knowledge	South Carolina Pharmacy Association	SC
FY20 National Pain VA-ECHO: August 20	JA4008199-0000-20-1672-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
CPPO Clinical Pharmacy Teleconference: Clinical Pharmacy Specialist Provider Impact on Substance Use Disorder: Opioid Use Disorder	JA4008199-0000-20-633-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
International Overdose Awareness Day and Strategies for Improving Post-Overdose Care	JA4008199-0000-20-664-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
International Overdose Awareness Day and Strategies for Improving Post-Overdose Care	JA4008199-0000-20-664-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
A COMPARATIVE ANALYSIS OF OPIOID CRISIS: WESTERN VS. DEVELOPING COUNTRIES	0010-9999-20-038-L01-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
Avoiding Risks While Managing Pain: Following the REMS Blueprint for Pain Management	0043-9999-20-032-L08-P	3.25 (0.325)	Knowledge	College of Pharmacy and Health Sciences	NY
Avoiding Risks While Managing Pain: Following the REMS Blueprint for Pain Management	0043-9999-20-032-L08-P	3.25 (0.325)	Knowledge	College of Pharmacy and Health Sciences	NY
Guiding the Patient to Identify Scientifically Supported CBD Therapies	0459-0000-20-029-L01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The	GA
In Depth Review of the 5 Most Common Disease States for Non-Cancer Related Pain and Spasticity	0032-9999-20-068-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	TX

Outpatient Chronic Pain Management in the Era of the Opioid Crisis	0156-9999-20-235-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Opioid Use Disorder and Addiction in North America	0751-0000-20-077-L03-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	NY
Chronic Pain in People With HIV: An Evidence-Based, Practical Approach	0761-9999-20-188-L02-P	1.25 (0.125)	Knowledge	Educational Review Systems	
RS: Veterans in Pain – Pain Management, Opioid Safety, Suicide Prevention Teams 16 (VIP-POST16) Conference	JA4008199-0000-20-647-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
Veterans In Pain - Pain Management, Opioid Safety, Suicide Prevention Teams (VIP-POST) Conf. VISN 16	JA4008199-0000-20-1703-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
VIP POST - Integrated Pain Care	JA4008199-0000-20-700-L08-P	12 (1.2)	Knowledge	VHA Employee Education System	
VIP POST - Integrated Pain Care	JA4008199-0000-20-700-L08-P	12 (1.2)	Knowledge	VHA Employee Education System	
VIP POST - Integrated Pain Care VISN6	JA4008199-0000-20-699-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
VIP POST - Integrated Pain Care VISN6	JA4008199-0000-20-699-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
VIP-POST Virtual Conference - VISNs 09/17 (BIS 12105.26665) (134588)	JA4008199-0000-20-715-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
VIP-POST Virtual Conference - VISNs 09/17 (BIS 12105.26665) (134588)	JA4008199-0000-20-715-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
Trends and Treatments and Touch-Points, Oh My! A Pain and Substance Use Disorders Update	0064-0000-20-034-L01-P	3 (0.3)	Knowledge	University of Tennessee College of Pharmacy	TN
Chronic Pain Management Project ECHO	JA0000855-0000-21-024-L08-P	11 (1.1)	Knowledge	Rutgers Biomedical And Health Sciences	NJ
Chronic Pain Management Project ECHO	JA0000855-0000-21-024-L08-P	11 (1.1)	Knowledge	Rutgers Biomedical And Health Sciences	NJ
SCOUTT Implementation Facilitation and Evaluation	JA4008199-0000-20-642-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
SCOUTT Implementation Facilitation and Evaluation	JA4008199-0000-20-642-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	

The Important Role of Pharmacists in Addressing and Managing the Opioid Epidemic	0025-0000-20-062-L08-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Not All Back Pain is the Same: The Importance of Individualised Assessment and Treatment	0376-9999-20-128-L08-P	2 (0.2)	Knowledge	CME Outfitters, LLC	MD
Understanding Sex Differences in Pain Sensitivity from Cellular and Brain Connectivity Perspectives	0376-9999-20-129-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
What is Pain in Infants? Current Considerations on the Biological, Cognitive-Behavioural, and Clinical Dimensions of Pain	0376-9999-20-130-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Old Book, New Look: The Fine Tuning of Ancient Plant—A Focus on its Use and Basis in Treating Pain and Inflammation	0106-0000-20-063-L01-P	0.75 (0.075)	Knowledge	Connecticut Pharmacists Association	CT
Panel Discussion: Filling the Gap: How Pharmacists Can Expand Their Knowledge & Application of Medical Cannabis As Drug Therapy for Cancer, Pain and Inflammation	0106-0000-20-067-L01-P	0.75 (0.075)	Knowledge	Connecticut Pharmacists Association	CT
ACT'ing Out: Acceptance & Commitment Therapy	0530-0000-20-107-L04-P	1 (0.1)	Knowledge	Global Education Group	
Atlas Shrugged: Fact vs Fiction Regarding ADF Opioids	0530-0000-20-117-L08-P	1 (0.1)	Knowledge	Global Education Group	
Fibromyalgia Syndrome: Taking Another Look	0530-0000-20-128-L01-P	1 (0.1)	Knowledge	Global Education Group	
Flow to the Toe: Differentiating Neurogenic and Vascular Claudication	0530-0000-20-126-L04-P	1 (0.1)	Knowledge	Global Education Group	
Lessons Learned: Treating Chronic Pain in Under-Resourced States	0530-0000-20-124-L08-P	1 (0.1)	Knowledge	Global Education Group	
Low Dose Naltrexone: An Alternative to Treating Neuropathic Pain	0530-0000-20-114-L08-P	1 (0.1)	Knowledge	Global Education Group	
Mission Possible: Active Management of Chronic Pain to Reduce Opioids and Improve Function	0530-0000-20-110-L08-P	1 (0.1)	Knowledge	Global Education Group	
Misunderstood Villains: Communication Strategies to Bridge the Divide	0530-0000-20-125-L04-P	1 (0.1)	Knowledge	Global Education Group	



Much Ado About Something: Somatic Symptom Disorder	0530-0000-20-112-L04-P	1 (0.1)	Knowledge	Global Education Group	
Muscles' Little Helper: Spasms vs Spasticity	0530-0000-20-123-L04-P	1 (0.1)	Knowledge	Global Education Group	
Myths of Pain Management in the Critically Ill	0530-0000-20-127-L08-P	1 (0.1)	Knowledge	Global Education Group	
Neurogenic Thoracic Outlet Syndrome	0530-0000-20-108-L01-P	1 (0.1)	Knowledge	Global Education Group	
Strategies for Successful Use of Telemedicine with Pain Patients	0530-0000-20-118-L08-P	1 (0.1)	Knowledge	Global Education Group	
Successfully Reducing Opioids: The Critical Role of Psychology	0530-0000-20-113-L08-P	1 (0.1)	Knowledge	Global Education Group	
Telehealth Self-Care Programs to Improve Pain Outcomes	0530-0000-20-121-L08-P	1.5 (0.15)	Knowledge	Global Education Group	
The Evil Quintuplets: Endometriosis and Other Chronic Pelvic Pain Etiologies	0530-0000-20-111-L01-P	1 (0.1)	Knowledge	Global Education Group	
The First Encounter: Trauma Informed Care Application	0530-0000-20-109-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Perseverance Loop: Inside the Psychology of Pain and Factors in Pain Perception	0530-0000-20-122-L08-P	1 (0.1)	Knowledge	Global Education Group	
The Skeleton Key: Treating Comorbidities of Pain	0530-0000-20-115-L08-P	1 (0.1)	Knowledge	Global Education Group	
Topical Analgesics as Alternative First-Line Agents	0530-0000-20-183-L01-P	1 (0.1)	Knowledge	Global Education Group	
Treating the Whole Patient: Updates in Behavioral Health Tracking and Reimbursement	0530-0000-20-130-L04-P	1 (0.1)	Knowledge	Global Education Group	
Treatment Options for Painful Diabetic Neuropathy: A Review of the Latest Clinical Evidence	0530-0000-20-116-L01-P	1 (0.1)	Knowledge	Global Education Group	
Twisted Sister: Musculoskeletal Causes of Pelvic Pain	0530-0000-20-129-L04-P	1 (0.1)	Knowledge	Global Education Group	
What's Going On? Race, Class and Gender Issues in Pain Management	0530-0000-20-120-L08-P	1 (0.1)	Knowledge	Global Education Group	
Where East Meets West: Using an Integrative Approach to Treating Overlapping Pelvic Pain Disorders	0530-0000-20-119-L04-P	1 (0.1)	Knowledge	Global Education Group	

Aching for Improvement: Review of the Gaps and Latest Advances in Osteoarthritis Pain and Other Chronic Pain Management	0530-9999-20-024-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Application of Virtual Reality to Pain Management	0530-0000-20-150-L08-P	1 (0.1)	Knowledge	Global Education Group	
Best Practices for Identifying Chronic Pain Patients for Interventional Procedures	0530-0000-20-141-L04-P	1 (0.1)	Knowledge	Global Education Group	
Best Practices for Identifying Chronic Pain Patients for Interventional Procedures	0530-0000-20-134-L08-P	1 (0.1)	Knowledge	Global Education Group	
Bup'ed or Duped: is Buprenorphine for Everyone?	0530-0000-20-149-L04-P	1 (0.1)	Knowledge	Global Education Group	
Clash of the Titans When Opioid Prescribing Meets Those Excluded by Guidelines	0530-0000-20-144-L08-P	1.5 (0.15)	Knowledge	Global Education Group	
Clinical Guidelines and Case Review	0530-0000-20-145-L04-P	1 (0.1)	Knowledge	Global Education Group	
Doubling Down: Polysubstance Abuse and Associated Respiratory Depression	0530-0000-20-147-L04-P	1.5 (0.15)	Knowledge	Global Education Group	
Evidenced-Based Rationale for Interventional Procedures as an Alternative to Medication Management	0530-0000-20-132-L01-P	1 (0.1)	Knowledge	Global Education Group	
Evidenced-Based Rationale for Interventional Procedures as an Alternative to Medication Management	0530-0000-20-131-L04-P	1 (0.1)	Knowledge	Global Education Group	
Getting the Drug Into the Patient: Exploring Alternate Routes of Medication Administration	0530-0000-20-136-L04-P	1 (0.1)	Knowledge	Global Education Group	
How to Run an Acute Pain Service in the Age of COVID-19	0530-0000-20-140-L01-P	1 (0.1)	Knowledge	Global Education Group	
Multimodal Therapies for OA: Occupational & Physical Therapy, Exercise, Topical and Oral NSAIDs	0530-0000-20-143-L01-P	1 (0.1)	Knowledge	Global Education Group	
Navigating the Crystal Ball: Drug Development for Acute Pain Management - Phase 1-4	0530-0000-20-137-L08-P	1 (0.1)	Knowledge	Global Education Group	
Regenerative Therapy for Chronic Pain: Fact or Fiction?	0530-0000-20-152-L04-P	1 (0.1)	Knowledge	Global Education Group	
RoboHosp: Hospitalists, Pain, & COVID-19	0530-0000-20-151-L04-P	1 (0.1)	Knowledge	Global Education Group	

Speaking in Tongues: Guidelines and Paradigms Post-CDC	0530-0000-20-153-L04-P	1 (0.1)	Knowledge	Global Education Group	
Targeted Emerging Therapies for OA	0530-0000-20-138-L01-P	1 (0.1)	Knowledge	Global Education Group	
The False Claims Act and Medical Necessity: Recent Cases Involving Clinical Labs and Drug Testing	0530-0000-20-142-L03-P	1.5 (0.15)	Knowledge	Global Education Group	
The Gut Microbiome and OA	0530-0000-20-135-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Opioid Caper Taper: Deciphering and Deflating Daily Dilemmas	0530-0000-20-146-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Wild, Wild World of Mathadone: Opioid Conversion Calculations and Methadone Dosing	0530-0000-20-133-L08-P	1 (0.1)	Knowledge	Global Education Group	
Two Worlds > One: Apply Asian Medicine to Acute Pain Management	0530-0000-20-148-L04-P	1 (0.1)	Knowledge	Global Education Group	
Who Will Love this Child? Advocating for Chronic Pain Patients	0530-0000-20-139-L08-P	1 (0.1)	Knowledge	Global Education Group	
Underutilized Drug Therapies in Pain Management	0104-0000-20-026-L08-P	1 (0.1)	Knowledge	New Mexico Pharmacists Association	NM
Risk for Opioid Overdose: Identifying At-Risk Patients in Your Practice Hidden in Plain Sight	0376-0000-20-131-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	MD
3 Doors, Lost Keys: Managing Sleep, Depression, and Chronic Pain	0530-0000-20-168-L08-P	1 (0.1)	Knowledge	Global Education Group	
Always Be Closing: What's the Right Sales Pitch for Active Strategies in Pain Care	0530-0000-20-171-L08-P	1 (0.1)	Knowledge	Global Education Group	
Back To Basics: 10 Facts Everyone Should Know About Back Pain	0530-0000-20-176-L01-P	1 (0.1)	Knowledge	Global Education Group	
Behind the Green Door: Drug Testing Medical Cannabis and CBD in Chronic Pain Patients	0530-0000-20-167-L04-P	1 (0.1)	Knowledge	Global Education Group	
Borderline Personality Symptoms & Chronic Pain Patients: An Understated Consequence During the COVID-19 Crisis	0530-0000-20-172-L04-P	1 (0.1)	Knowledge	Global Education Group	
Chronic Pain Assessment	0530-0000-20-159-L08-P	1 (0.1)	Knowledge	Global Education Group	
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-20-161-L04-P	1 (0.1)	Knowledge	Global Education Group	

Fundamentals of Neuromodulation	0530-0000-20-154-L04-P	1 (0.1)	Knowledge	Global Education Group	
Go Ask Alice: Pain and Memory	0530-0000-20-170-L04-P	1 (0.1)	Knowledge	Global Education Group	
Incorporating Intrathecal Treatments In To a Pain Practice	0530-0000-20-166-L08-P	1 (0.1)	Knowledge	Global Education Group	
Jagged Little Pill: Opioid Safety 2.0	0530-0000-20-174-L04-P	1 (0.1)	Knowledge	Global Education Group	
On the Front Lines: How Advanced Practice Providers Are Managing Pain Amidst COVID-19.	0530-0000-20-160-L08-P	1 (0.1)	Knowledge	Global Education Group	
Opioids vs Cannabis for Treating Chronic Pain	0530-0000-20-169-L04-P	1 (0.1)	Knowledge	Global Education Group	
Pain Pathways Made Simple	0530-0000-20-155-L04-P	1.5 (0.15)	Knowledge	Global Education Group	
Patient Identification Strategies for Neuromodulators	0530-0000-20-157-L04-P	1 (0.1)	Knowledge	Global Education Group	
Peripheral Nerve Stimulations: Indications and Evidence	0530-0000-20-173-L04-P	1 (0.1)	Knowledge	Global Education Group	
Practicing Multidisciplinary Pain Management in the Community Setting	0530-0000-20-163-L04-P	1 (0.1)	Knowledge	Global Education Group	
Puff and Anarchy: Vape Technology and Its Consequences	0530-0000-20-162-L04-P	1.75 (0.175)	Knowledge	Global Education Group	
Role of Combining Spinal Cord Stimulation & Intrathecal Therapy	0530-0000-20-175-L01-P	1 (0.1)	Knowledge	Global Education Group	
The Big Squeeze: Cervical Spondylotic Myelopathy	0530-0000-20-165-L01-P	1 (0.1)	Knowledge	Global Education Group	
The Courtroom Crusades: A 20/20 Examination of Controlled Substance Prescribing Standards	0530-0000-20-164-L03-P	1.5 (0.15)	Knowledge	Global Education Group	
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education in Consideration of COVID-19	0530-0000-20-158-L03-P	1.5 (0.15)	Knowledge	Global Education Group	
Triple Threat or Epiphany? The Need for a Bio-Psycho-Social Approach to Pain Management	0530-0000-20-156-L04-P	1 (0.1)	Knowledge	Global Education Group	
Whole Lotta Health and Then Some	0530-0000-20-177-L04-P	1 (0.1)	Knowledge	Global Education Group	
Academic Detailing on Opioid Safety in CT-Medication Assisted Treatment	0009-0000-20-064-L08-P	1.5 (0.15)	Knowledge	University of Connecticut School of Pharmacy	CT
Harm Reduction: Improving Health Among People who Use Drugs	0060-9999-20-014-L04-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI

On the Front Lines: How Advanced Practice Providers Are Managing Pain Amidst COVID-19	0530-0000-20-178-L01-P	1 (0.1)	Knowledge	Global Education Group	
What's All the "GABA" About? Pregabalin and Gabapentin Abuse	0530-0000-20-036-L01-P	1 (0.1)	Knowledge	Global Education Group	PA
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What's All the "GABA" About? Pregabalin and Gabapentin Abuse	0530-0000-20-036-L01-P	1 (0.1)	Knowledge	Global Education Group	
Opioids, Cannabinoids and Gabapentoids: Defining the Best Pharmacological Practice Model for the Treatment of Pain	0741-0000-20-020-L08-P	3 (0.3)	Knowledge	University Learning Systems, Inc.	NY
Strategies for Opioid Minimization	0016-0000-20-043-L08-P	0.75 (0.075)	Knowledge	Chicago College of Pharmacy	IL
Memphis - Pain Management Boot Camp 2020	JA4008199-0000-20-666-L08-P	18.75 (1.875)	Knowledge	VHA Employee Education System	
Memphis - Pain Management Boot Camp 2020	JA4008199-0000-20-666-L08-P	18.75 (1.875)	Knowledge	VHA Employee Education System	DC
2020 MSHP Midyear: The Pharmacist Role in Opioid Stewardship	0134-0000-20-145-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	MN
Interfacing the Diseases of Addiction and Chronic Pain Disorders	0143-9999-20-109-L08-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KS
Rethinking Opioids: New (and Old) Ideas for Pain Management	0112-0000-20-219-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Medical Cannabis: Clinical Considerations & Dispensing in Pennsylvania	0226-9999-20-006-L01-P	4 (0.4)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA
Medical Cannabis: Clinical Considerations & Dispensing in Pennsylvania	0226-9999-20-006-L01-P	4 (0.4)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA
Medical Cannabis: Clinical Considerations & Dispensing in Pennsylvania	0226-9999-20-006-L01-P	4 (0.4)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA

Medical Cannabis: Clinical Considerations & Dispensing in Pennsylvania	0226-9999-20-006-L01-P	4 (0.4)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA
Pediatric Grand Rounds: Safe and Effective Pain Management: Opioid Prescribing	JA4008230-0000-20-055-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	
The Pharmacist's Essential Role in Treating Opioid Use Disorder in Primary Care Settings	0159-9999-20-040-L08-P	2 (0.2)	Knowledge	Pennsylvania Pharmacists Association	PA
Get in Control: Helping Patients Make Informed Decisions for Better Pain Management	0107-0000-20-276-L01-P	1 (0.1)	Knowledge	CEImpact	IA
Stop My Pain: The Opioid Crisis From the General Internist Perspective	0215-0000-20-009-L08-P	1.5 (0.15)	Knowledge	National Pharmaceutical Association, Inc.	MS
From Media to Medicine: Making Sense of Children's Pain in Cultural and Medical Contexts	0376-9999-20-140-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Translation in Pain Research – a Two-Way Street in Need of More Travel	0376-9999-20-139-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Endocannabinoids, CBD and the Opioid Crisis: Pain Management without Opioids	0459-0000-20-031-L01-P	0.75 (0.075)	Knowledge	Institute for Wellness and Education, Inc., The	KY
Substance Use Disorders in Women	JA4008199-0000-20-678-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Substance Use Disorders in Women	JA4008199-0000-20-678-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Non-Medical Use of Opioids Among Youth: Prescription for the Pharmacists' Role in Opioid Safety and Treatment Education	0180-0000-20-311-L08-P	1 (0.1)	Knowledge	Pediatric Pharmacy Association	
Pain Management in a Geriatric Patient	0854-0000-20-016-L08-P	1 (0.1)	Knowledge	Medication Education, Inc.	FL
Updates in Pain, Agitation, and Sedation Management	0036-9999-20-203-L01-P	1 (0.1)	Knowledge	Oregon State University	OR
Opioid Addiction and Opioid Crisis	0112-9999-20-323-L08-P	1.5 (0.15)	Knowledge	Association	MI
Opioid and Controlled Substance Training	0112-9999-20-321-L08-P	1 (0.1)	Knowledge	Association	MI
Falling Down the Rabbit Hole: A Primer for Chronic Pain Management and Substance Abuse Disorders	0530-0000-20-181-L04-P	1 (0.1)	Knowledge	Global Education Group	

Kratom or Bait'Em Revisited	0530-0000-20-182-L01-P	1 (0.1)	Knowledge	Global Education Group	
Rational Polypharmacy	0530-0000-20-033-L04-P	1 (0.1)	Knowledge	Global Education Group	
Educational Forum on Substance Use Disorders: Prescribing, Prevention, and Practical Applications to Practice	0575-0000-20-067-L08-P	7 (0.7)	Knowledge	Tennessee Pharmacists Consortium for Education	VA
Changes to Pain Management Guidelines for Physicians. How These Changes Affect the Individual With Chronic Pain and the Physicians	0032-9999-20-072-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	TX
FDA Drug Topics: An Overview of Naloxone and FDA's Efforts to Expand Access	JA0002895-0000-20-081-L08-P	1 (0.1)	Knowledge	Administration - Center for Drug Evaluation & Research	MD
FDA Drug Topics: An Overview of Naloxone and FDA's Efforts to Expand Access	JA0002895-0000-20-081-L08-P	1 (0.1)	Knowledge	Administration - Center for Drug Evaluation & Research	
Common Opioid Drug Interactions and Risk Mitigation Strategies	0445-9999-20-009-L08-P	1 (0.1)	Knowledge	Word, Feik School of Pharmacy	TX
Everybody's Greasing Up, But Should You Rub It In? Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-20-028-L01-P	1 (0.1)	Knowledge	Global Education Group	
Everybody's Greasing Up, But Should You Rub It In? Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-20-028-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Everybody's Greasing Up, But Should You Rub It In? Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-20-028-L01-P	1 (0.1)	Knowledge	Global Education Group	GA
Opioid Moderatism and Rapprochement: The Search for a Sane Middle Ground	0530-0000-20-047-L04-P	1 (0.1)	Knowledge	Global Education Group	
OEND and Post-Overdose Care: Lessons From Scotland and Massachusetts	JA4008199-0000-20-767-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
OEND and Post-Overdose Care: Lessons From Scotland and Massachusetts	JA4008199-0000-20-767-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Painfully Aware: A Review of the Evidence of Acute and Chronic Pain	0100-0000-20-115-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ

Training -of-Trainers for Optimal Opioid Prescribing Practices	0598-0000-20-002-L01-P	2 (0.2)	Knowledge	Missouri Pharmacy Association	MO
Let's Talk Stigma: The Opioid Epidemic and Pharmacy Practice	0159-0000-20-029-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Let's Talk Stigma: The Opioid Epidemic and Pharmacy Practice	0159-0000-20-029-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Medication Safety Considerations with Opioid Therapy	0159-0000-20-027-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Medication Safety Considerations with Opioid Therapy	0159-0000-20-027-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Risk for Opioid Overdose: Identifying At-Risk Patients in Your Practice Hidden in Plain Sight	0376-0000-20-145-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	MD
Back Pain: It's All About the Diagnosis	0530-0000-20-053-L01-P	1 (0.1)	Knowledge	Global Education Group	
The Great Pain Masqueraders: Thoracic Outlet Syndrome, Piriformis Syndrome, and Occipital Neuralgia	0530-0000-20-179-L01-P	1 (0.1)	Knowledge	Global Education Group	
Gatekeepers in Prevention: Az Community Pharmacy Perspective of Their Roles in the Drug Epidemic	0100-0000-20-128-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
The Changing Landscape of the Board of Pharmacy Legislation & Regulations	0100-0000-20-133-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Alabama's PDMP: Drugs of Abuse, PDMP Updates, and Regulations	0001-0000-20-038-L08-P	2 (0.2)	Knowledge	Harrison School of Pharmacy	AL
Alabama's PDMP: What You Need to Know	0001-0000-20-040-L08-P	3 (0.3)	Knowledge	Harrison School of Pharmacy	AL
Department of Pharmacy 2020 Update	0107-9999-20-288-L04-P	1 (0.1)	Knowledge	CEImpact	IA
Joker's Wild- Pain Management in Critical Care	0837-9999-20-157-L08-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	MA
Risk for Opioid Overdose: Identifying At-Risk Patients in Your Practice Hidden in Plain Sight	0376-0000-20-146-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	MD
Multidisciplinary Approaches to Osteoarthritis Pain	0376-9999-20-141-L08-P	2 (0.2)	Knowledge	CME Outfitters, LLC	MD
Stress, Pain & Relaxation	0826-9999-20-032-L01-P	3 (0.3)	Knowledge	MED2000, Inc.	



Risk for Opioid Overdose: Identifying At-Risk Patients in Your Practice Hidden in Plain Sight	0376-0000-20-147-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	MD
Fibromyalgia Syndrome: Taking Another Look	0530-0000-20-189-L01-P	1 (0.1)	Knowledge	Global Education Group	
Residency Seminar Oct '20- Opioid Deprescribing	0835-0000-20-061-L08-P	1 (0.1)	Knowledge	Banner Health	AZ
Chronic Pain Management Primer	0409-0000-20-018-L08-P	1 (0.1)	Knowledge	Innovatix, LLC	NY
Demystifying CBD: Confusion, Hype and Hope	0459-0000-20-034-L01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The	MA
To Verify or Not to Verify...That is the Question - Methadone and Buprenorphine-	0647-0000-20-018-L01-P	1 (0.1)	Knowledge	OhioHealth Pharmacy Services	OH
Pain and Sedation Management in the Neonatal Intensive Care Unit (NICU)	0033-0000-20-043-L08-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Addressing the Relations between Opioid Use Disorder, Suicide Risk, and Overdose	JA4008199-0000-20-747-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Addressing the Relations between Opioid Use Disorder, Suicide Risk, and Overdose	JA4008199-0000-20-747-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Safety and Risk Mitigation Series - October Session	JA4008199-0000-20-1735-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
RS: BUPRENORPHINE AND CBD PRODUCTS IN PAIN MANAGEMENT	JA4008199-0000-20-722-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
RS: BUPRENORPHINE AND CBD PRODUCTS IN PAIN MANAGEMENT	JA4008199-0000-20-722-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	
RSS: Opioid Safety and Risk Mitigation Series	JA4008199-0000-20-831-L08-P	28 (2.8)	Knowledge	VHA Employee Education System	UT
☒ Breaking Bad☒ News: The Opioid Crisis in El Paso	0156-9999-20-256-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Flow to the Toe: Differentiating Neurogenic and Vascular Claudication	0530-0000-20-190-L04-P	1 (0.1)	Knowledge	Global Education Group	
Non-surgical Interventions for the Non-operated Back Pain Patient	0530-0000-20-307-L01-P	1 (0.1)	Knowledge	Global Education Group	
Non-surgical Interventions for the Non-operated Back Pain Patient	0530-0000-20-307-L01-P	1 (0.1)	Knowledge	Global Education Group	

Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-20-034-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-20-034-L01-P	1 (0.1)	Knowledge	Global Education Group	CA
Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-20-034-L01-P	1 (0.1)	Knowledge	Global Education Group	
Controlled Substance Prescribing Series- Prescribing Regulations, Clinical Pearls and COVID-19	0032-9999-20-093-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
NMShP Balloon Fiesta Symposium 2020: Clinical Pearls: Traditional Residents	0039-0000-20-021-L05-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
NMShP Balloon Fiesta Symposium 2020: Clinical Pearls: Traditional Residents	0039-0000-20-T024-L05-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
NMShP Balloon Fiesta Symposium 2020: Balancing Pain Management and Patient Safety	0039-0000-20-031-L05-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
New Perspectives and Approaches to Chronic Pain	0067-9999-20-039-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Pain Management for People Who Use Opioids	0044-9999-20-048-L08-P	1 (0.1)	Knowledge	University at Buffalo School of Pharmacy and Pharmaceutical Sciences	NY
Core Concepts: Multimodal Pain Management in the Surgical Patient	0046-9999-20-268-L08-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Opioids and Pain Management: Developments in Policy and Practice	0046-9999-20-229-L08-P	2 (0.2)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Seminar 20: Long-Acting Opioid Analgesics, Risk Mitigation Strategies, and Their Corresponding Responsibility	0126-0000-20-112-L08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists	CA
Seminar 2020: Interdisciplinary Approach to Pain Management in an Older Adult in the Midst of an Opioid Crisis and COVID-19	0126-0000-20-164-L08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists	CA
New Preclinical and Clinical Evidence for Macrophages in the Pathogenesis and Resolution of Chronic Pain	0376-9999-20-143-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Pain: Don't Go It Alone	0376-9999-20-144-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD

Seminar 20: Back to Life: A review of opioid use disorder and therapeutic strategies	0126-0000-20-141-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Seminar 2020: Case Presentations in Pain Management and Opioid Use Disorder	0126-0000-20-166-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Medication-Assisted Treatment: Overcoming Barriers to Improve Access for Patients	0205-0000-20-058-L08-P	1 (0.1)	Knowledge	National Association of Boards of Pharmacy and NABP Foundation, Inc.	IL
PSHP-ME: Opioid Diversion	JA4008163-9999-20-128-L08-P	1 (0.1)	Knowledge	Amedco, LLC.	
Seminar 20: The Opioids Hiding among Us and Harm Reduction Strategies to Reduce Risk of Death	0126-0000-20-148-L08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists	CA
Opioid Prescribing Controlled Substances	0854-9999-20-020-L04-P	2 (0.2)	Knowledge	Medication Education, Inc.	FL
New Options for Migraine Prevention and Treatment	0112-9999-20-315-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Opioid Awareness Training	0112-9999-20-314-L08-P	1.5 (0.15)	Knowledge	Association	MI
KASPER and Associated Controlled Substance Logs	0143-9999-20-138-L04-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
When Opioids Have Gone Too Far: Risk Reduction in Opioid Management	0179-0000-20-011-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	LA
24th Annual Pain Management Symposium – Goes Virtual! Providing Patient Care in a Whole New World	0599-0000-20-016-L08-P	6.5 (0.65)	Knowledge	Swedish Medical Center Department of Pharmacy	WA
2020 Palliative Care Alaska Network Symposium	0139-9999-20-019-L01-P	7.5 (0.75)	Knowledge	Alaska Pharmacists Association	AK
Caring for Patients with Opioid Use Disorder (OUD)	0143-9999-20-141-L08-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
NSAIDs, Acetaminophen and Adjuvants in Pain Management	0372-0000-20-009-L04-P	2 (0.2)	Knowledge	Rx School	CA
Appropriate Use of Opioids for Managing Pain and Complications Associated with Long-Term Opioid Use	0854-9999-20-042-L01-P	1 (0.1)	Knowledge	Association for Medication Education, Inc.	FL

Caring for Immunosuppressed Patients on Non-specialist Wards – What Every Specialist Wants You to Know	0217-0000-20-145-L01-P	1.5 (0.15)	Knowledge	American College of Clinical Pharmacy	KS
Hematology/Oncology PRN Focus Session -- The Era of an Opioid Crisis: Managing Pain and Opiate Use Disorder in Cancer Patients	0217-0000-20-155-L08-P	1.5 (0.15)	Knowledge	American College of Clinical Pharmacy	KS
Team-Based Management of Opioid Misuse Across the Care Continuum	0217-9999-20-152-L08-P	1.5 (0.15)	Knowledge	American College of Clinical Pharmacy	KS
Thinking Outside the Vial: Hormones	0207-9999-20-210-L01-P	1.5 (0.15)	Knowledge	National Community Pharmacists Association	VA
Treating Opioid Use Disorder During Pregnancy, Postpartum, and Breastfeeding	0466-0000-20-060-L08-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Protecting Your Patient's and Your License: Opioid and Controlled Substance Awareness Training and Tips to Practice Safely as a Pharmacist or Technician	0112-9999-20-333-L08-P	2 (0.2)	Knowledge	Michigan Pharmacists Association	MI
2020.10.29 Central Residency Research Showcase	0134-0000-20-183-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
Opioid use disorder management in older adults	0322-0000-20-013-L08-P	1 (0.1)	Knowledge	Penn State Milton S. Hershey Medical Center	PA
Kicking Opioid Addiction in the ERAS	0553-0000-20-021-L08-P	1 (0.1)	Knowledge	Premier, Inc.	NC
Non-Traditional Pain Management - Ketamine Use and Intraoperative Methadone	0112-0000-20-228-L08-P	1.5 (0.15)	Knowledge	Michigan Pharmacists Association	MI
ANMC 2020 Opioid Training: Medication Assisted Treatment for Opioid Use Disorders, Pain Management and Addiction	0139-9999-20-020-L08-P	2 (0.2)	Knowledge	Alaska Pharmacists Association	AK
Strategies for Successful Use of Telemedicine with Pain Patients	0530-0000-20-180-L04-P	1 (0.1)	Knowledge	Global Education Group	
Update in Office-Based Opioid Addiction Treatment	0582-0000-20-059-L08-P	0.5 (0.05)	Knowledge	Intermountain Healthcare	UT
Chronic Pain	JA4008174-0000-20-229-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	
Conservative Care and the Opioid Crisis	JA4008174-0000-20-230-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	

High Stakes Back Pain	JA4008174-0000-20-235-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	
Opioid and Pain Management	JA4008174-0000-20-236-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	
Pain Surgery	JA4008174-0000-20-249-L08-P	1 (0.1)	Knowledge	Ascension/St. Vincent's Health	
Controlled Substance Prescribing for PAs - A Primer	0022-9999-20-194-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Triple Threat or Epiphany? The Need for a Bio-Psycho-Social Approach to Pain Management	0530-0000-20-311-L08-P	1 (0.1)	Knowledge	Global Education Group	
PSHP 2020 Annual Assembly - Pain Management Sessions	JA4008163-9999-20-135-L08-P	2 (0.2)	Knowledge	Amedco, LLC.	
Pharmacy Quiz Bowl	0217-9999-20-233-L01-P	1 (0.1)	Knowledge	American College of Clinical Pharmacy	NY
Large-scale Research Consortia in Pain: Experiences in Europe, USA and Japan	0376-9999-20-157-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Update on Painful Diabetic Peripheral Neuropathy	0376-9999-20-156-L08-P	2 (0.2)	Knowledge	CME Outfitters, LLC	MD
RS: Primary Care Clinical Pharmacist Opioid Use Disorder Expansion	JA4008199-0000-20-792-L08-P	3 (0.3)	Knowledge	VHA Employee Education System	PA
Multimodal Pain Medication Management (Beyond Opioids): Nuts and Bolts for Pharmacists	0108-0000-20-051-L08-P	1 (0.1)	Knowledge	Virginia Society of Health-System Pharmacists	
The Role of Pharmacists in Addressing Diversion	0143-9999-20-149-L08-P	1.5 (0.15)	Knowledge	Education and Research Foundation, Inc.	KY
All things "opioid"	0172-0000-20-022-L08-P	1 (0.1)	Knowledge	Alabama Society of Health-System Pharmacists	AL
INTERNAL MEDICINE FOR PRIMARY CARE: ENDOCRINOLOGY/GERIATRICS/PODIATRY	0816-0000-20-077-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	FL
Appalachian Addiction, Pain, and Diversion	0072-9999-20-054-L03-P	3 (0.3)	Knowledge	West Virginia University School of Pharmacy	
Designing an End-to-End Controlled Substance Management Program	0201-9999-20-074-L04-P	1 (0.1)	Knowledge	American College of Apothecaries, Inc.	INT

Alabama's PDMP Virtual Panel Discussion	0001-0000-20-069-L08-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
RSS - VISN 10 PHARMACY RESIDENCY CONFERENCE	JA4008199-0000-20-854-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	MO
Evolving Clinical Data on GLP-1 Receptor Agonists	0002-9999-20-083-L01-P	2 (0.2)	Knowledge	McWhorter School of Pharmacy	AL
Thinking Outside the Vial: Pain and Inflammation	0207-9999-20-211-L01-P	1.5 (0.15)	Knowledge	National Community Pharmacists Association	VA
Principles and Problems of Opioid Deprescribing	0046-9999-20-368-L08-P	1.5 (0.15)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Prescribers and controlled substances. Why regulatory requirements matter.	0181-0000-20-017-L03-P	1 (0.1)	Knowledge	Research Hospital Pharmaceutical Department MS150	TN
Opioid Stewardship Across the Continuum of Care	0577-0000-20-034-L08-P	1 (0.1)	Knowledge	and Supply Management Group, LLC	INT
Pain and Opioid Use Disorder Webinar Series	JA4008177-0000-20-550-L08-P	1 (0.1)	Knowledge	Indian Health Service Clinical Support Center	
RS: MAT Waiver Training	JA4008199-0000-20-921-L08-P	4 (0.4)	Knowledge	VHA Employee Education System	
RS: MAT Waiver Training	JA4008199-0000-20-921-L08-P	4 (0.4)	Knowledge	VHA Employee Education System	DC
Going Against the Pain: Best Practices and Alternative Treatments of Pain Management in the Outpatient Setting	0626-0000-20-032-L08-P	1 (0.1)	Knowledge	Baylor Scott & White Health	TX
RS: CON-VISN 1 Mental Health & Addiction SCAN ECHO Program-Virtual Buprenorphine X-Waiver Training	JA4008199-0000-20-928-L08-P	4.25 (0.425)	Knowledge	VHA Employee Education System	
RS: CON-VISN 1 Mental Health & Addiction SCAN ECHO Program-Virtual Buprenorphine X-Waiver Training	JA4008199-0000-20-928-L08-P	4.25 (0.425)	Knowledge	VHA Employee Education System	CT
Chronic Pain Assessment	0530-0000-20-309-L08-P	1 (0.1)	Knowledge	Global Education Group	
Neck and Upper Extremity Pain Syndromes	0530-0000-20-055-L01-P	1 (0.1)	Knowledge	Global Education Group	

Closing General Session: Leading the Fight Against Opioids – An Interview with Netflix Star “The Pharmacist”	0203-0000-20-107-L08-P	1 (0.1)	Knowledge	American Society of Consultant Pharmacists	FL
Flow to the Toe: Differentiating Neurogenic and Vascular Claudication	0530-0000-20-221-H04-P	1 (0.1)	Knowledge	Global Education Group	
The Courtroom Crusades: A 20/20 Examination of Controlled Substance Prescribing Standards	0530-0000-20-235-H03-P	1 (0.1)	Knowledge	Global Education Group	
Opioids, Cannabinoids and Gabapentinoids: Defining the Best Pharmacological Practice Model for the Treatment of Pain	0741-0000-20-023-L08-P	3 (0.3)	Knowledge	University Learning Systems, Inc.	NY
Acupuncture for Pain Management and Harm Reduction	0171-9999-20-053-L08-P	1 (0.1)	Knowledge	South Carolina Pharmacy Association	PA
RS: Addiction Mini-Residency: Interprofessional Training to Help Your Patients Thrive	JA4008199-0000-20-947-L08-P	15 (1.5)	Knowledge	VHA Employee Education System	CT
The Opioid Taper: The Clinical Case for Humility in Medical Decision-making	JA4008199-0000-20-845-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
The Opioid Taper: The Clinical Case for Humility in Medical Decision-making	JA4008199-0000-20-845-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Our Opioid Crisis, Michigan's Non-Opioid Directive & Opioid Reduction Strategies	0112-9999-20-336-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
IASP Presidential Task Force on Cannabis and Cannabinoid Analgesia: Presentation of Evidence and Recommendations	0376-9999-20-158-L08-P	2 (0.2)	Knowledge	CME Outfitters, LLC	MD
OFFICE ORTHOPEDICS FOR PRIMARY CARE	0816-0000-20-086-L01-P	12 (1.2)	Knowledge	Resources, Inc.	FL
Interoperability for Combating the Opioid Epidemic: ILPMP	0121-0000-20-088-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Postoperative Pain Management	0508-0000-20-032-L08-P	1 (0.1)	Knowledge	Baptist Memorial Health Care Corporation	TN
Addressing the Opioid Epidemic Through Regulatory Strategies	0532-0000-20-024-L08-P	1 (0.1)	Knowledge	The University of Texas MD Anderson Cancer Center	TX
Chemotherapy-Induced Peripheral Neuropathy: A Review of the Guidelines	0285-0000-20-020-L08-P	1 (0.1)	Knowledge	Dana-Farber Cancer Institute	MA

Self-Management of Pain During a Pandemic: is this Possible?	0376-9999-20-159-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Management of Acute Pancreatitis	0859-0000-20-007-L01-P	1 (0.1)	Knowledge	Corporation	
Medication-Assisted Treatment for Opioid Abuse— Treatment or Not?	0136-9999-20-035-L03-P	2 (0.2)	Knowledge	New Jersey Pharmacists Association	NJ
The Opioid Crisis and Public Health Experiences in the District of Columbia in 2020	0536-9999-20-015-L01-P	1.5 (0.15)	Knowledge	University School of Medicine and Health Sciences	DC
Nonopioid Analgesics: Antidepressants, Adjuvant Therapies, and Muscle Relaxants	0530-0000-20-030-L01-P	1 (0.1)	Knowledge	Global Education Group	MO
Nonopioid Analgesics: Antidepressants, Adjuvant Therapies, and Muscle Relaxants	0530-0000-20-030-L01-P	1 (0.1)	Knowledge	Global Education Group	PA
Nonopioid Analgesics: Antidepressants, Adjuvant Therapies, and Muscle Relaxants	0530-0000-20-030-L01-P	1 (0.1)	Knowledge	Global Education Group	
Medical Cannabis: What You Need to Know	0133-0000-20-014-L08-P	1 (0.1)	Knowledge	Association	LA
The Intersection of Pain, Anxiety, and Depression	0829-9999-20-232-L04-P	1 (0.1)	Knowledge	AffinityCE	DC
Opioid Prescriptions: Grappling with the Epidemic and Strategies for Best Practices In the Retail Setting	0088-9999-20-126-L08-P	1.5 (0.15)	Knowledge	Campbell University College of Pharmacy and Health Sciences	NC
Pain Management & Controlled Substances Update	0171-0000-20-061-L08-P	1.5 (0.15)	Knowledge	South Carolina Pharmacy Association	SC
Stop the (mu)Sic: Management of Opioid Induced Constipation	0530-0000-20-310-L01-P	1 (0.1)	Knowledge	Global Education Group	
Buprenorphine for OUD, Buprenorphine for Pain, and OEND Guidance Updates	JA4008199-0000-20-1750-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Buprenorphine for OUD, Buprenorphine for Pain, and OEND Guidance Updates	JA4008199-0000-20-948-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Safety and Risk Mitigation Series - December Session	JA4008199-0000-20-1734-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
STORM Case Reviews Completion- Predictors of Implementation Success and AD OUD Module Highlights	JA4008199-0000-20-971-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	



An Integrative Approach to the Prevention and Treatment of Pain: Learning from the Past and Present to Lead Us Safely Into the Future	0046-9999-20-378-L08-P	3 (0.3)	Knowledge	University of North Carolina Eshelman School of Pharmacy	NC
National Pain VA-ECHO Series: Part I: December Session 1	JA4008199-0000-20-1754-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management Updates	JA4008199-0000-20-987-L08-P	3.75 (0.375)	Knowledge	VHA Employee Education System	
Pain Management Updates	JA4008199-0000-20-987-L08-P	3.75 (0.375)	Knowledge	VHA Employee Education System	DC
RSS: National Pain VA-ECHO Series: Part I	JA4008199-0000-20-968-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Advanced Topics in Medical Cannabis	0226-9999-20-009-L04-P	2 (0.2)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA
A Tale of Two Epidemics: Battling the Opioid Crisis During the COVID-19	0032-9999-20-097-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Management of Withdrawals from Drugs of Abuse in the Acute Care Setting	0032-9999-20-096-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
PACE Sickle Cell Disease Workgroup: Advancing Health Professionals Understanding of Opioid Use for Pain Management	0829-9999-20-285-L04-P	1 (0.1)	Knowledge	AffinityCE	DC
Don't Be a Baby! Evolution of Pain Control and Sedation in the Infant	0008-0000-20-141-L08-P	1 (0.1)	Knowledge	Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
Where's the focus? Treatment of Adult ADHD and SUD	0843-9999-20-031-L01-P	1 (0.1)	Knowledge	South University School of Pharmacy	SC
The Use of Ketamine for Continuous Analgesedation in Critically Ill Patients	0033-0000-20-088-L01-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Understanding and Managing Pain	0523-0000-20-029-L08-P	1 (0.1)	Knowledge	CompleteRx	MA
Opioid Overdose Prevention for Hospitals	0077-9999-20-032-L04-P	3 (0.3)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare	IL

Novel Approaches to Pain Management in the Emergency Department	0510-0000-20-038-L08-P	1 (0.1)	Knowledge	Detroit Medical Center Department of Pharmacy Services, The	MI
National Pain VA-ECHO Series: Part I: December Session 2	JA4008199-0000-20-1755-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain, pain, go away: A Review of Chronic Pain Management	0046-9999-20-350-L08-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Internal Medicine For Primary Care: Addiction Medicine/Pain Management/Palliative Medicine	0816-0000-20-135-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	NV
Pain Management at Ground Zero	0530-0000-20-043-L04-P	1 (0.1)	Knowledge	Global Education Group	TX
Pain Pathways Made Simple	0530-0000-20-031-L01-P	1 (0.1)	Knowledge	Global Education Group	CO
Puff and Anarchy: Vape Technology and Its Consequences	0530-0000-20-032-L04-P	1 (0.1)	Knowledge	Global Education Group	CO
Reffer Madness Revisited: Taking the Insanity Out of Medical Cannabinoids	0530-0000-20-049-L04-P	1 (0.1)	Knowledge	Global Education Group	TX
Regional Pain Syndromes: Hip and Knee	0530-0000-20-039-L01-P	1 (0.1)	Knowledge	Global Education Group	CO
Regional Pain Syndromes: Neck and Back	0530-0000-20-040-L01-P	1 (0.1)	Knowledge	Global Education Group	CO
National Pain VA-ECHO Series: Part I: December Session 4	JA4008199-0000-20-1756-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Understanding the Opioid Crisis and Tools to Combat – Part 2	0088-9999-20-187-L01-P	1.5 (0.15)	Knowledge	College of Pharmacy and Health Sciences	NC
Understanding the Opioid Crisis and Tools to Combat - Parts 1	0088-9999-20-186-L01-P	1.5 (0.15)	Knowledge	College of Pharmacy and Health Sciences	NC
Boxing with buprenorphine: sparring with the partial agonist	JA4008199-0000-21-295-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Boxing with buprenorphine: sparring with the partial agonist	JA4008199-0000-21-295-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management Mini Residency ☐ Day 1	JA4008199-0000-21-544-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
Pain Management Mini Residency ☐ Day 1	JA4008199-0000-21-544-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
Pain Management Mini Residency ☐ Day 2	JA4008199-0000-21-546-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	

Pain Management Mini Residency ☐ Day 2	JA4008199-0000-21-546-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
Pain Management Mini Residency ☐ Day 3	JA4008199-0000-21-547-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
Pain Management Mini Residency ☐ Day 3	JA4008199-0000-21-547-L08-P	8 (0.8)	Knowledge	VHA Employee Education System	
PULSE: Taking the sting out of buprenorphine for chronic pain management - January 6, 2021	JA4008223-0000-21-006-L08-P	1 (0.1)	Knowledge	University of Pittsburgh	
Medication for Opioid Use Disorder: Language and Stigma	0022-0000-21-026-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
An Overview of Palliative and End of Life Care	0377-0000-21-001-L01-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy	NY
Opioid-Induced Constipation: Guideline and Treatment Update	JA4008199-0000-21-022-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	ME
Pediatric Grand Rounds: Opioid Credit: Safe and Effective Pain Management: Opioid Prescribing, Part II (HB 3285)	JA4008230-0000-21-001-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	
Pediatric Grand Rounds: Opioid Credit: Safe and Effective Pain Management: Opioid Prescribing, Part II (HB 3285)	JA4008230-0000-21-001-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	
Taking the Pain Out of Pain Management through the Optimal Use of HIT	0009-9999-21-001-L08-P	1.5 (0.15)	Knowledge	University of Connecticut School of Pharmacy	INT
Demonstrating Value through Medication Management Best Practice 2021	0085-0000-20-023-L01-P	1 (0.1)	Knowledge	Comprehensive Pharmacy Services, Inc.	CA
The Painful Truth About Opioid Allergies and Our Itch to Find Out	0124-0000-21-001-L08-P	1 (0.1)	Knowledge	Society of Health-System Pharmacists	MI
Clinical Pharmacy Specialist Provider Impact on MOUD in Primary Care	JA4008199-0000-21-023-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
One Small Step for Patients, One Giant Leap for Opioid Use Disorder: A Review of Medication Management	JA4008199-0000-21-102-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Q & A and Patient Scenarios for Substance Use Disorder (SUD): Language and Stigma	0022-0000-21-056-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY

RSS: National Pain VA-ECHO Series: Part I	JA4008199-0000-21-053-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Opioid-Related Infections and Non-Opioid Pain Management	0156-9999-21-009-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
RSS: FY21 Best Practices for Opioid Disorder Treatment Journal Club	JA4008199-0000-21-012-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	FL
Overview of Substance Use Disorder (SUD	0022-0000-21-076-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
effective Interprofessional Collaboration for Patient Outcomes in Senior Communities	0459-0000-21-002-L01-P	5.5 (0.55)	Knowledge	Institute for Wellness and Education, Inc., The	GA
It's Not All Pins and Needles: Complimentary and Alternative Approaches for Chronic Pain	0618-9999-20-017-L08-P	1 (0.1)	Knowledge	Palm Beach Atlantic University	FL
The Greatest Wealth is Wellness - Empowering Health Care Practitioners in the Workplace	0104-0000-21-014-L08-P	1 (0.1)	Knowledge	New Mexico Pharmacists Association	NM
The Role of Pharmacists in Addressing the Opioid Epidemic	0104-0000-21-015-L08-P	1 (0.1)	Knowledge	New Mexico Pharmacists Association	NM
Medication Therapy Management and Naloxone	0597-0000-21-008-L08-P	1 (0.1)	Knowledge	California Northstate University	CA
Perioperative Management of Buprenorphine Therapy & Acute Pain	0837-9999-21-003-L01-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	ME
Improving Prescription Opioid Safety in Kentucky Communities	JA0000312-0000-21-010-L08-P	0.5 (0.05)	Knowledge	University of Kentucky Healthcare CE Central	KY
Q & A for Overview of Substance Use Disorder (SUD	0022-0000-21-077-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Pharmacokinetic and Pharmacodynamic Considerations in Animal and Human Analgesic Studies	0376-9999-21-010-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Pharmacology of Pain Management for End-of-Life Care: Recommendations for Advanced Clinical Pharmacy Practice	0289-0000-21-002-L08-P	1.5 (0.15)	Knowledge	PESI, Inc.	
Overdose Prevention and Naloxone 101	0022-0000-21-092-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY

National Geriatric Pharmacy Teleconference: Outpatient Management of Dyspnea/Air Hunger	JA4008199-0000-21-146-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Other Options for Patients with Difficult to Treat Depression: Thinking Outside the Formulary Box	JA4008199-0000-21-077-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Internal Medicine For Primary Care: Addiction Medicine/Gynecology/Infectious Disease/Neurology	0816-0000-21-007-L01-P	20 (2)	Knowledge	Medical Education Resources, Inc.	HI
Establishing Different Models of Medication Treatment for Opioid Use Disorder – What is Necessary and Sufficient?	JA4008199-0000-21-078-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Use Disorder-Lessons Learned from VASF and an Overview of the COPD Care Project	JA4008199-0000-21-114-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
RSS: Opioid Safety and Risk Mitigation Series	JA4008199-0000-21-372-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Q & A AND PATIENT SCENARIOS FOR “OVERDOSE PREVENTION AND NALOXONE 101”	0022-0000-21-093-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Incorporating the Lived Experience of Pain in Research	0376-9999-21-039-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Is Nocebo Placebo's Evil Twin?	0376-9999-21-038-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
RSS - VISN 10 PHARMACY RESIDENCY CONFERENCE	JA4008199-0000-21-526-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	MO
Pharmacist Prescribing of Naloxone in Alaska: Updates and Opportunities	0139-0000-21-106-L08-P	1 (0.1)	Knowledge	Alaska Pharmacists Association	AK
Updates in the Advancement of Sickle Cell Disease Therapy: Exploring the Past, Present, & Future	0056-0000-21-006-L01-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
An Update on Pain Management in the Opioid Crisis	0798-0000-21-005-L08-P	1.5 (0.15)	Knowledge	PharmCon	PA
An Update on Pain Management in the Opioid Crisis	0798-0000-21-005-L08-P	1.5 (0.15)	Knowledge	PharmCon	SC

Buprenorphine: An Overview of Formulations, Formulary Restrictions, & Prescribing Considerations	JA4008199-0000-21-094-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Medications for Opioid Use Disorder (MOUD)	0022-0000-21-100-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Buprenorphine: A useful option for chronic pain? Or a pain to manage?	0046-9999-21-051-L08-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
2021 East Tennessee Opioid Conference	0064-9999-21-019-L08-P	4 (0.4)	Knowledge	University of Tennessee College of Pharmacy	TN
Establishing a Pain Management Stewardship Program	0506-0000-20-057-L08-P	1 (0.1)	Knowledge	Cardinal Health Pharmacy Services, LLC	TX
Medical Marijuana & Over-the-Counter CBD Products for Chronic Pain: What's the Evidence?	0053-9999-21-006-L08-P	1 (0.1)	Knowledge	University of Oklahoma College of Pharmacy	
Addressing Perioperative Concerns for Patients on Buprenorphine and Naltrexone	0140-0000-21-505-L01-P	0.75 (0.075)	Knowledge	Marshfield Clinic Health System, Inc.	WI
SUD Recovery During the COVID-19 Pandemic	0036-9999-21-153-L04-P	1.5 (0.15)	Knowledge	Oregon State University	OR
The Need for an "Agnostic" Drug to Treat Drug Overdose	0100-0000-21-008-L08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association	AZ
Pain Management In The ICU. Who Are We? The Pain Killers!	0156-9999-21-018-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Pain and Prejudice: Inequity in the Opioid Epidemic	0050-0000-21-002-L08-P	1 (0.1)	Knowledge	University of Cincinnati College of Pharmacy	OH
Pediatric Grand Rounds: Safe and Effective Pain Management- Part III: Risk of Opioid Misuse and Abuse in Adolescents	JA4008230-0000-21-031-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	
Pediatric Grand Rounds: Safe and Effective Pain Management- Part III: Risk of Opioid Misuse and Abuse in Adolescents	JA4008230-0000-21-031-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	
The Forgotten Epidemic: Substance Use Disorder in the Face of COVID	0027-9999-21-009-L04-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
Canna You Get What You Want? Controlling Pain with Cannabis	0159-0000-21-006-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA

Addiction 101	0193-9999-21-001-L01-P	1 (0.1)	Knowledge	Northeast Kentucky Area Health Education Center	KY
Q & A and Scenarios for "Medicaitons for Opioid Use Disorder (MOUD)"	0022-0000-21-101-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Talking to Farmers About Their Pain	0032-9999-21-012-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Update in Pain Management & Palliative Care	0159-0000-21-011-L08-P	1.5 (0.15)	Knowledge	Pennsylvania Pharmacists Association	PA
• Why Don't Patients Do What I Tell Them to? The Art and Science of Healthcare Communication	0376-9999-21-041-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
The Painful Truth of Opioid Allergies and Our Itch to Find Out	0112-0000-21-106-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Engaging Patients Taking Opioids on Safe Storage & Disposal: A Guide to Utilizing the "Mind Your Meds" Program	0278-0000-21-003-L08-P	0.5 (0.05)	Knowledge	Virginia Pharmacists Association	VA
Opioid Management and Safety Practices: Training Session for Pharmacist Licensure	0112-0000-21-119-L08-P	2 (0.2)	Knowledge	Michigan Pharmacists Association	MI
Protecting the Neonatal brain with Dexmedetomidine: Options for pain and sedation in the neonatal population	0156-9999-21-017-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
RS: CON-VISN 1 Mental Health & Addiction SCAN ECHO Program-Virtual Buprenorphine X-Waiver Training	JA4008199-0000-21-483-L08-P	4.25 (0.425)	Knowledge	VHA Employee Education System	
Validation and Counseling of Prescriptions for Controlled Substances and Opioids	0011-0000-20-001-L03-P	2 (0.2)	Knowledge	Florida A&M University College of Pharmacy and Pharmaceutical Sciences	FL
Validation and Counseling of Prescriptions for Controlled Substances and Opioids	0011-0000-21-009-L03-P	2 (0.2)	Knowledge	Florida A&M University College of Pharmacy and Pharmaceutical Sciences	FL
Resident Seminar Series - Pain Management in Geriatric Patients	0835-9999-21-013-L01-P	1 (0.1)	Knowledge	Banner Health	AZ

A Patient's First Day: Barriers to treatment, treatment initiation best practices, and sample low-threshold clinic	0022-0000-21-102-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
An Overview of the Opioid Epidemic and Pharmacy's Role in Addressing Prescription Drug Abuse	0154-9999-21-001-L08-P	1 (0.1)	Knowledge	Texas Pharmacy Association	
An Overview of the Opioid Epidemic and Pharmacy's Role in Addressing Prescription Drug Abuse	0154-0000-21-001-L08-P	1 (0.1)	Knowledge	Texas Pharmacy Association	TX
Poster Presentations: Intimate Partner Violence; Substance Use Disorder: & Implementing Anti-Bullying & Anti-Stigma Education Curricula in Rural Honduran Schools	0011-0000-21-014-L04-P	1 (0.1)	Knowledge	Florida A&M University College of Pharmacy and Pharmaceutical Sciences	FL
Opioid Use Disorder and Management of Chronic Pain	0042-0000-21-017-L04-P	1 (0.1)	Knowledge	Schwartz College of Pharmacy and Health Sciences of Long Island	NY
Postoperative Pain: Lets Debunk NSAID Fears	0112-9999-21-316-L08-P	1 (0.1)	Knowledge	Association	MI
Take the pain out of migraine with updated pharmacotherapy	0008-0000-21-018-L08-P	1 (0.1)	Knowledge	Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
Opioid Misuse	0008-0000-21-025-L04-P	1 (0.1)	Knowledge	Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
Methadone as a Coanalgesic: Are two opioids better than one?	0466-0000-21-005-L08-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Challenges and Advances in the Diagnosis and Treatment of Migraine	0530-0000-21-004-L08-P	1 (0.1)	Knowledge	Global Education Group	
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale During the COVID-19 Pandemic and Beyond	0530-0000-21-005-L03-P	1 (0.1)	Knowledge	Global Education Group	AZ
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale During the COVID-19 Pandemic and Beyond	0530-0000-21-005-L03-P	1 (0.1)	Knowledge	Global Education Group	FL



Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale During the COVID-19 Pandemic and Beyond	0530-0000-21-005-L03-P	1 (0.1)	Knowledge	Global Education Group	TX
Drugs, Documentation, and DEA: Improving Your Charting of Prescribing Rationale During the COVID-19 Pandemic and Beyond	0530-0000-21-005-L03-P	1 (0.1)	Knowledge	Global Education Group	
Using the Buprenorphine Patient Report to Improve Patient Care	JA4008199-0000-21-179-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Q& A and Scenarios for “A Patient’s First Day: Barriers to treatment, treatment initiation best practices, and sample low-threshold clinic	0022-0000-21-106-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
59 1/2 Minutes Cover Story: Suicide, Substance Use, and Survival	0202-0000-21-047-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
59 1/2 Minutes Feature: Tough Talks About Substance Misuse	0202-0000-21-050-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
Addiction and the Vulnerable Self: Practicing Well-Being in a Pandemic	0202-0000-21-048-L08-P	1.25 (0.125)	Knowledge	American Pharmacists Association	
End an Epidemic with Education: All You Need to Know About Naloxone	0202-0000-21-049-L08-P	1.25 (0.125)	Knowledge	American Pharmacists Association	
From Stress to Substance Abuse: Helping Your Patients Through a Pandemic	0202-0000-21-046-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
Rally Your Dream Team to Prevent Diversion	0202-0000-21-051-L04-P	1.25 (0.125)	Knowledge	American Pharmacists Association	
How “Neuropathic” is Neuropathic Pain? Thoughts for Basic and Clinical Researchers	0376-9999-21-069-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Emerging Pharmacotherapy and Treatment for Stimulant Use Disorder	0056-0000-20-064-L01-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
Pain(less) Pain Management	0050-9999-21-015-L08-P	1 (0.1)	Knowledge	University of Cincinnati College of Pharmacy	OH
VISN 8 Enhancing Access to Buprenorphine for Veterans with Opioid Use Disorder	JA4008199-0000-21-246-L08-P	3 (0.3)	Knowledge	VHA Employee Education System	
Developing an Understanding of Substance Use Disorder as a Brain Disease: Physiology, Risk Factors, and Successful Treatment	0032-0000-21-017-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS

Acute Pain Management in Emergency and Acute Care Settings	0163-9999-21-047-L01-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Buprenorphine Microinduction: A Promising Alternative Induction Model	0466-0000-21-011-L08-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Substance Use Disorder & Other Behavioral Health Screening & Assessment Tools	0022-0000-21-107-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
The Percs of Managing Acute Opioid Withdrawal	0097-9999-21-003-L08-P	1 (0.1)	Knowledge	Pharmacy at Wilkes University	NJ
The Percs of Managing Acute Opioid Withdrawal	0097-9999-21-003-L08-P	1 (0.1)	Knowledge	Pharmacy at Wilkes University	NJ
RS: Pain Management	JA4008199-0000-21-256-L08-P	7.5 (0.75)	Knowledge	VHA Employee Education System	NC
2021 Pharmacy Grand Rounds: WHO guideline update: the management of chronic pain in children	JA4008230-0000-21-037-L08-P	1 (0.1)	Knowledge	Cook Children's Health Care System	TX
Part 8 Destigmatizing Recovery - Pain is Not a Punishment: Effectively Managing Pain in Patients with SUD	0027-9999-21-026-L08-P	1 (0.1)	Knowledge	Bouve College of Health Sciences School of Pharmacy	MA
Internal Medicine for Primary Care: Addiction Medicine/Emergency Medicine/Pulmonology	0816-0000-21-025-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	UT
Causalytics – You're in Pain, and it's All Your Fault	0530-0000-21-003-L08-P	1 (0.1)	Knowledge	Global Education Group	
Everybody's Greasing Up, But Should You Rub It In? A Review of Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-21-006-L08-P	1 (0.1)	Knowledge	Global Education Group	
Everybody's Greasing Up, But Should You Rub It In? A Review of Topical Analgesics and Available Evidence in Clinical Trials	0530-0000-21-006-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Complex Regional Pain Syndrome: Pathophysiology and Treatment	0032-9999-21-023-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Low-Dose Naltrexone for Fibromyalgia: Can an Opioid Antagonist Relieve Pain?	0466-0000-21-013-L08-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD

Efficacy & Tolerability in the Management of Chronic Pain	0471-9999-21-003-L08-P	2 (0.2)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NY
Oliceridine (Olinvyk®): A Novel Opioid Receptor Modulator for Acute Moderate to Severe Pain	0496-0000-21-005-L01-P	1 (0.1)	Knowledge	Centers for Medicare and Medicaid Services	MD
Opioid Use Disorder: Fundamental Pathophysiology and Therapeutic Management Principles	0016-0000-21-015-L08-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
Q & A and Scenarios for 'Substance Use Disorder & Other Behavioral Health Screening & Assessment Tools	0022-0000-21-108-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Adjunct Analgesics: What to do when opioids are not enough	0126-0000-21-007-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Models of Care for Chronic Persistent Pain - think globally?	0376-9999-21-071-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	MD
Approach to Back Pain	0140-0000-21-503-L01-P	0.75 (0.075)	Knowledge	Marshfield Clinic Health System, Inc.	WI
Acute Pain Management for Patients with Opioid Use Disorder	0056-0000-21-019-L08-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
Clinical Pearls: Vancomycin Dosing/Pain/Psilobycin	0063-9999-21-033-L01-P	1 (0.1)	Knowledge	University College of Pharmacy and Allied Health	SD
Should Opioids Be On The Menu?	0483-0000-21-002-L01-P	1 (0.1)	Knowledge	Pharmacy	GA
Role of the Consultant Pharmacist in Behavioral Health & Substance Use Disorder	0092-0000-21-007-L04-P	2 (0.2)	Knowledge	University College of Pharmacy	FL
Management of Opioid Use Disorder	0156-9999-21-025-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
RS: SLC Buprenorphine Boot Camp	JA4008199-0000-21-300-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
RS: SLC Buprenorphine Boot Camp	JA4008199-0000-21-300-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
The Latest on DEA-Defined "Red Flags" and Implications for Pharmacies	0632-0000-21-009-L08-P	1 (0.1)	Knowledge	Louisiana Independent Pharmacies Association	LA

Foundations of Substance Abuse (Part 1)	0178-9999-21-1901-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Testing the Waters: Urine Drug Screening for the Perplexed Among Us	0530-0000-21-011-L04-P	1 (0.1)	Knowledge	Global Education Group	
Testing the Waters: Urine Drug Screening for the Perplexed Among Us	0530-0000-21-011-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Emerging Role of CGRP Inhibitors in the Prevention and Treatment of Migraine	0530-0000-21-012-L08-P	1 (0.1)	Knowledge	Global Education Group	
Motivational Interviewing Skills and Strategies	0022-0000-21-109-L01-P	1 (0.1)	Knowledge	University of Kentucky College of Pharmacy	KY
Foundations of Substance Abuse (Part 2)	0178-9999-21-1902-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Neurology for Primary Care	0816-0000-21-029-L01-P	12 (1.2)	Knowledge	Resources, Inc.	TX
You Can Talk the Talk: Palliative Care for All Clinicians	JA4008261-0000-21-001-L08-P	10 (1)	Knowledge	Hartford Healthcare	CT
From Dope to Hope: A Man in Recovery	0633-0000-21-009-L04-P	2 (0.2)	Knowledge	The Ohio State University College of Pharmacy	OH
The Neurobiology of Substance Use Disorder	0633-0000-21-008-L04-P	1 (0.1)	Knowledge	The Ohio State University College of Pharmacy	OH
Pain Management in Recovering People	0048-0000-21-009-L08-P	1.5 (0.15)	Knowledge	Ohio Northern University College of Pharmacy	OH
The Neuroscience of Addiction: Implications for Health Professionals	0048-0000-21-008-L01-P	2 (0.2)	Knowledge	Ohio Northern University College of Pharmacy	OH
Management of Pain with Opioids While Combating Opioid Abuse	0471-9999-21-006-L08-P	1 (0.1)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NJ
Standardized Detoxification	0863-9999-21-042-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
FDA Education Blueprint for Health Care Providers Involved in Treatment and Monitoring of Patients with Pain:What Every Pharmacist Should Know	0010-0000-21-038-L01-P	1.5 (0.15)	Knowledge	Howard University College of Pharmacy	DC
Substance Use Disorders, Depression, and Suicide in Pharmacists	MD7001-0000-21-001-L04-P	1 (0.1)	Knowledge	Maryland State Board of Pharmacy	MD

Treating Pain and Addiction	0112-9999-21-337-L08-P	7 (0.7)	Knowledge	Association	MI
Session 4B - Pain/Opioids	0175-0000-21-022-L08-P	1 (0.1)	Knowledge	Wisconsin	WI
Session 5B - Pain/Opioids	0175-0000-21-026-L08-P	1 (0.1)	Knowledge	Wisconsin	WI
Session 5D - Ambulatory Care	0175-0000-21-028-L01-P	1 (0.1)	Knowledge	Wisconsin	WI
Pain Management: Pharmacological	0112-9999-21-339-L08-P	1 (0.1)	Knowledge	Association	MI
Medications for Opioid Use Disorder, the Welcoming MAT at the Pharmacy Door	0107-9999-21-102-L08-P	1 (0.1)	Knowledge	CEImpact	ND
2021.4.16 NYSCHP AA Poster Session	0134-0000-21-075-L04-P	2 (0.2)	Knowledge	Health-System Pharmacists	NY
The Opioid Crisis in the U.S.: Past, Present and Future	0863-9999-21-034-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
Misused & Misunderstood: Combating the Opioid Epidemic	0050-0000-21-019-L08-P	1 (0.1)	Knowledge	University of Cincinnati College of Pharmacy	OH
Pain Management in Patients on Buprenorphine for Opioid Use Disorder	0025-9999-21-031-L05-P	0.5 (0.05)	Knowledge	University of Maryland School of Pharmacy	MD
Substance Use Disorder, Pain Management & Behavioral Health	0067-9999-21-060-L01-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Pain Pathways Made Simple	0530-0000-21-009-L08-P	1 (0.1)	Knowledge	Global Education Group	
Epidemics, Pandemics, and Overdose: Managing Appropriate Controlled Substance Use in 2021	0043-0000-21-015-L08-P	1 (0.1)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NY
2021.4.22 Annual Assembly Walking the Pain Management Line Between Palliative and Hospice Care	0134-0000-21-063-L08-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
2021.4.22 MSHP Opioid Use Disorder: Public Health Perspectives and Clinical Treatment Applications	0134-0000-21-039-L01-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
Internal Medicine for Primary Care: Addiction/Bariatrics/Neuro/Onc	0816-0000-21-030-L01-P	16 (1.6)	Knowledge	Medical Education Resources, Inc.	
LESS PAIN, MORE GAIN: PRINCIPLES FOR OPTIMIZING POSTOPERATIVE ANALGESIA	JA4008223-0000-21-031-L08-P	1 (0.1)	Knowledge	University of Pittsburgh	
LESS PAIN, MORE GAIN: PRINCIPLES FOR OPTIMIZING POSTOPERATIVE ANALGESIA	JA4008223-0000-21-031-L08-P	1 (0.1)	Knowledge	University of Pittsburgh	

2020 Pennsylvania Pain and Addiction Summit	0097-0000-20-017-L08-P	6 (0.6)	Knowledge	Pharmacy at Wilkes University	PA
2021 Pennsylvania Pain & Addiction Summit	0097-0000-21-017-L08-P	3 (0.3)	Knowledge	Pharmacy at Wilkes University	PA
RS: Primary Care Clinical Pharmacist Opioid Use Disorder Expansion	JA4008199-0000-21-478-L08-P	1.5 (0.15)	Knowledge	VHA Employee Education System	
RS: Primary Care Clinical Pharmacist Opioid Use Disorder Expansion	JA4008199-0000-21-478-L08-P	1.5 (0.15)	Knowledge	VHA Employee Education System	
Pharmacy Level Access to Buprenorphine for Opioid Use Disorder	0156-9999-21-041-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Change in Postoperative Opioid Prescribing and Pain Control after Multimodal Orderset Standardization for Total Knee and Hip Replacement	0121-9999-21-859-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Comparison of Liposomal Bupivacaine versus Continuous Ropivacaine in Plane Blocks for Rib Fracture Pain Management	0121-9999-21-845-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Efficacy of a Pharmacist-led Educational Intervention for Postpartum Pain Management in Women with Opioid Use Disorder	0121-9999-21-854-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluating Outcomes of a Pharmacist-Driven Pain Management Consult Service	0121-9999-21-853-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluating Pain Management Strategies in Trauma Patients on Home Buprenorphine	0121-9999-21-846-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluation of a Pharmacist-led Headache Clinic on Patient Outcomes at Veterans Affairs (VA) Illiana Health Care System	0121-9999-21-860-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluation of Analgosedation Weaning Strategies in Critically Ill Medicine Patients	0121-9999-21-861-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluation of Opioid Use in Trauma Patients Before and After a Multimodal Analgesia Order Set	0121-9999-21-843-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN

Evaluation of Pain Management in Acute Sickle Cell Episodes and its Effect on Patient Outcomes	0121-9999-21-626-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Evaluation of the Impact of Pharmacist Interventions on Naloxone Prescribing in the Ambulatory Setting	0121-9999-21-852-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Initiating Treatment for Opioid Use Disorder in the Acute Hospital Setting	0121-9999-21-620-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Ketorolac Use in Cardiovascular Surgery	0121-9999-21-857-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Liposomal Bupivacaine versus Custom Joint Cocktails as Surgical Site Pain Control for Post-operative Total Hip and Total Knee Arthroplasty	0121-9999-21-851-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Pharmacist Driven Implementation of an Outpatient Pain Medication Prescription Panel in the Emergency Department	0121-9999-21-849-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Prevalence of NCCN Guideline Adherence and its Impact on Length of Stay	0121-9999-21-847-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Provider Confidence Pain Management and Opioid Prescribing in the Inpatient Setting	0121-9999-21-848-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Retrospective Evaluation of Opioid Use in the Inpatient Acute Leukemia Population	0121-9999-21-844-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Skeletal Muscle Relaxant Prescribing Trends Across a Decade within the Veterans Health Administration	0121-9999-21-855-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
The Impact of Postoperative Opioid Prescribing Recommendations among Medicare Beneficiaries	0121-9999-21-858-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Weight Based vs Non-weight Based Continuous Infusion Fentanyl for the Management of Pain and Agitation in the ICU	0121-9999-21-615-L08-P	0.5 (0.05)	Knowledge	Illinois Council of Health-System Pharmacists	IN
Stigma, Opioids & Pharmacists Responsibilities	0159-0000-21-031-L08-P	2 (0.2)	Knowledge	Pennsylvania Pharmacists Association	PA

Beyond Opioids: Stimulants and the 4th Wave of the Overdose Crisis	0067-9999-21-072-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Safety Sensitivity of Opioid Use in High Hazardous Industries Such as Agriculture	0032-9999-21-025-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Hands-on Workshop 5: Buprenorphine Treatment Pearls	0067-9999-21-079-L08-P	2 (0.2)	Knowledge	Austin College of Pharmacy	TX
Corresponding Responsibility: Alternative Treatments, Concise Documentation, Red Flags and PMP Utilization	0632-9999-21-011-L08-P	1 (0.1)	Knowledge	Louisiana Independent Pharmacies Association	LA
Essentia Health Spring Conference: Pharmacology for Primary Care	0650-0000-21-002-L01-P	6.5 (0.65)	Knowledge	Essentia Health	MN
Bi-Directional Link Between Mental Health & Chronic Pain: Implications for Treatment	0010-0000-21-039-L01-P	1.5 (0.15)	Knowledge	Howard University College of Pharmacy	DC
Substance Use Disorder Treatment and Trauma Informed Care: What Pharmacists Need to Know	0159-0000-21-033-L08-P	1.5 (0.15)	Knowledge	Pennsylvania Pharmacists Association	PA
Multimodal Analgesia in the Critically Ill & Injured: First Do No Harm	0626-0000-21-009-L08-P	1 (0.1)	Knowledge	Baylor Scott & White Health	TX
Opioid Misuse Prevention in Older Adults in Central Texas	0845-9999-21-013-L08-P	4 (0.4)	Knowledge	University of North Texas Health Science Center	TX
Opioid Misuse Prevention in Older Adults Virtual Symposium	0845-9999-21-009-L08-P	3.5 (0.35)	Knowledge	University of North Texas Health Science Center	TX
Buprenorphine in Two Acts: Treating Acute Pain and Dispelling Myths for the Management of Chronic Pain	0202-9999-21-166-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
In a Pickle with Sickle: Pain and Symptom Management of Sickle Cell Crisis	0202-9999-21-170-L01-P	0.5 (0.05)	Knowledge	American Pharmacists Association	
Liver and Onions: Peeling at the Layers of Pain in Liver Disease	0202-9999-21-173-L08-P	0.5 (0.05)	Knowledge	American Pharmacists Association	
NMDA Modulation in Pain: Underappreciated or Broken Promises?	0202-9999-21-167-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
Pain Self-Management “Life Hacks” for Patients with Chronic Pain	0202-9999-21-168-L08-P	0.5 (0.05)	Knowledge	American Pharmacists Association	



Pediatric Pharmacotherapy for the Hospice Clinician	0202-9999-21-169-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
XGM 2021 Webinar L08	JA0000358-9999-21-107-L08-P	0.5 (0.05)	Knowledge	Madison Interprofessional Continuing Education Partnership	
The Role of Medical Cannabis in Pain Management	0056-0000-21-037-L01-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
2021.5.6 Annual Assembly Residency Research Session 4	0134-0000-21-093-L04-P	1.5 (0.15)	Knowledge	Health-System Pharmacists	NY
2021 Integrative Pain Management Conference	JA0000335-0000-21-017-L08-P	17.5 (1.75)	Knowledge	The Robert Larner College of Medicine at The University of Vermont	
2021 Integrative Pain Management Conference	JA0000335-0000-21-017-L08-P	17.5 (1.75)	Knowledge	The Robert Larner College of Medicine at The University of Vermont	
Kaiser Permanente Santa Rosa Overview of Pharmacy Residency Research	0126-0000-21-039-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Managing Inpatient Alcohol Withdrawal: Is PhenoBarbital a yes or no?	0617-9999-21-024-L01-P	1 (0.1)	Knowledge	of Pharmacy and Health Sciences	KY
Pediatric Pain and Sedation	0848-0000-21-005-L08-P	1 (0.1)	Knowledge	UAB Hospital Department of Pharmacy	AL
Is There Anything to Gain From Liposomal Bupivacaine in Lessening Postop Pain?	0025-0000-21-037-L08-P	0.5 (0.05)	Knowledge	University of Maryland School of Pharmacy	MD
Opioid Use Disorder Provider Training Series	0046-9999-21-122-L08-P	0.5 (0.05)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Kent County Pharmacists Association CE Event	0112-9999-21-353-L08-P	2 (0.2)	Knowledge	Association	MI
Introduction to Benefits of Harm Reduction	0120-0000-21-024-L04-P	1 (0.1)	Knowledge	Association	IN
Chemical Dependency: A Multidimensional Discussion of a Multidimensional Problem	0178-9999-21-1904-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
Chemical Dependency: A Multidimensional Discussion of a Multidimensional Problem - Part 2	0178-9999-21-1905-L04-P	3 (0.3)	Knowledge	Alabama Pharmacy Association Research & Education Foundation	AL

Access Is Crucial for Patients With Opioid Use Disorder: Expanding Pharmacists' Role in MAT	0205-0000-21-002-L08-P	1 (0.1)	Knowledge	National Association of Boards of Pharmacy and NABP Foundation, Inc.	IL
Oliceridine, a Novel Opioid	JA4008199-0000-21-626-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Buprenorphine Initiation: How to do it Seamlessly and Effectively in Various Settings	JA4008199-0000-21-477-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
The Basics of Cannabis: A Guide for Pharmacists Consulting Patients	0165-0000-21-024-L01-P	1.5 (0.15)	Knowledge	Florida Pharmacy Association	FL
Educational Forum on Substance Use Disorders: Prescribing, Prevention, and Practical Applications to Practice: Part 4	0575-0000-21-059-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	
Development of a Collaborative Practice Pharmacy Clinic in an Ambulatory Palliative Care Clinic	0285-0000-21-008-L04-P	1 (0.1)	Knowledge	Dana-Farber Cancer Institute	MA
Mirror Mirror on the Wall: Who's the FDA's Fairest ADF of All?	0530-0000-21-008-L08-P	1 (0.1)	Knowledge	Global Education Group	
Triple Threat or Epiphany? The Need for a Bio-Psycho-Social Approach to Pain Management	0530-0000-21-014-L08-P	1 (0.1)	Knowledge	Global Education Group	
2021 Residency Symposium - Breakout Room 2	0597-0000-21-013-L04-P	2.5 (0.25)	Knowledge	University	CA
RSS: SLC Medication Addiction Treatment Initiative in the VA & Substance Abuse Disorder Journal Club	JA4008199-0000-21-620-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Practical Implementation of Ed Opioid Use Disorder Strategies	JA4008223-0000-21-105-L08-P	2.25 (0.225)	Knowledge	University of Pittsburgh	
Practical Implementation of Ed Opioid Use Disorder Strategies	JA4008223-0000-21-105-L08-P	2.25 (0.225)	Knowledge	University of Pittsburgh	
ACE's & Addictive Disease: The Big Picture	0046-9999-21-169-L08-P	5.75 (0.575)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Internal Medicine for Primary Care: Cardiology/Emergency Medicine/Gynecology/Pain Management	0816-0000-21-039-L01-P	16 (1.6)	Knowledge	Medical Education Resources, Inc.	

Veterans in Pain: Pain Management, Opioid Safety, Suicide Prevention Teams (VIP-POST) Conference	JA4008199-0000-21-595-L08-P	12.5 (1.25)	Knowledge	VHA Employee Education System	
Assessment of Opioid Misuse Risk Among Farmers in the Clinical Setting	0032-9999-21-026-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Adherence Rates of Prescribed Maintenance Medication(s) versus Pain Medication(s)	0048-0000-21-130-L04-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Agree to Disagree? Equianalgesic Consensus amongst Hospice and Palliative Providers	0048-0000-21-019-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Assessment of Inpatient Pain Scores and Pain Management in Obese Patients	0048-0000-21-158-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Changes in Opioid Prescribing Patterns from an Urban Emergency Department after Implementation of State-wide Opioid Reform	0048-0000-21-070-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Geriatric Acute Fracture Pain Management in the Emergency Department	0048-0000-21-046-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Impact of pharmacists' intervention on patients undergoing surgery with active or a past medical history of opioid use disorder	0048-0000-21-101-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
Scheduled Acetaminophen and Concomitant Opioid Use in the Acute Inpatient Setting	0048-0000-21-052-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
The Evaluation of Mandatory Alerts on Long-Acting Opioid Prescriptions and the Use of a Community Pharmacy Naloxone Protocol	0048-0000-21-047-L08-P	0.5 (0.05)	Knowledge	Ohio Northern University College of Pharmacy	OH
After the Goldrush: Testing Medical Cannabis and CBD in Chronic Pain Patients	0530-0000-21-002-L08-P	1 (0.1)	Knowledge	Global Education Group	
After the Goldrush: Testing Medical Cannabis and CBD in Chronic Pain Patients	0530-0000-21-002-L08-P	1 (0.1)	Knowledge	Global Education Group	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	
American Addiction	0657-0000-21-022-L04-P	1.5 (0.15)	Knowledge	AchieveCE	

Dynamic Regulation of Genes in Placebo Responsiveness in Pain and Alcohol Use Disorders	0025-0000-21-076-L01-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Predictability of Clinical Placebo Responses	0025-0000-21-056-L01-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Prediction, Expectation, and Pain Control	0025-0000-21-061-L08-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD
Immersive Virtual Reality to Induce a Positive Therapeutic Experience in Musculoskeletal Pain Patients	0025-0000-21-064-L08-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Phenotypes Supporting the Association of Sleep Disturbance and Endogenous Pain Modulation	0025-0000-21-070-L01-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Role of Cues and Expectancies in Addiction: Recent Translational Efforts	0025-0000-21-069-L01-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
Placebo Effects in Pain Management - Practical Implications	0025-0000-21-078-L08-P	1.5 (0.15)	Knowledge	University of Maryland School of Pharmacy	MD
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
The Opioid Epidemic: Searching for Solutions	0657-0000-21-021-L01-P	1 (0.1)	Knowledge	AchieveCE	
Bridging the Gap: Attacking Stigma, Barriers, and Patient-Centered Treatment	0178-9999-21-1903-L04-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
The Self in Shame: Healing the Wounds of Substance Use Disorders	0202-0000-21-176-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
Understanding the Neurobiology of Substance Use Disorder	0202-0000-21-175-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	
Spring 2021 Preceptor Seminar - Substance Use Disorder and Pain Management Update 2021	JA4008223-9999-21-083-L08-P	2 (0.2)	Knowledge	University of Pittsburgh	
Spring 2021 Preceptor Seminar - Substance Use Disorder and Pain Management Update 2021	JA4008223-9999-21-083-L08-P	2 (0.2)	Knowledge	University of Pittsburgh	

Cutting Through the Clutter of Cannabis: New Challenges for Pharmacists	0202-0000-21-178-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	
Healing the Body and Mind: Helping Your Patients Through a Pandemic	0202-0000-21-177-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
Substance Misuse Prevention and Responsible Opioid Prescribing – the Role of the Dentist	JA0003860-9999-21-007-L08-P	1 (0.1)	Knowledge	Cine-Med, Inc.	
Substance Misuse Prevention and Responsible Opioid Prescribing – the Role of the Dentist	JA0003860-9999-21-007-L08-P	1 (0.1)	Knowledge	Cine-Med, Inc.	
Disparities in Treatment of Pain and Opioid Use Disorder	JA4008199-0000-21-630-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Research Group 3	0025-9999-21-050-L04-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD
Family Matters: Understanding and Addressing the Impact of Addiction on Family	0202-0000-21-179-L04-P	1.25 (0.125)	Knowledge	American Pharmacists Association	
Relieving the Pain of Pain Stewardship with Clinical Decision Support	0846-0000-21-015-L08-P	0.25 (0.025)	Knowledge	Froedtert Hospital	WI
59 ½ Minutes of Caring for Patients: Tools and Resources That Make a Difference	0202-0000-21-180-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
59½ Minutes Cover Story: Addiction and the Vulnerable Self: Practicing Well-Being in a Pandemic	0202-0000-21-182-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
Addressing Racial Disparities in Substance Use Disorder	0202-0000-21-181-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	
Internal Medicine for Primary Care: Addiction/Pain/Palliative Care	0816-0000-21-046-L01-P	12 (1.2)	Knowledge	Medical Education Resources, Inc.	CA
Interventional Pain Management: Opioid-Sparing Technologies	0530-0000-21-060-L04-P	1 (0.1)	Knowledge	Global Education Group	TX
Nonopioid Analgesics, Adjuvants, and Antidepressants	0530-0000-21-059-L04-P	1 (0.1)	Knowledge	Global Education Group	TX
Nonopioid Analgesics, Adjuvants, and Antidepressants	0530-0000-21-059-L04-P	1 (0.1)	Knowledge	Global Education Group	
Nonopioid Analgesics, Adjuvants, and Antidepressants	0530-0000-21-059-L04-P	1 (0.1)	Knowledge	Global Education Group	MO
Rational Polypharmacy	0530-0000-21-061-L04-P	1 (0.1)	Knowledge	Global Education Group	

Rational Polypharmacy	0530-0000-21-061-L04-P	1 (0.1)	Knowledge	Global Education Group	TX
Rational Polypharmacy	0530-0000-21-061-L04-P	1 (0.1)	Knowledge	Global Education Group	MO
Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-21-010-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
Spinal Stenosis: Epidemiology, Pathophysiology, and Treatment	0530-0000-21-010-L08-P	1 (0.1)	Knowledge	Global Education Group	
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education	0530-0000-21-062-L03-P	1 (0.1)	Knowledge	Global Education Group	AZ
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education	0530-0000-21-062-L03-P	1 (0.1)	Knowledge	Global Education Group	TX
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education	0530-0000-21-062-L03-P	1 (0.1)	Knowledge	Global Education Group	FL
The Problem With Opioids	0032-9999-21-046-L08-P	2 (0.2)	Knowledge	University of Mississippi School of Pharmacy	MS
Educational Forum on Substance Use Disorders: Prescribing, Prevention, and Practical Applications to Practice: Part 1	0575-0000-21-056-L08-P	2 (0.2)	Knowledge	Tennessee Pharmacists Consortium for Education	
2021 VRC Session 1.3: Internal Medicine #3	0577-0000-21-005-L08-P	1 (0.1)	Knowledge	and Supply Management Group, LLC	INT
Ambulatory Care Forum	0130-0000-21-194-L04-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
An Optimist's View of Meta-Analysis and Systematic Review Methodology in Pain Research: Seeing the Opportunity in Every Difficulty	0376-9999-21-113-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Inferring Pain Intensity from Brain Signals: The Promise and the Challenges	0376-9999-21-110-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
John D. Loeser Award Lecture: The Greatest Teacher, Failure Is: Falsely Positive, Falsely Negative, and Falsely Interpreted Clinical Trials of Pain Treatments	0376-9999-21-149-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Neuropathic Pain Mind-Changers: Breaking News from Basic and Clinical Science	0376-9999-21-111-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	

Pain in a Dish: Using In Vitro Models to Investigate Pain Genetics, Ion Channel Trafficking and Disease Pathophysiology	0376-9999-21-114-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Pain Prevention and Management Must Begin in Childhood: The Key Role of Psychological Interventions	0376-9999-21-148-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Stratification Methods for Neuropathic Pain Research in Animals and Patients	0376-9999-21-115-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
The Dynamic Role of the Amygdala in Pain Perception and Learning	0376-9999-21-112-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Stigma of Addiction Summit	0067-9999-21-081-L08-P	3.75 (0.375)	Knowledge	Austin College of Pharmacy	TX
Autophagy: A New Puzzle Piece In Chronic Pain Mechanisms	0376-9999-21-117-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Has the Time Come for Non-Invasive Cortical Stimulation for Pain? New data from Large, Robust, Randomized Controlled Trials and How They Can Be Useful in Clinical Practice.	0376-9999-21-118-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Heterotopic pain in the Trigeminal System: Is it a Misunderstanding of the Brain?	0376-9999-21-121-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Judicious Use of Opioids in Chronic Pain and Palliative Care	0376-9999-21-119-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Molecular Approaches for the Study of Painful Diabetic Neuropathy	0376-9999-21-122-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Neural Circuits of Itch and Pain	0376-9999-21-152-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Pain in Arthritis: Role of Inflammation, Bone Destruction, Neuronal Changes, and Impact of Neurodegenerative Disease	0376-9999-21-123-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Pathogenesis of Pain in Osteoarthritis	0376-9999-21-150-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Pathological Mechanisms of Diabetic Neuropathy and Neuropathic Pain	0376-9999-21-151-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
The Jumble of Sciatica, Radicular Pain and Radiculopathy - Are they Neuropathic Pain?	0376-9999-21-120-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	

Translational Spotlight on the Spinal Cord in Chronic Pain: Mechanisms, Modulation, Clinical Trials, and Human Neuroimaging	0376-9999-21-124-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Using Naloxone to Reverse Opioid Overdose in the Agricultural Workplace: Information for Employers and Workers	0032-9999-21-047-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Cannabis, In the Weeds (Community, Clinical, and the Courtroom)	0100-0000-21-054-L08-P	1.5 (0.15)	Knowledge	Arizona Pharmacy Association	AZ
Evaluation of risperidone initiation on opioid and benzodiazepine utilization in children < 3 years of age among multiple ICUs in a pediatric hospital	0100-0000-21-131-L08-P	0.5 (0.05)	Knowledge	Arizona Pharmacy Association	AZ
Impact of Continuous Infusion Ketamine on Analgesedation Among Burn Intensive Care Patients	0100-0000-21-123-L08-P	0.5 (0.05)	Knowledge	Arizona Pharmacy Association	AZ
Impact of pharmacist intervention on opioid stewardship using a clinical decision scoring tool	0100-0000-21-089-L08-P	0.5 (0.05)	Knowledge	Arizona Pharmacy Association	AZ
Integration of a CRVA-SUD pharmacist into primary care to increase rural access in alcohol use disorder treatment	0100-0000-21-083-L01-P	0.5 (0.05)	Knowledge	Arizona Pharmacy Association	AZ
Retrospective Chart Review of an Opioid Withdrawal Prevention Algorithm in Critically Ill Pediatric Patients in a Pediatric Hospital	0100-0000-21-078-L08-P	0.5 (0.05)	Knowledge	Arizona Pharmacy Association	AZ
Treating Pain and Addiction	0112-9999-21-382-L08-P	7 (0.7)	Knowledge	Association	MI
Resident Podium Presentations 1	0173-0000-21-011-L04-P	1 (0.1)	Knowledge	Idaho Society of Health-System Pharmacists	ID
Implementation of the Chronic Pain Classification as Part of the 11th Revision of the International Classification of Diseases (ICD-11) in Clinical Settings: Classification Issues and Measures for More Effective Use	0376-9999-21-127-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Microglia and Intractable Chronic Pain: Animal Research to Human Study	0376-9999-21-155-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	



National Pain Strategies: Working Strategically and Collaboratively to Solve the Global Problem of Pain	0376-9999-21-125-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Nociceptive, Sensory-Motor and Emotional Determinants of Persistent Pain after Cervical Trauma: Treatment Implications	0376-9999-21-126-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Personalized Mechanistic Pain Medicine Using Quantitative Sensory Testing (QST)	0376-9999-21-128-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Spinal Cord Stimulation in Chronic Neuropathic Pain: Mechanisms of Action, New Locations, New Paradigms	0376-9999-21-154-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Surgery for Chronic Pain Conditions: The Question of Evidence and Getting the Balance Right	0376-9999-21-153-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
The Problem of Pain: a palliative care physician's perspective	0829-9999-21-075-L01-P	1 (0.1)	Knowledge	AffinityCE	MD
Relief at Last: A Multimodal Approach to Pain Management	0845-0000-21-015-L08-P	1 (0.1)	Knowledge	University of North Texas Health Science Center	TX
Fundamentals of Neuromodulation	0530-0000-21-091-L04-P	1 (0.1)	Knowledge	Global Education Group	
Fundamentals of Neuromodulation	0530-0000-21-146-L04-P	1 (0.1)	Knowledge	Global Education Group	
The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-21-013-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-21-013-L08-P	1 (0.1)	Knowledge	Global Education Group	
Residency Research Presentations (Critical Care and Behavioral Health)	0056-0000-21-047-L04-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA
Initial Collaborative Practice Certification (Live Workshop)	0092-0000-21-401-L01-P	8 (0.8)	Knowledge	University College of Pharmacy	
Initial Collaborative Practice Certification (Live Workshop)	0092-0000-21-401-L01-P	8 (0.8)	Knowledge	University College of Pharmacy	
Educational Forum on Substance Use Disorders: Prescribing, Prevention, and Practical Applications to Practice: Part 2	0575-0000-21-057-L08-P	2 (0.2)	Knowledge	Tennessee Pharmacists Consortium for Education	
Phantom Limb Pain and Post Stroke Pain	0647-0000-21-010-L08-P	1 (0.1)	Knowledge	Services	OH
How Do Expectations Influence Treatment Outcome?	0376-9999-21-157-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	

Incorporation of Pain Intensity and Physical and Emotional Functioning in Primary Outcomes of Pain Studies: A Discussion of Novel Outcomes for Basic and Clinical Research	0376-9999-21-130-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Neuropathic Pain in the Community: Prevalence, Impact, and Risk Factors	0376-9999-21-158-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Pain, Motivation, and Reward: What We Know and What We Do Not Know about Opioids and Dopamine	0376-9999-21-131-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Phenotyping in Chronic Pain: Psychological, Sensory, and Psychophysiological Profiles	0376-9999-21-133-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Social Mechanisms Underlying the Pain Experience: An Innovative Multidisciplinary, Multi-Species Approach	0376-9999-21-132-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
The Intersection of Trauma and Pain: Translation Across Children, Adults, and Animals	0376-9999-21-134-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
William D. Willis, Jr, MD, PhD Memorial Lecture: Evolution as a Mechanistic Discovery Tool to Shut Down Pain	0376-9999-21-156-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Autoantibodies and Pain	0376-9999-21-136-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Novel Insight in Pain-Related Cortical Neuroplasticity? Potential Targets for Pain Management?	0376-9999-21-140-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Peripheral and Central Drivers of Sexually Dimorphic Neuronal Pain Plasticity	0376-9999-21-138-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Ronald Melzack Award Lecture: Putting the Cognitive into Cognitive Behavioural Therapy	0376-9999-21-159-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Translational Studies of Musculoskeletal Pain	0376-9999-21-141-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Trigeminal Neuropathy: Trouble, Trauma, Tension and Treatment?	0376-9999-21-142-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	

Opioid Misuse Prevention in Older Adults Virtual Symposium in SouthEast Texas	0845-9999-21-021-L08-P	2.75 (0.275)	Knowledge	University of North Texas Health Science Center	TX
RS: Flipping the Script on Pain Management in Primary Care	JA4008199-0000-21-722-L08-P	2 (0.2)	Knowledge	VHA Employee Education System	
Acute Pain Management with Patients with OUD	0067-0000-21-108-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
B-Team: Providing Effective Interprofessional Care	0067-0000-21-110-L01-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Overview of B-Team, Implementation Barriers, and Grow Strategies	0067-0000-21-109-L01-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Answers to the Questions: Ethical and Practical Considerations in Placebo Control of Surgical and Invasive Analgesic Interventions	0376-9999-21-143-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
“But Moving Makes Me Hurt More” Exploring the Scientific Underpinnings of Movement-Evoked Pain and its Clinical Management	0376-9999-21-146-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Imaging of the Brain in Chronic Pain: How to use Advanced Analysis Methods to Predict Treatment Response	0376-9999-21-147-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
John J. Bonica Award Lecture: Burning Questions and the Search for Soothing Solutions	0376-9999-21-162-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Low Back Pain: A Call to Action to Reduce Low Value Medical Care for Low Back Pain	0376-9999-21-161-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Models of Care for Chronic Persistent Pain - Think Globally?	0376-9999-21-144-L08-P	1.25 (0.125)	Knowledge	CME Outfitters, LLC	
Getting up to SPEED, Stimulant Use Disorders	0837-9999-21-125-L01-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	NH
Buprenorphine-Naloxone versus Extended-Release Naltrexone: A Comparison of Efficacy and Safety	0067-0000-21-120-L01-P	1 (0.1)	Knowledge	University of Texas at Austin College of Pharmacy	TX
Role of Stigma in Opioid Use Disorder	0067-0000-21-122-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX

Educational Forum on Substance Use Disorders: Prescribing, Prevention, and Practical Applications to Practice: Part 3	0575-0000-21-058-L08-P	2 (0.2)	Knowledge	Tennessee Pharmacists Consortium for Education	
Discussion on the Netflix Documentary Heroin(e)	0097-0000-21-011-L08-P	1.5 (0.15)	Knowledge	Pharmacy at Wilkes University	PA
The Balancing Act: Treating Pain while Mitigating Risk	0097-9999-21-016-L08-P	2 (0.2)	Knowledge	Pharmacy at Wilkes University	PA
Behavioral Healthcare Practices to Enhance Addiction Medicine: Part 1	0480-9999-21-020-L08-P	1.5 (0.15)	Knowledge	University Edwardsville School of Pharmacy	IL
Pain Management: Use of Opioid Stewardship Principles in Managing Acute Pain the Emergency Department	0009-9999-21-020-L08-P	1 (0.1)	Knowledge	University of Connecticut School of Pharmacy	CT
Plans of Safe Care (POSC): Developing POSC with a Patient Centered Approach	0044-9999-21-020-L04-P	1 (0.1)	Knowledge	University at Buffalo School of Pharmacy and Pharmaceutical Sciences	NY
How can we effectively address current opioid epidemic with an opioid stewardship program?	0062-0000-21-096-L08-P	1 (0.1)	Knowledge	Carolina College of Pharmacy	SC
Patient Safety and Naloxone Therapy with a focus on "Patient"	0104-0000-21-029-L08-P	1.5 (0.15)	Knowledge	New Mexico Pharmacists Association	NM
Easing the Pain on Opioid Alternatives for Acute Pain Management	0653-0000-21-015-L08-P	1.5 (0.15)	Knowledge	University of Wyoming, School of Pharmacy	WY
Opioid Stewardship in the ED and Non-opioid Options for Pain	0156-0000-21-053-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
An Overview of Pain Management	0202-0000-21-252-L08-P	0.75 (0.075)	Knowledge	American Pharmacists Association	
Pharmacist Role in Acute Pain Management	0202-0000-21-253-L08-P	0.5 (0.05)	Knowledge	Association	
Patient Controlled Epidural Analgesia (PCEA) Therapy in Pediatrics	0523-0000-21-018-L01-P	1 (0.1)	Knowledge	CompleteRx	TX
RSS: National Pain VA-ECHO Series: Part III Series	JA4008199-0000-21-208-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Navigating Opioid Stewardship	0203-0000-21-032-L08-P	1 (0.1)	Knowledge	American Society of Consultant Pharmacists	VA

Substance Use Disorder Series: Using Therapeutic Incentives to Support Medication-Assisted Treatment Adherence . . . and Beyond!	JA4008199-0000-21-768-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Substance Use Disorder Series: Using Therapeutic Incentives to Support Medication-Assisted Treatment Adherence . . . and Beyond!	JA4008199-0000-21-768-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Alcohol Withdrawal Syndrome: What is it and How to Treat it	0056-0000-21-049-L01-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	NJ
PCS Grand Rounds July 2021: Opioid-related Morbidity and Mortality in VA	JA4008199-0000-21-631-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Misuse Prevention in Older Adults in Lower South Texas Virtual Symposium	0845-9999-21-023-L08-P	3 (0.3)	Knowledge	University of North Texas Health Science Center	TX
Implementation of a Pharmacist Care Model for MOUD	JA4008199-0000-21-750-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Implementation of a Pharmacist Care Model for MOUD	JA4008199-0000-21-750-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Addressing Substance Use Stigma	0178-9999-21-2001-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
Where Do We Start? Initial Pain Assessment and Treatment Options	0007-9999-21-059-L08-P	1 (0.1)	Knowledge	California School of Pharmacy	CA
Opioid Misuse Prevention in Older Adults in Upper East Texas Virtual Symposium	0845-9999-21-025-L08-P	4 (0.4)	Knowledge	University of North Texas Health Science Center	TX
No Waiver Required: What Pharmacists Need to Know About Buprenorphine for Opioid Use Disorder Treatment	0581-0000-21-094-L01-P	1 (0.1)	Knowledge	American Association of Colleges of Pharmacy	
Case Studies on Pregnant and Postpartum Persons with OUD	0044-9999-21-021-L01-P	1 (0.1)	Knowledge	University at Buffalo School of Pharmacy and Pharmaceutical Sciences	NY
Between Rock and a Hard Place: Creative Pain Management in Palliative Care	0837-9999-21-160-L08-P	1 (0.1)	Knowledge	University of New England School of Pharmacy	MA
RS: Buprenorphine: Maintenance for Dependence with Chronic Pain	JA4008199-0000-21-847-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
RS: Buprenorphine: Maintenance for Dependence with Chronic Pain	JA4008199-0000-21-847-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	

Managing OUD in the ED	0032-9999-21-064-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Opioid Abuse in Louisiana and the Importance of Pharmacist Engagement	0133-0000-21-004-L05-P	1.5 (0.15)	Knowledge	Louisiana Pharmacists Association	LA
Opioid Stewardship	0122-0000-21-019-L08-P	1 (0.1)	Knowledge	Acurity, Inc.	NY
Indian Country ECHO –Opioid Use Disorder Training	0130-9999-21-235-L01-P	2.5 (0.25)	Knowledge	Washington State Pharmacy Association	WA
Addiction and the Brain - A New Perspective	0178-9999-21-2004-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
Opponent Process Theory	0178-9999-21-2005-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
Opioid-Related Deaths Increase During Covid-19 Pandemic	0215-0000-21-010-L08-P	1 (0.1)	Knowledge	National Pharmaceutical Association, Inc.	AZ
Strategies To Improve Naloxone Access and Use Using a Pharmacist	0215-0000-21-009-L08-P	1 (0.1)	Knowledge	National Pharmaceutical Association, Inc.	AZ
Managing Pain With and Without Medications	0154-0000-21-013-L08-P	1 (0.1)	Knowledge	Association	TX
Considerations of clinical pharmacy in pain management	0215-0000-21-016-L08-P	1 (0.1)	Knowledge	National Pharmaceutical Association, Inc.	AZ
Opioid Misuse Prevention in Older Adults in Upper South Texas Virtual Symposium	0845-9999-21-026-L08-P	4 (0.4)	Knowledge	University of North Texas Health Science Center	TX
Not One Size Fits All: Strategies for Multi-modal Pain Management	0163-0000-21-210-L04-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Stewardship Program: The Pain Edition	0163-0000-21-211-L04-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
The Changing Tides in the Florida Opioid Epidemic	0163-0000-21-209-L04-P	1 (0.1)	Knowledge	Florida Society of Health-System Pharmacists, Inc.	FL
Evaluating Quality of Care for Opioid Use Disorder	JA4008199-0000-21-809-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
2021 IHS National Combined Councils Virtual Conference - Team-based Approaches to Safe Opioid Prescribing	JA4008177-0000-21-103-L08-P	1.5 (0.15)	Knowledge	Indian Health Service Clinical Support Center	
Buprenology	0178-9999-21-2006-L01-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL

The Epidemic within a Pandemic: Coronavirus and Substance Use Disorders Collide	0278-0000-21-026-L04-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Super Bupe: Managing Cancer Pain and Opioid Use Disorder	0633-0000-21-029-L01-P	0.5 (0.05)	Knowledge	The Ohio State University College of Pharmacy	OH
Pink, Brorphine, Tranq, Dragonfly, Trash Can, Scooby Snax: The New Language of Drugs	0025-9999-21-086-L08-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD
Menopause Management	0151-0000-21-012-L08-P	2 (0.2)	Knowledge	Colegio de Farmaceuticos de Puerto Rico	PR
Panhandle Region Opioid Misuse Prevention in Older Adults Virtual Symposium	0845-9999-21-028-L08-P	4 (0.4)	Knowledge	University of North Texas Health Science Center	TX
Pick Your Poison: Buprenorphine induction	0835-0000-21-044-L08-P	0.5 (0.05)	Knowledge	Banner Health	AZ
Pick Your Poison: Complex SUD Cases in Pregnancy	0835-0000-21-043-L01-P	0.5 (0.05)	Knowledge	Banner Health	AZ
Pick Your Poison: Fundamentals of MAT in Pregnancy	0835-0000-21-042-L08-P	0.5 (0.05)	Knowledge	Banner Health	AZ
Chest Pain and ACS: Case-based Cardiology Perspective	0126-0000-21-082-L01-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Understanding the neurobiology of substance use disorder and the role pharmacists have in safe dispensing practices of opioid medications.	0864-9999-21-023-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	
Discussion on the Netflix Documentary The Pharmacist	0097-0000-21-012-L08-P	4.5 (0.45)	Knowledge	Pharmacy at Wilkes University	PA
The Iowa State Opioid Response (SOR) Project	0107-9999-21-290-L08-P	1 (0.1)	Knowledge	CEImpact	NE
2021.8.26 NYSCHP It Doesn't Have to Be Painful: Optimizing Analgesia in Critically Ill Patients	0134-0000-21-119-L01-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
Opioid Use Disorder in Pregnancy	0178-9999-21-2008-L08-P	3 (0.3)	Knowledge	Association Research & Education Foundation	AL
End of Life and Comfort Care in the ICU	0016-0000-21-033-L08-P	1 (0.1)	Knowledge	Chicago College of Pharmacy	IL
PULSE: Pharm reduction: considerations for use of buprenorphine mono-product	JA4008223-0000-21-122-L08-P	1 (0.1)	Knowledge	University of Pittsburgh	

Updates in Pain Management and Opioid use in Hospice and Palliative Care	0010-0000-21-058-L01-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
“Doctor, I Have Pain Between My L4 and L5” Dealing With False + Imaging Findings And Google Dx	0530-0000-21-179-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
All in the Family: Their Role and Impact on Pain Management	0530-0000-21-192-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Apocalypse Now...or Later? Chronic Pain After COVID-19	0530-0000-21-186-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Calming the Storm: Adding PTSD Treatment to Your Pain Practice	0530-0000-21-175-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Casting a Wider Net: Using Focused Acceptance & Commitment Therapy in Primary Care	0530-0000-21-172-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Everything's Coming Up Roses: How Pain Management Coaching Impacts Pain Outcomes	0530-0000-21-190-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Implementing a New Pain Coach Education Service in an Academic Medical Center During the COVID Pandemic	0530-0000-21-185-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Interventional Options for Refractory Migraine and Cervicogenic Headaches	0530-0000-21-174-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Neurogenic Thoracic Outlet Syndrome	0530-0000-21-176-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Night & Day: The Disabling Power of Sympathy/The Enabling Power of Empathy	0530-0000-21-188-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Osteoarthritic Joint Pain: Advances in Diagnosis and Treatment	0530-0000-21-189-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Painful Conditions of the Upper Limb An overview of the evaluation of common and not-so-common painful syndromes affecting the arm	0530-0000-21-191-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Pink Elephant: Is Alcohol a Pain Panacea or a Problem?	0530-0000-21-178-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Post-Surgical Neuralgia: Diagnosis and Treatment	0530-0000-21-182-L01-P	1 (0.1)	Knowledge	Global Education Group	NV



Prime Time or Too Soon? – Pharmacogenetics in Pain Management	0530-0000-21-173-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
See, Be, Deceived...or Relieved? Evaluating CBD for Pain Management	0530-0000-21-180-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Tales of Pain Self-Management: The Who, What, Why, and How!	0530-0000-21-183-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Taming of the Spew! Managing Opioid-Induced Nausea and Vomiting	0530-0000-21-177-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Dog Ate My Homework: A Guide to Avoiding Relapse and Maintaining Adherence	0530-0000-21-181-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Treatment Algorithm for Managing Chronic Back Pain in Elderly Population	0530-0000-21-171-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Updates on Complex Regional Pain Syndrome	0530-0000-21-184-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
What's Psych Got to Do with Perioperative Pain Management?	0530-0000-21-187-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
RSS: VA Addiction Scholars Mini-Fellowship	JA4008199-0000-21-963-L08-P	4 (0.4)	Knowledge	VHA Employee Education System	CO
Acute Care for Patients Admitted to the Hospital with Opioid Use Disorder	0530-0000-21-193-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Acute Post-Operative Pain: Current Practice, Novel & Upcoming Analgesic Options, and Drug Development	0530-0000-21-200-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Ain't No Honky-Tonk: Medical Cannabis for Pain Management	0530-0000-21-210-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Back to the Basics: The Role of Psychology in Pain	0530-0000-21-209-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Chronic Pain Assessment	0530-0000-21-199-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Chronic Pain in the Year of a Pandemic: Advanced Practice Provider Edition	0530-0000-21-201-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-21-205-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Good Vibes Only: Reiki for Relaxation and Pain Relief in the Acute Care Setting	0530-0000-21-203-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain By Numbers: A+B-ZZ	0530-0000-21-213-L08-P	1 (0.1)	Knowledge	Global Education Group	NV

Pain Pathways Made Simple	0530-0000-21-195-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Pain Therapeutics: Adjuvants and Nonopioid Analgesics	0530-0000-21-211-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Putting Tools in the Hands of Patients: An Integrative Pain Management Toolkit Initiative for Emergency Department and Hospital Patients	0530-0000-21-196-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
So, You Checked the PDMP. Now What?	0530-0000-21-207-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Adenosine Type 3 Receptor as a Novel Target for the Development of Safe and Effective Non-Opioid Analgesics	0530-0000-21-206-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Ambient Zone: Sleep Induction through Music Meditation	0530-0000-21-202-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Clinical Pharmacist Led Suboxone Clinic for Managing Comorbid Pain and OUD	0530-0000-21-194-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Doors of Perception: Psychedelics in Pain Management	0530-0000-21-197-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
The Referral Loop: A Guide for Frontline Clinicians on Electromyography and Nerve Conduction Studies	0530-0000-21-212-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education	0530-0000-21-198-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Who Should Own Back Pain? An Interventional Pain Physician and a Physical Therapist Debate.	0530-0000-21-208-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Who's Looking at You, Doc? A Rational Response to 2021 Perspectives on Opioid Prescribing	0530-0000-21-204-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Opioids - Maximizing Benefits, Minimizing the Risks	0741-0000-21-007-L08-P	5 (0.5)	Knowledge	University Learning Systems, Inc.	NV
Acute and Early Post-Acute Pain in COVID-19-Syndromes and Treatment	JA0007185-9999-21-026-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Acute and Early Post-Acute Pain in COVID-19-Syndromes and Treatment	JA0007185-9999-21-026-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	

Maintaining a Pain Management Regime with Managing COVID-19	JA0007185-9999-21-027-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Maintaining a Pain Management Regime with Managing COVID-19	JA0007185-9999-21-027-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
The Pandemic and its Longer Term Impact on Chronic Pain Management	JA0007185-9999-21-028-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
The Pandemic and its Longer Term Impact on Chronic Pain Management	JA0007185-9999-21-028-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Buprenorphine 101 for the non-Addictionologist	JA4008199-0000-21-922-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Management	0156-9999-21-155-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
7mm from Hell: Coping with Kidney Stone Pain	0530-0000-21-223-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
A Face in the Crowd: Trigeminal Neuralgia and Atypical Facial Pain	0530-0000-21-218-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
A Feather or a Hammer? Pain and Movement Disorders	0530-0000-21-233-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Awkward Conversations: Managing Patients with Chronic Pain	0530-0000-21-231-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Bad Breadth: The Role of Bias, Stigma, and Social Determinants in Pain Care	0530-0000-21-220-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Bad Breadth: The Role of Bias, Stigma, and Social Determinants in Pain Care	0530-0000-21-247-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Blurring the Lines: Pain and Demyelinating Conditions	0530-0000-21-227-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Digital Therapeutics: Technological Advances in Pain Medicine	0530-0000-21-217-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Fire in the Lake: Raging War Over Endometriosis	0530-0000-21-221-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
From the Ivory Tower: The Data-Driven Strategy CMS, Health Plans, and State Governments Use to Review a Provider's Clinical Practice	0530-0000-21-226-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Health Literacy, Pain Medicine and COVID-19: Room for Improvement	0530-0000-21-230-L01-P	1 (0.1)	Knowledge	Global Education Group	NV

Hocus Pocus: What Muscle Relaxants Do and Don't Do	0530-0000-21-236-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
NSAID Counterattack, Baby We're Back!	0530-0000-21-215-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
OMG OMT! A Guide to Osteopathic Manipulative Medicine	0530-0000-21-216-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
On Golden Pond: Geriatric Pain Management	0530-0000-21-219-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Tell Me Why it Hurts	0530-0000-21-228-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
The Dark at the Top of the Stairs: Addressing the Escalation of the Opioid Epidemic Due to COVID-19	0530-0000-21-237-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Diagnosis in the Back of Your Head: Occipital Neuralgia Vs. Cervicogenic Headache	0530-0000-21-222-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Fight Has Just Begun: How Covid-19 Has Affected the Opioid Epidemic, Chronic Pain Treatment, and Mental Health.	0530-0000-21-229-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Future of Spine Surgery: Getting Smaller, Safer, Better Vertebroplasty/Discoectomy Pain	0530-0000-21-224-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Lesser of Three Evils? Untangling Somatic and neurologic From Visceral Pain	0530-0000-21-214-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Thunder Road: Navigating the Legal Weed Terrain for Pain Management	0530-0000-21-232-L03-P	1 (0.1)	Knowledge	Global Education Group	NV
Vaping in the 21st Century: Is There a Safer Way to Deliver Drugs?	0530-0000-21-225-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
When Sitting Hurts: Unraveling Pudendal Neuralgia	0530-0000-21-235-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Will the Real Fentanyl Please Stand Up?	0530-0000-21-234-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Novel COVID-19 Pain Syndromes - Evidence from Translational Basic and Clinical Research	JA0007185-9999-21-031-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Novel COVID-19 Pain Syndromes - Evidence from Translational Basic and Clinical Research	JA0007185-9999-21-031-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Understanding the Patient Journey and Optimizing Treatment of Pain	JA0007185-9999-21-029-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Understanding the Patient Journey and Optimizing Treatment of Pain	JA0007185-9999-21-029-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	

RSS DUB Suicide Prevention Awareness Training Series	JA4008199-0000-21-926-L08-P	10 (1)	Knowledge	VHA Employee Education System	GA
Naloxone Administration and Counseling Training	0010-0000-21-067-L05-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
Opioid Symposium Keynote Address	0010-0000-21-064-L08-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
Strategies to Improve Naloxone Access and Use ~ Using a Pharmacist	0010-0000-21-066-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
The ACE's of Stigma	0010-0000-21-065-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
The Management of Opioid Use Disorder (OUD)	0010-0000-21-063-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
The Neurobiology of Opioid Use Disorder	0010-0000-21-062-L08-P	1 (0.1)	Knowledge	Howard University College of Pharmacy	DC
New Treatment Modalities for Opioid Use Disorder (OUD): The California Bridge Substance Use Navigator (SUN) Model, Bridge Clinics and Telehealth	0016-9999-21-061-L08-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
Substance Use Disorders: An Update	0064-0000-21-066-L08-P	1.5 (0.15)	Knowledge	University of Tennessee College of Pharmacy	TN
Substance Use Disorders: An Update	0064-0000-21-066-L08-P	1.5 (0.15)	Knowledge	University of Tennessee College of Pharmacy	TN
Substance Use Disorders: An Update	0064-0000-21-066-L08-P	1.5 (0.15)	Knowledge	University of Tennessee College of Pharmacy	TN
ACEs and Development of Substance Use Disorder	0178-9999-21-2009-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
2+2 Before: The Using New Math to Calculate Opioid Risk	0530-0000-21-243-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
A Potpourri of Natural Opioids: Access, Safety, & Regulatory Responsibilities	0530-0000-21-257-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
A Turning Wind: Women, Pain, and Achieving Health Equity	0530-0000-21-259-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Back Pain: It's All About the Diagnosis	0530-0000-21-250-L01-P	1 (0.1)	Knowledge	Global Education Group	NV

Diabetic Peripheral Neuropathy: Introducing New Interventional Options	0530-0000-21-248-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Electrical Tingles: Neuromodulation for the General Practitioner	0530-0000-21-252-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Elevator to the Gallows: Trigeminal Autonomic Cephalalgias (TACs)	0530-0000-21-251-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Mastering Migraine: Examining the Therapeutic Spectrum for Optimal Patient Outcomes	0530-0000-21-245-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Melt in Your Body, Not in a Needle: A Review of ADF Opioids	0530-0000-21-240-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
No Kidding Around: Pediatric Trauma Care	0530-0000-21-258-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Occupational Therapy and Biopsychosocial Pain Treatment: The “Other Therapy” You Never Knew Your Patients Needed	0530-0000-21-239-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Physical Rehabilitation for Patients with Trauma	0530-0000-21-253-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Rebalancing Pain Medicine: Improving Care Through a Wider Lens	0530-0000-21-279-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Sacroiliac Joint Dysfunction: Diagnosis, Treatment, and Emerging Therapy Options	0530-0000-21-246-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Sedated and Elated: Treatment Tactics for Refractory Agitation	0530-0000-21-244-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Surgical Consult: When Pain Management is Contraindicated	0530-0000-21-242-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Taking Private Interventional Pain Practices From Good to Great	0530-0000-21-255-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Brain and Neuromodulation in Management of Osteoarthritis Pain	0530-0000-21-260-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
The L-Shaped Room: Challenges and Advances Managing Migraine	0530-0000-21-238-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Tiny Habits for Pain Management: Evidence-based Behavior Change Models	0530-0000-21-254-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Urine Drug Testing: Meeting the Test of Medical Necessity Through Patient-Centered Care	0530-0000-21-249-L01-P	1 (0.1)	Knowledge	Global Education Group	NV

Who's on First? Neurologic and Psychiatric Management of Migraine	0530-0000-21-241-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Working the Body: a Whole Health Perspective on Movement and Pain	0530-0000-21-256-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Blood Flow Restriction	0826-9999-21-037-L08-P	1 (0.1)	Knowledge	MED2000, Inc.	
Lived Experience Session: Living with Pain - A	JA0007185-9999-21-033-	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Lived Experience Session: Living with Pain - A	JA0007185-9999-21-033-	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Pain and COVID-19 Across the Globe: Disparities Within and Between Countries on Infection Prevention, Vaccination, and Access to Healthcare	JA0007185-9999-21-034-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Pain and COVID-19 Across the Globe: Disparities Within and Between Countries on Infection Prevention, Vaccination, and Access to Healthcare	JA0007185-9999-21-034-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Myth vs Reality: What Every Pharmacist Needs to Know about Buprenorphine for Opioid Use Disorder	0067-0000-21-142-L05-P	1.25 (0.125)	Knowledge	University of Texas at Austin College of Pharmacy	TX
A Garden of Earthly Delights: Evaluating OTC Options for Pain Management	0530-0000-21-275-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Acupuncture for Pain Management	0530-0000-21-276-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Brave New World: Guidelines and Treatment Strategies for Sickle Cell Disease	0530-0000-21-265-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Dorsal Root Ganglion and Peripheral Nerve Stimulation: A More Targeted Approach for Nerve Pain	0530-0000-21-269-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
Hard 8: Fake Mu's! A Review of Atypical Opioid Medications	0530-0000-21-268-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
How Low Can You Go? The Low-Down on Low Dose Analgesics	0530-0000-21-274-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
I Can't Hear You: Association of Subclinical Hearing Loss With Cognitive Performance	0530-0000-21-263-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
New Advances in Spinal Cord Stimulation	0530-0000-21-264-L01-P	1 (0.1)	Knowledge	Global Education Group	NV

The Future of Minimally Invasive Spine Treatments: Moving from Open Approaches to Less Invasive Procedures	0530-0000-21-272-L01-P	1 (0.1)	Knowledge	Global Education Group	NV
The Role of Regenerative Medicine in Low Back Pain	0530-0000-21-261-L08-P	1 (0.1)	Knowledge	Global Education Group	NV
Shaken, not stirred: Is there a perfect cocktail for migraine and headache relief	0025-0000-21-092-L01-P	0.5 (0.05)	Knowledge	University of Maryland School of Pharmacy	MD
Interventional alternatives to Pain Management	0156-9999-21-161-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Update on Opioid Crisis and Interventions	0156-9999-21-160-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Stigma, Opioids & Pharmacists Responsibilities	0159-0000-21-043-L08-P	2 (0.2)	Knowledge	Pennsylvania Pharmacists Association	PA
Opioid Stewardship – A How To Guide For Pharmacists	0523-0000-21-028-L08-P	1 (0.1)	Knowledge	CompleteRx	TX
An Impartial Approach to Partial Agonism: A Buprenorphine Review	0798-0000-21-227-L08-P	1.25 (0.125)	Knowledge	PharmCon	PA
Medication-Assisted Treatment in Opioid Use Disorder	0863-0000-21-079-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
V15 2021 Veterans In Pain - Pain management, Opioid Safety, Suicide prevention Teams (VIP-POST) Conference	JA4008199-0000-21-1028-L08-P	7.5 (0.75)	Knowledge	VHA Employee Education System	
V15 2021 Veterans In Pain - Pain management, Opioid Safety, Suicide prevention Teams (VIP-POST) Conference	JA4008199-0000-21-1028-L08-P	7.5 (0.75)	Knowledge	VHA Employee Education System	
2021 VISN 8 Presentations - Veterans in Pain – Pain Management, Opioid Safety, Suicide Prevention Teams	JA4008199-0000-21-982-L08-P	5 (0.5)	Knowledge	VHA Employee Education System	
Veterans In Pain - Pain Management, Opioid Safety, Suicide Prevention Teams (VIP-POST) Virtual Conference - VISNs 09/17 (BIS 16004) (137543)	JA4008199-0000-21-974-L08-P	6 (0.6)	Knowledge	VHA Employee Education System	



Resolving Uncertain Red Flags: SBIRT as a Tool for Pharmacists to Help Identify Risk and Prompt Dispensing Naloxone	0064-0000-21-077-L08-P	1 (0.1)	Knowledge	University of Tennessee College of Pharmacy	TN
It's in Your Head: Updating Migraine Treatment Options	0178-9999-21-903-L08-P	1.5 (0.15)	Knowledge	Association Research & Education Foundation	AL
Going Down the K Hole: A Review of Ketamine	0534-0000-21-031-L01-P	1 (0.1)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services	TN
Managing Pain Using Opioid Analgesia	0046-9999-21-218-L08-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
Treating Pain and Addiction	0112-9999-21-338-L08-P	7 (0.7)	Knowledge	Association	MI
Implementing an Integrated Health Care Approach	0178-9999-21-2010-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
Alternatives in Chronic Pain: When Opioids Aren't the Option	0112-0000-21-221-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
The Kitchen Sink - When You've Exhausted the First Line Therapies for Chronic Pain Management	0175-0000-21-097-L01-P	1 (0.1)	Knowledge	Pharmacy Society of Wisconsin	WI
DEA Red Flags: Preventing Pharmacy White Flags & Pink Slips	0657-0000-21-108-L03-P	1 (0.1)	Knowledge	AchieveCE	
DEA Red Flags: Preventing Pharmacy White Flags & Pink Slips	0657-0000-21-108-L03-P	1 (0.1)	Knowledge	AchieveCE	
DEA Red Flags: Preventing Pharmacy White Flags & Pink Slips	0657-0000-21-108-L03-P	1 (0.1)	Knowledge	AchieveCE	
DEA Red Flags: Preventing Pharmacy White Flags & Pink Slips	0657-0000-21-108-L03-P	1 (0.1)	Knowledge	AchieveCE	
Naloxone Education for Opioid Overdose	0107-9999-21-292-L08-P	1 (0.1)	Knowledge	CEImpact	CA
Indiana's Opioid Epidemic – are Pharmacists/Pharmacies contributing to the problem?	0120-0000-21-031-L08-P	1 (0.1)	Knowledge	Indiana Pharmacists Association	IN
Cracking the Problem: Prevention and Treatment of Substance Use Disorder	0143-9999-21-146-L08-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KS
Opioid Stewardship in the Outpatient Setting	0590-0000-21-008-L01-P	1 (0.1)	Knowledge	Dhabi	

Drugs of Abuse: An Update on Trends	0032-9999-21-080-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Gabapentin Potential for Abuse	0032-9999-21-074-L01-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Gabapentin Potential for Abuse	0032-9999-21-074-L01-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Treating Persistent Pain in Older Adults	0032-9999-21-077-L08-P	1 (0.1)	Knowledge	University of Mississippi School of Pharmacy	MS
Pharmacists and Public Health: Improving Public Health, One Patient at a Time	0106-0000-21-071-L04-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Cannabis Use in New England: Ensuring Safety for Patients with Painful Conditions	0106-0000-21-074-L05-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Expanding Access to Pain Treatment: New Practice Guidelines for Buprenorphine	0106-0000-21-068-L08-P	1 (0.1)	Knowledge	Connecticut Pharmacists Association	CT
Evaluation & Treatment of Adolescents with Co-Occurring Opioid Use Disorder and General Psychiatric Illness	0178-9999-21-2011-L01-P	1 (0.1)	Knowledge	Alabama Pharmacy Association Research & Education Foundation	AL
Opioid Diversion Awareness and Identification	0203-0000-21-055-L08-P	1 (0.1)	Knowledge	American Society of Consultant Pharmacists	VA
The Surging Opioid Crisis and COVID Vaccine Hesitancy - Challenges Facing Pharmacy	0863-9999-21-080-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
Regulatory Guidelines and Pain Management Standards	0143-9999-21-144-L08-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KS
Optimizing Opioid Use Disorder Treatment: Interventions for Pharmacists	0159-0000-21-056-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Optimizing Opioid Use Disorder Treatment: Interventions for Pharmacists	0159-0000-21-056-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Buprenorphine Myth vs Fact: Dispensing the Truth about Medications for Opioid Use Disorder (MOUD)	0193-0000-21-010-L01-P	1 (0.1)	Knowledge	Northeast Kentucky Area Health Education Center	KY
Pharmacy Law: Preventing Regulatory Violations When Dispensing Controlled Substances	0043-9999-21-033-L03-P	5 (0.5)	Knowledge	St. John's University College of Pharmacy and Health Sciences	NV

Mobile Methadone Programs to Expand Access and Save Lives	0067-9999-21-151-L01-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
2021.9.29 Western Palliative Care and Chronic Pain	0134-0000-21-150-L08-P	2 (0.2)	Knowledge	Health-System Pharmacists	NY
Alcohol Use Disorder: Screening and Diagnostic Assessment	0178-9999-21-2012-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
Pain Management Seminar 2021: Opioid Safety Initiatives	JA4008199-0000-21-927-L08-P	2.25 (0.225)	Knowledge	VHA Employee Education System	IL
Alcohol Use Disorder Treatment	0178-9999-21-2013-L04-P	1 (0.1)	Knowledge	Association Research & Education Foundation	AL
MAT, Naloxone, and Me	0205-9999-21-070-L08-P	1.25 (0.125)	Knowledge	National Association of Boards of Pharmacy and NABP Foundation, Inc.	SC
Opioid Madness: A Bracketology Showdown of Common Prescription Opioids	0798-0000-21-261-L08-P	1.5 (0.15)	Knowledge	PharmCon	PA
Pain Treatment with Coexisting Opioid Use Disorder	0126-0000-21-087-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
PSHP-ME: Canna I Get You Some Relief? Cannabis For Pain Management	JA4008163-9999-21-199-L08-P	1 (0.1)	Knowledge	Amedco, LLC.	
PSHP-ME: Canna I Get You Some Relief? Cannabis For Pain Management	JA4008163-9999-21-199-L08-P	1 (0.1)	Knowledge	Amedco, LLC.	
Prescribing and Monitoring Controlled Substances	0156-9999-21-171-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
When John Doe is all You Know: Navigating Medication Reconciliation for the Chronic Pain Patient	0156-9999-21-170-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
ERASing Postoperative Pain: An Update on Recently Approved Non-Opioid Analgesics	0863-9999-21-082-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
Pharmacotherapy for Stimulant Use Disorder & Opioid Overdose Education and Naloxone Distribution and Co-Occurring Substance Use Disorders	JA4008199-0000-21-1057-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	

Pharmacotherapy for Stimulant Use Disorder & Opioid Overdose Education and Naloxone Distribution and Co-Occurring Substance Use Disorders	JA4008199-0000-21-1057-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Managing Chronic Pain Without Opioids	0112-9999-21-420-L08-P	1 (0.1)	Knowledge	Association	MI
A Face in the Crowd: Trigeminal Neuralgia and Atypical Facial Pain`	0530-0000-21-281-L01-P	1 (0.1)	Knowledge	Global Education Group	AZ
Apocalypse Now...or Later? Chronic Pain After COVID-19	0530-0000-21-294-L08-P	1 (0.1)	Knowledge	Global Education Group	
Elevator to the Gallows: Trigeminal Autonomic Cephalalgias (TACs)	0530-0000-21-297-L01-P	1 (0.1)	Knowledge	Global Education Group	AZ
Multimodal Therapies for OA: Occupational & Physical Therapy, Exercise, Topical and Oral NSAIDs	0530-0000-21-295-L04-P	1 (0.1)	Knowledge	Global Education Group	
Muscles' Little Helper: Spasms vs Spasticity	0530-0000-21-068-L04-P	1 (0.1)	Knowledge	Global Education Group	AZ
Opioid-Related Services: Real-life Strategies for Incorporating into Workflow	0207-0000-21-626-L08-P	1 (0.1)	Knowledge	National Community Pharmacists Association	NC
Core Concepts: Multimodal Pain Management in the Surgical Patient	0046-9999-21-226-L08-P	1 (0.1)	Knowledge	Carolina Eshelman School of Pharmacy	NC
The Expert Dialogue: Psychological Impact of COVID-19 on Mental Health and SUD	0171-0000-21-104-L08-P	2 (0.2)	Knowledge	South Carolina Pharmacy Association	SC
Racial/Ethnic Disparities in Opioid Prescribing and Pain Related Consequences	0843-9999-21-028-L08-P	1 (0.1)	Knowledge	South University School of Pharmacy	SC
On Point with Pain Management: Leveraging Change for Positive Outcomes	0376-0000-21-188-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Evaluation of opioid risk screening in cancer patients	0466-0000-21-043-L08-P	0.5 (0.05)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
On Point with Pain Management: Leveraging Change for Positive Outcomes	JA0007185-0000-21-188-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
On Point with Pain Management: Leveraging Change for Positive Outcomes	JA0007185-0000-21-188-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Opioid Safety and Risk Mitigation Series FY22 October Session	JA4008199-0000-21-1094-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	

Opioid Safety and Risk Mitigation Series FY22 October Session	JA4008199-0000-21-1094-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioids and Pain Management: Developments in Policy and Practice	0046-9999-21-240-L08-P	2 (0.2)	Knowledge	Carolina Eshelman School of Pharmacy	NC
2021 Opioid Symposium - Managing Pain, Opioids, and Addiction: A Shared Responsibility	JA4008261-0000-21-007-L08-P	3.75 (0.375)	Knowledge	Hartford Healthcare	CT
Topic: Opioid Crises: A Formulation Science Perspective	0834-0000-21-004-L08-P	1.25 (0.125)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Topic: Optimizing Perioperative Pain Management and Reducing the Reliance on Opioids	0834-0000-21-003-L08-P	1.25 (0.125)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center	TX
Ain't No Honky-Tonk: Medical Cannabis for Pain Management	0530-0000-21-293-L08-P	1 (0.1)	Knowledge	Global Education Group	
Gabapentinoid Misuse and Medications for Opioid Use Disorder Inaccessibility as Factors in Opioid Risk Mitigation	0217-0000-21-251-L08-P	0.25 (0.025)	Knowledge	American College of Clinical Pharmacy	KS
2021.10.19 Southern Tier Inpatient Opioid Stewardship - the Joint Commission & Data Collection	0134-0000-21-157-L04-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
Substance Misuse Prevention and Responsible Opioid Prescribing – the Role of the Dentist: Part Two	JA0003860-9999-21-015-L08-P	1 (0.1)	Knowledge	Cine-Med, Inc.	
Substance Misuse Prevention and Responsible Opioid Prescribing – the Role of the Dentist: Part Two	JA0003860-9999-21-015-L08-P	1 (0.1)	Knowledge	Cine-Med, Inc.	
RS: Opioid Safety Initiatives for Veterans with Chronic Pain	JA4008199-0000-21-1158-L08-P	0.75 (0.075)	Knowledge	VHA Employee Education System	
RS: Opioid Safety Initiatives for Veterans with Chronic Pain	JA4008199-0000-21-1158-L08-P	0.75 (0.075)	Knowledge	VHA Employee Education System	
Shining Light on the Management of Burn Patients	0248-0000-21-016-L08-P	1 (0.1)	Knowledge	Ochsner LSU Health Shreveport	LA

Pharmacists' Involvement in Public Health Roles Poster Session	0092-0000-21-501-L04-P	1 (0.1)	Knowledge	University College of Pharmacy	
Red Flags of Diversion and Record Keeping Requirements	0156-9999-21-191-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Pain Management for Pharmacists	0575-0000-21-092-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	DE
Medication Treatment of Co-Occurring Opioid and Alcohol Use Disorders	0067-0000-21-193-L08-P	1 (0.1)	Knowledge	Austin College of Pharmacy	TX
Optimal Prescribing of Pain Medications Workshop	0135-0000-21-034-L01-P	1 (0.1)	Knowledge	Illinois Pharmacists Association	MO
Forgotten Epidemic	0575-0000-21-097-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	DE
NMShP Balloon Fiesta Symposium 2021: The Role of Urine Drug Monitoring as a Risk Mitigation Tool for Patients on Chronic Opioid Therapy	0039-0000-21-022-L08-P	1 (0.1)	Knowledge	University of New Mexico College of Pharmacy	NM
Pain Management / Managing Opioids	0226-0000-21-006-L08-P	3 (0.3)	Knowledge	National Pharmaceutical Fraternity Philadelphia Alumni Chapter	PA
Pharmacy Section Roundtables: Opioid Containment, Contraception Prescribing, and More	0092-0000-21-502-L04-P	1 (0.1)	Knowledge	Nova Southeastern University College of Pharmacy	
Take My Breath Away: Opioid Risk Screening and Naloxone Provision by MTF Pharmacists Naloxone and Opioid Prescribing	0202-0000-21-343-L08-P	1.5 (0.15)	Knowledge	American Pharmacists Association	
PEA? Where have you been all my life?	0025-0000-21-112-L04-P	0.5 (0.05)	Knowledge	University of Maryland School of Pharmacy	MD
Stigma, Opioids and Pharmacists Responsibility	0159-0000-21-073-L08-P	2 (0.2)	Knowledge	Pennsylvania Pharmacists Association	PA
Making a Difference in the Opioid Crisis	0202-0000-21-314-L08-P	1 (0.1)	Knowledge	Association	
Pharmacy in Action: Responding to Mental Health, Substance Use Disorder, and Suicide	0202-0000-21-333-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
Discussion on the Netflix Documentary How to Fix a Drug Scandal	0097-0000-21-013-L08-P	4.5 (0.45)	Knowledge	Pharmacy at Wilkes University	PA

Stigma, Opioids and Pharmacists Responsibility	0159-0000-21-074-L08-P	2 (0.2)	Knowledge	Pennsylvania Pharmacists Association	PA
Fibromyalgia & Chronic Fatigue Syndrome	0826-9999-21-041-L01-P	3 (0.3)	Knowledge	MED2000, Inc.	
Part 1: Issues and Challenges with Pain Management in Both the Pediatric and Aging Populations: Implications for Pharmacists	0430-0000-21-109-L08-P	1.5 (0.15)	Knowledge	Postgraduate Healthcare Education, LLC	NJ
"Special" treatment: subanesthetic ketamine for acute pain in the emergency department	0547-0000-21-033-L08-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
RSS: CIH-Pain Board 2021 - 2023	JA4008199-0000-21-1195-L08-P	24 (2.4)	Knowledge	VHA Employee Education System	IA
Consequences of having smooth and pain free ride at ICU	0458-0000-21-037-L01-P	1 (0.1)	Knowledge	Grady Health System Pharmacy	GA
Traumatic Brain Injury and Concussion	0751-0000-21-054-L01-P	6 (0.6)	Knowledge	Institute for Natural Resources (INR)	All
Opioid Madness: A Bracketology Showdown of Common Prescription Opioids	0798-0000-21-293-L08-P	1 (0.1)	Knowledge	PharmCon	PA
Distributor Compliance - Regulation & Practice	0864-0000-21-035-L08-P	1.5 (0.15)	Knowledge	CPE Consultants, LLC	SC
Seminar 2021: Pharmacist Involvement in the Treatment of Pain and Opioid Use Disorder	0126-0000-21-121-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Exploring Acute Pain Management Strategies in the Trauma Patient	0051-0000-21-015-L01-P	1 (0.1)	Knowledge	University of Toledo College of Pharmacy	OH
2021 Pain Symposium	JA4002951-0000-21-016-L08-P	2.5 (0.25)	Knowledge	Mercy Health St. Rita's Medical Center	
2021 Pain Symposium	JA4002951-0000-21-016-L08-P	2.5 (0.25)	Knowledge	Mercy Health St. Rita's Medical Center	
2021.11.4 1199 Medication Errors	0134-0000-21-164-L05-P	3 (0.3)	Knowledge	Health-System Pharmacists	NY
The Route to Analgesia: A Comparison of Intravenous and Subcutaneous Opioid Administration	0864-9999-21-056-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	OH
PSHP 2021 Annual Assembly - Pain Management Credits	JA4008163-9999-21-227-L08-P	2 (0.2)	Knowledge	Amedco, LLC.	
PSHP 2021 Annual Assembly - Pain Management Credits	JA4008163-9999-21-227-L08-P	2 (0.2)	Knowledge	Amedco, LLC.	All

Pharmacist Patient Advocate - pain Management	0092-0000-21-063-L04-P	3 (0.3)	Knowledge	University College of Pharmacy	FL
Methadone: the good, the bad, and the difficult	0172-0000-21-038-L08-P	1 (0.1)	Knowledge	Alabama Society of Health-System Pharmacists	AL
Pain Self-Management Skills: Teaching Older Adults How to Live Well with Pain	0203-0000-21-089-L08-P	1 (0.1)	Knowledge	American Society of Consultant Pharmacists	CA
Chronic Overlapping Pain Conditions: Evaluation and Management	0530-0000-21-407-L08-P	1 (0.1)	Knowledge	Global Education Group	
Perseverance Loop: Inside the Psychology of Pain and Factors in Pain Perception	0530-0000-21-310-L08-P	1 (0.1)	Knowledge	Global Education Group	
Mitigating Risk: Drug Diversion and the Opioid Crisis	0203-0000-21-099-L08-P	1 (0.1)	Knowledge	American Society of Consultant Pharmacists	CA
Essentia Health Substance Use Disorder ECHO	0650-0000-21-016-L08-P	0.75 (0.075)	Knowledge	Essentia Health	MN
Resident Seminar Series - The Role of Opioids and Opioid Stewardship in Pain Management	0835-0000-21-066-L08-P	1 (0.1)	Knowledge	Banner Health	AZ
Attacking From All Angles: Multimodal Pain Management in the Opioid Tolerant Patient	0864-9999-21-064-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	OH
Attacking From All Angles: Multimodal Pain Management in the Opioid Tolerant Patient	0864-9999-21-064-L08-P	1 (0.1)	Knowledge	CPE Consultants, LLC	
Impact of COVID-19 on MOUD Delivery: SCOUTT Initiative	JA4008199-0000-21-1200-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Impact of COVID-19 on MOUD Delivery: SCOUTT Initiative	JA4008199-0000-21-1200-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
RSS: Opioid Safety and Risk Mitigation Series FY22	JA4008199-0000-21-1143-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	UT
Pain and Emesis, A Cancer Patient's Nemesis: Management of Cancer-Related Pain and Chemotherapy-Induced Nausea and Vomiting	0046-9999-21-287-L04-P	1 (0.1)	Knowledge	University of North Carolina Eshelman School of Pharmacy	NC
Pain Management & Opioid Stewardship in Clinical Practice	0506-0000-21-032-L08-P	1.5 (0.15)	Knowledge	Cardinal Health Pharmacy Services, LLC	TX
Management of Acute Agitation in Pediatric Patients	0112-9999-21-020-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI



Prescription Controlled Substances: Beyond Mechanisms of Action	0215-0000-21-028-L08-P	1.5 (0.15)	Knowledge	National Pharmaceutical Association, Inc.	MS
Opioid Crisis and the Role of the Pharmacist	0133-0000-21-014-L08-P	1 (0.1)	Knowledge	Association	LA
Our Opioid Toolbox: Nalox-Dos and Don'ts	0278-0000-21-035-L08-P	1 (0.1)	Knowledge	Association	VA
Apocalypse Now...or Later? Chronic Pain After COVID-19	0530-0000-21-299-L01-P	1 (0.1)	Knowledge	Global Education Group	MO
Melt in Your Body, Not in a Needle: A Review of ADF Opioids	0530-0000-21-306-L01-P	1 (0.1)	Knowledge	Global Education Group	
Painful Conditions of the Upper Limb	0530-0000-21-307-L01-P	1 (0.1)	Knowledge	Global Education Group	
"A Review of Recent DEA Pharmacy Investigations and Related Resolution of Such Settlements"	0471-9999-21-017-L03-P	3 (0.3)	Knowledge	Alpha Zeta Omega Pharmaceutical Fraternity New York Alumni Chapter	NJ
Live Q&A: On Point with Pain Management: Leveraging Change for Positive Outcomes	0376-0000-21-189-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
RSS: VISN 10 Pharmacy Residency Conference FY22 - Understanding the Complexities of Chronic Inflammatory Demyelinating Polyneuropathy	JA4008199-0000-21-1192-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	MO
Reducing the Stigma of Substance Use Disorders: Words Matter	0202-0000-21-386-L01-P	1 (0.1)	Knowledge	American Pharmacists Association	
Management of Opioids in Chronic Noncancer Pain	0033-0000-21-051-L01-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Non-Opioid Pain Control in Pediatric Sickle Cell Pain Crisis	0033-0000-21-059-L01-P	0.75 (0.075)	Knowledge	Pharmacy at University of Health Sciences and Pharmacy in St. Louis	MO
Expert Debate: State Legalization of Marijuana	0060-0000-21-055-L01-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy	RI
Live Q&A: On Point with Pain Management: Leveraging Change for Positive Outcomes	JA0007185-0000-21-189-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Live Q&A: On Point with Pain Management: Leveraging Change for Positive Outcomes	JA0007185-0000-21-189-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	All
Opioids and Pain Management: Developments in Policy and Practice	0046-9999-21-196-L08-P	2 (0.2)	Knowledge	Carolina Eshelman School of Pharmacy	NC

Opioid Stewardship: Prevention, Identification, and Treatment of Patients	0129-9999-21-091-L08-P	1 (0.1)	Knowledge	Ohio Pharmacists Foundation, Inc.	OH
Special Considerations for Pain Management in the Incarcerated Population and Patients with Substance Use Disorders	0430-0000-21-125-L08-P	1.5 (0.15)	Knowledge	Postgraduate Healthcare Education, LLC	NJ
Bad Breadth: The Role of Bias, Stigma, and Social Determinants in Pain Care	0530-0000-21-308-L08-P	1 (0.1)	Knowledge	Global Education Group	
On Pins & Needles: Pharmacotherapy for Neuropathic Pain	0036-9999-21-009-L08-P	1 (0.1)	Knowledge	Oregon State University	OR
VA/DoD CPG SUD Update Panel Discussion	JA4008199-0000-21-1086-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
VA/DoD CPG SUD Update Panel Discussion	JA4008199-0000-21-1086-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Pain Education Week Lectures	0599-0000-21-019-L08-P	0.75 (0.075)	Knowledge	Swedish Medical Center Department of Pharmacy	WA
Eat, Sleep, Console and Treat: The Clinical Approach to Neonatal Opioid Withdrawal Syndrome	0064-9999-21-121-L08-P	1 (0.1)	Knowledge	University of Tennessee College of Pharmacy	TN
Role for Ketamine in Acute and Chronic Pain Management in Adults	0121-0000-21-105-L08-P	1 (0.1)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Treating Pain & Addiction	0112-9999-21-027-L08-P	3.5 (0.35)	Knowledge	Association	MI
Treating Pain & Addiction	0112-9999-21-027-L08-P	3.5 (0.35)	Knowledge	Association	MI
Buprenorphine: Necessary, Evidence-based Opioid Treatment	0278-0000-21-041-L08-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Ketamine for Pain Management	0126-0000-21-153-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	CA
Lesser of Three Evils? Untangling Somatic and Neurologic from Visceral Pain	0530-0000-21-309-L08-P	1 (0.1)	Knowledge	Global Education Group	
Part 3. Topics in Long-Term Opioid Treatment	0530-9999-21-408-L08-P	1 (0.1)	Knowledge	Global Education Group	
Stopping Pain in Its Tracks: Optimizing Acute Migraine Therapy	JA0007185-0000-21-059-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Stopping Pain in Its Tracks: Optimizing Acute Migraine Therapy	JA0007185-0000-21-059-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC	
Pharmacotherapy for Substance Use Disorders	0741-0000-21-015-L08-P	5 (0.5)	Knowledge	Systems, Inc.	NV

When More is Less: Post-Op Pain Management of Patients Maintained on Opioids	0547-0000-21-038-L08-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
When More is Less: Post-Op Pain Management of Patients Maintained on Opioids	0547-0000-21-038-L08-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
Resident Seminar Series - Medication Assisted Treatment for Opioid Use Disorder	0835-0000-21-070-L08-P	1 (0.1)	Knowledge	Banner Health	AZ
How Acupuncture Can Improve Quality of Life for Oncology Patients	0026-0000-21-034-L08-P	1 (0.1)	Knowledge	Pharmacy and Health Sciences	
Weaning Analgesia & Sedation in the Era of COVID	0096-0000-21-109-L08-P	0.33 (0.033)	Knowledge	Texas Tech University Health Sciences Center School of Pharmacy	TX
Opioid Stewardship: Education	0129-9999-21-092-L08-P	1 (0.1)	Knowledge	Foundation, Inc.	OH
Rules of the Road for Opioid Prescribing in Tennessee	0181-0000-21-013-L03-P	1 (0.1)	Knowledge	Research Hospital Pharmaceutical Department MS150	TN
DHA Battlefield Acupuncture: Application and Practice in the U.S. Military, 16 DEC 2021 – Europe	JA4008136-0000-21-376-L08-P	2.5 (0.25)	Knowledge	Defense Health Agency, J7, Continuing Education Program Office	
Strategies to Address The Fourth Wave of the Opioid Overdose Crisis	JA4008199-0000-21-1310-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Strategies to Address The Fourth Wave of the Opioid Overdose Crisis	JA4008199-0000-21-1310-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient	JA0007185-0000-21-086-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	
Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient	JA0007185-0000-21-086-L08-P	0.75 (0.075)	Knowledge	CME Outfitters, LLC	
Navigating the treatment and transitions of care in patients with opioid use disorder	0435-0000-21-025-L01-P	1 (0.1)	Knowledge	JPS Health Network	TX
Ask the Experts Session 2: Interprofessional Case Discussions and Key Points of Pain Management	JA4008176-0000-21-150-L08-P	1 (0.1)	Knowledge	Clinical Care Options	
Ask the Experts Session 2: Interprofessional Case Discussions and Key Points of Pain Management	JA4008176-0000-21-150-L08-P	1 (0.1)	Knowledge	Clinical Care Options	

Ask the Experts: Key Issues in Pain Management An Interprofessional Case Discussion	JA4008176-0000-21-149-L08-P	1 (0.1)	Knowledge	Clinical Care Options	
Ask the Experts: Key Issues in Pain Management An Interprofessional Case Discussion	JA4008176-0000-21-149-L08-P	1 (0.1)	Knowledge	Clinical Care Options	
Acute Management of Patients with Opioid Use Disorder in the Hospital Setting	0658-0000-22-002-L08-P	1 (0.1)	Knowledge	Atrium Health Division of Pharmacy	NC
An Overview of the Opioid Epidemic and Pharmacy's Role in Addressing Prescription Drug Abuse	0154-9999-22-001-L08-P	1 (0.1)	Knowledge	Texas Pharmacy Association	TX
Pain Management in Cirrhosis: Treating the Pain tho' the Liver Doth Wane	0112-9999-22-300-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
The Pharmacist's Role in Substance Use Disorder Health Policy	0035-9999-22-013-L01-P	1 (0.1)	Knowledge	at the University of Montana	MT
Pain and Opioid Use Disorder Webinar Series	JA4008177-0000-22-002-L08-P	1 (0.1)	Knowledge	Indian Health Service Clinical Support Center	
2022.1.11 NYSCHP Geriatrics Emergencies: What Medications Cause Issues	0134-0000-22-006-L05-P	1 (0.1)	Knowledge	Health-System Pharmacists	NY
Substance Use Disorders Treatment Updates: Stimulant and Opioid Use Disorders	JA4008199-0000-22-270-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Addiction Treatment for Hospitalized Patients	0466-0000-21-061-L08-P	1 (0.1)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Olanzapine and duloxetine for the management of chemotherapy-related toxicities: A review of the literature	0547-0000-22-001-L01-P	1 (0.1)	Knowledge	Allegheny General Hospital Department of Pharmacy Services	PA
Buprenorphine for Pain Related to Sickle Cell Disease	0112-9999-22-302-L04-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Resident Seminar Series - Substance Abuse and Drug Diversion in the Outpatient Setting	0835-0000-22-004-L01-P	1 (0.1)	Knowledge	Banner Health	AZ
Pharmacy News and Views on Calculating Morphine Milligram Equivalents - January 19, 2022	0657-0000-22-011-L08-P	0.25 (0.025)	Knowledge	AchieveCE	
Intrathecal Pain Pumps	0063-9999-22-006-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD

Pain Management at End of Life	0063-9999-22-005-L08-P	0.5 (0.05)	Knowledge	University College of Pharmacy and Allied Health	SD
Test 01/20/2022	JA4008086-0000-22-001-L08-P	5 (0.5)	Knowledge	TEST_Joint_Accreditation	IL
Stick it to Opioid Use Disorder: Medication for Opioid Use Disorder (MOUD) with Extended-Release Buprenorphine	0159-0000-21-102-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	MD
Principles of Managing Pain: Non-Drug Interventions	0492-0000-22-014-L04-P	6 (0.6)	Knowledge	Institute for Brain Potential	All
Fentanyl: The Good and the Bad	0104-0000-22-003-L08-P	1 (0.1)	Knowledge	New Mexico Pharmacists Association	NM
Meeting Our Patients Where They Are: Management of Substance Use Disorders in Primary Care	0618-0000-22-004-L01-P	1 (0.1)	Knowledge	Palm Beach Atlantic University	FL
Put it Where it Hurts: Review of Prescription and Over-The-Counter Topical Analgesics	0618-0000-22-003-L01-P	1 (0.1)	Knowledge	Palm Beach Atlantic University	FL
TREATING PAIN WITH OVER-THE-COUNTER MEDICATIONS AND DEVICES	0043-9999-21-049-L08-P	5 (0.5)	Knowledge	College of Pharmacy and Health Sciences	NY
Combatting the Opioid Crisis: Improving Access to Medication Assisted Treatment	0060-9999-22-006-L08-P	0.5 (0.05)	Knowledge	University of Rhode Island College of Pharmacy	MA
One Parent's Voice, One Teen's Story: Substance Use and Addiction	0060-9999-22-005-L08-P	0.5 (0.05)	Knowledge	University of Rhode Island College of Pharmacy	MA
Pharmacy News and Views on Opioid History - January 26, 2022	0657-0000-22-012-L08-P	0.25 (0.025)	Knowledge	AchieveCE	
Comprehensive Pain Management: The Old and The New	0598-9999-21-010-L01-P	2 (0.2)	Knowledge	Missouri Pharmacy Association	CA
Treating Pain in the Patient with OUD	0159-0000-21-083-L08-P	1 (0.1)	Knowledge	Pennsylvania Pharmacists Association	PA
Pharmacy News and Views on Therapy for Opioid Use Disorder	0657-0000-22-019-L08-P	0.25 (0.025)	Knowledge	AchieveCE	
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-22-007-L08-P	1 (0.1)	Knowledge	Global Education Group	MA

Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-22-007-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-22-007-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
Clinical Update: Utilizing Topical Analgesics for Diabetic Peripheral Neuropathy	0530-0000-22-008-L01-P	1 (0.1)	Knowledge	Global Education Group	MA
Clinical Update: Utilizing Topical Analgesics for Diabetic Peripheral Neuropathy	0530-0000-22-008-L01-P	1 (0.1)	Knowledge	Global Education Group	TX
Clinical Update: Utilizing Topical Analgesics for Diabetic Peripheral Neuropathy	0530-0000-22-008-L01-P	1 (0.1)	Knowledge	Global Education Group	FL
Clinical Update: Utilizing Topical Analgesics for Diabetic Peripheral Neuropathy	0530-0000-22-008-L01-P	1 (0.1)	Knowledge	Global Education Group	IL
Contemporary Approaches to Assessment and Treatment of Migraine	0530-0000-22-009-L01-P	1 (0.1)	Knowledge	Global Education Group	TX
Pain Pathways Made Simple	0530-0000-22-014-L08-P	1 (0.1)	Knowledge	Global Education Group	MA
Pain Pathways Made Simple	0530-0000-22-014-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
Pain Pathways Made Simple	0530-0000-22-014-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education	0530-0000-22-022-L03-P	1 (0.1)	Knowledge	Global Education Group	TX
Who's Looking at You, Doc? A Rational Response to 2021 Perspectives on Opioid Prescribing	0530-0000-22-024-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
From the Ivory Tower: The Data-Driven Strategy CMS, Health Plans, and State Governments Use to Review a Provider's Clinical Practice	0530-0000-22-011-L03-P	1 (0.1)	Knowledge	Global Education Group	TX
Prime Time or Too Soon? – Pharmacogenetics in Pain Management	0530-0000-22-016-L08-P	1 (0.1)	Knowledge	Global Education Group	IL
Prime Time or Too Soon? – Pharmacogenetics in Pain Management	0530-0000-22-016-L08-P	1 (0.1)	Knowledge	Global Education Group	MA
Prime Time or Too Soon? – Pharmacogenetics in Pain Management	0530-0000-22-016-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
See, Be, Deceived...or Relieved? Evaluating CBD for Pain Management	0530-0000-22-018-L08-P	1 (0.1)	Knowledge	Global Education Group	IL

See, Be, Deceived...or Relieved? Evaluating CBD for Pain Management	0530-0000-22-018-L08-P	1 (0.1)	Knowledge	Global Education Group	MA
See, Be, Deceived...or Relieved? Evaluating CBD for Pain Management	0530-0000-22-018-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
Thunder Road: Navigating the Legal Weed Terrain for Pain Management	0530-0000-22-023-L08-P	1 (0.1)	Knowledge	Global Education Group	TX
Put me in coach: (Sub)lingual Buprenorphine for Pain Management	0112-9999-22-313-L08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Treatment of Opioid Use Disorder: Agonists, Partial Agonists, and Antagonists	0026-9999-22-099-L01-P	1 (0.1)	Knowledge	Pharmacy and Health Sciences	
Live Q&A: Stopping Pain in Its Tracks: Optimizing Acute Migraine Therapy	JA0007185-0000-22-195-L08-P	0.5 (0.05)	Knowledge	CME Outfitters, LLC	
Advancing Access to Pharmacological Treatment for Opioid Use Disorder: Results of the ADaPT- OUD Implementation Trial	JA4008199-0000-22-109-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Chronic Pain Management During the COVID-19 Era: What's Changed?	0508-0000-22-003-L08-P	1 (0.1)	Knowledge	Baptist Memorial Health Care Corporation	MS
VA National Mental Health & Suicide Prevention ECHO Presents - Buprenorphine Long Acting Injection – Can Use Offer Stability?	JA4008199-0000-22-156-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Topical Analgesics	0112-9999-22-314-L08-P	1 (0.1)	Knowledge	Association	MI
Substance Use Disorders & Trauma	0278-0000-22-003-L04-P	1.5 (0.15)	Knowledge	Association	VA
Substance Use Disorders: Stigma, Harm Reduction, and Role of the Pharmacist	0278-0000-22-006-L05-P	1 (0.1)	Knowledge	Virginia Pharmacists Association	VA
Our Opioid Toolbox: Nalox-Dos and Don'ts	0278-0000-21-045-L08-P	1 (0.1)	Knowledge	Association	VA
Our Opioid Toolbox: Nalox-Dos and Don'ts	0278-0000-21-045-L08-P	1 (0.1)	Knowledge	Association	VA
What's the Big Deal? Navigating Ambiguity with Opioid Conversions and Methadone Therapy	0626-0000-22-008-L08-P	1 (0.1)	Knowledge	Baylor Scott & White Health	TX
Piecing Together Post-Operative Pain Management	JA4008259-9999-22-053-L08-P	1 (0.1)	Knowledge	Beaumont Health	
Starting Buprenorphine in the Fentanyl Era: Is low-dose initiation ("microdosing") the solution?	0025-9999-22-002-L08-P	1 (0.1)	Knowledge	University of Maryland School of Pharmacy	MD

With or Without Mu: Feasibility of Surgical Opioid Avoidance Protocols in the Post-Transplant Setting	0016-0000-22-014-L08-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
With or Without Mu: Feasibility of Surgical Opioid Avoidance Protocols in the Post-Transplant Setting	0016-0000-22-014-L08-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy	IL
Effectively Addressing the Opioid Crisis in Indian Country Virtual Training ECHO	0130-9999-22-069-L01-P	2.75 (0.275)	Knowledge	Washington State Pharmacy Association	WA
Opioid Awareness Training for Pharmacist Licensure: Management and Safety Practices	0112-0000-22-106-L08-P	1.5 (0.15)	Knowledge	Michigan Pharmacists Association	MI
Equine Pharmacology	0201-9999-22-008-L08-P	1.5 (0.15)	Knowledge	American College of Apothecaries, Inc.	PR
Neurology and Opportunities for Compounding	0201-9999-22-005-L07-P	1.5 (0.15)	Knowledge	American College of Apothecaries, Inc.	PR
It's a Team Sport: Palliative Care & the Role of the Pharmacist	0112-0000-22-114-L01-P	1.5 (0.15)	Knowledge	Michigan Pharmacists Association	MI
Diagnosis, Management of, and Initiation of Treatment for Opioid Use Disorder in the Acute Care Setting	0112-0000-22-126-L08-P	1.5 (0.15)	Knowledge	Michigan Pharmacists Association	MI
Gabapentin for Perioperative & Postoperative Surgical Pain	0112-9999-22-331-L04-P	1 (0.1)	Knowledge	Michigan Pharmacists Association	MI
Pain Pharmacology	0248-0000-22-002-L08-P	1 (0.1)	Knowledge	Shreveport	LA
2022 Overdose Trends and MAT Regulatory Updates	0575-0000-22-032-L08-P	1 (0.1)	Knowledge	Tennessee Pharmacists Consortium for Education	TN
Naloxone: Closing the Access Gap	0657-0000-22-022-L08-P	1 (0.1)	Knowledge	AchieveCE	
Let's Make This Painless: Pain Management Strategies in Patients on Chronic Buprenorphine Therapy	0046-9999-22-046-L08-P	1 (0.1)	Knowledge	University of North Carolina Eshelman School of Pharmacy	NC
Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams ECHO: Session 1	0130-9999-22-094-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams ECHO: Session 1	0130-9999-22-T083-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA



Consequences of Having a Smooth and Pain-Free Ride in the ICU	0228-0000-22-016-L01-P	1 (0.1)	Knowledge	Georgia Society of Health-System Pharmacists, Inc.	
RS: Non-opioid Pain Treatment Including Buprenorphine	JA4008199-0000-22-238-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
A Quick Chat about Buprenorphine	0096-0000-22-036-L08-P	0.33 (0.033)	Knowledge	Texas Tech University Health Sciences Center School of Pharmacy	TX
EMERGING DRUG TRENDS	0584-9999-22-015-L01-P	2 (0.2)	Knowledge	Wegmans School of Pharmacy	NY
Evaluation of Pain Medications in Patients with Liver Disease	0121-0000-22-041-L08-P	0.25 (0.025)	Knowledge	Illinois Council of Health-System Pharmacists	IL
Review of the Pharmacology and Medicinal Chemistry of Cannabis	0010-0000-22-006-L01-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
The pharmacotherapy and clinical application of cannabis	0010-0000-22-007-L01-P	0.5 (0.05)	Knowledge	Howard University College of Pharmacy	DC
Novel Approaches to Buprenorphine Utilization in the ED	0062-9999-22-060-L08-P	0.5 (0.05)	Knowledge	Carolina College of Pharmacy	SC
Opioid-Sparing Therapies in the ED	0062-9999-22-059-L08-P	0.5 (0.05)	Knowledge	Carolina College of Pharmacy	SC
Awkward Conversations: Managing Patients with Chronic Pain	0530-0000-22-006-L08-P	1 (0.1)	Knowledge	Global Education Group	MA
The Diagnosis in the Back of Your Head: Occipital Neuralgia vs Cervicogenic Headache	0530-0000-22-020-L08-P	1 (0.1)	Knowledge	Global Education Group	MA
VA National Mental Health & Suicide Prevention ECHO Presents - Nursing Impact on Increasing Low-Dose Buprenorphine Utilization	JA4008199-0000-22-239-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams ECHO: Session 2	0130-9999-22-095-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
Management of Opioid Use Disorder in Hospitalized Patients	0008-0000-22-039-L08-P	1 (0.1)	Knowledge	Skaggs School of Pharmacy and Pharmaceutical Sciences	CO
Health Disparities in Pain, Pain Management, OUD/SUD	0202-0000-22-042-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	TX

Hospice/Palliative Care in Recovering Patients	0202-0000-22-044-L08-P	1 (0.1)	Knowledge	Association	TX
How to Taper Opioids Safely and Effectively	0202-0000-22-048-L08-P	1 (0.1)	Knowledge	Association	TX
Partial Opioid Agonists and Pain Management	0202-0000-22-076-L08-P	1 (0.1)	Knowledge	Association	TX
Yes You Can: Naloxone Distribution & Communication Strategies to Help Save Lives	0202-0000-22-114-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	TX
MAT Access: Challenges and Opportunities	0202-0000-22-068-L08-P	1 (0.1)	Knowledge	Association	TX
“Doctor, I Have a Pain Between L4 and L5”: Dealing with False Positives and Google Dx	0530-0000-22-010-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Navigating the OTC Analgesic Aisle: What a Pain in the Aspirin!	0530-0000-22-013-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Painful Conditions of the Upper Limb	0530-0000-22-015-L08-P	1 (0.1)	Knowledge	Global Education Group	FL
Safe Medication Disposal: Opioids and Beyond	0202-0000-22-097-L08-P	1 (0.1)	Knowledge	Association	TX
The Role of Mental Health in the Opioid Epidemic	0001-0000-22-011-L01-P	1 (0.1)	Knowledge	Harrison School of Pharmacy	AL
Non-Opioid Options for Pain Management	0202-0000-22-073-L08-P	1 (0.1)	Knowledge	Association	TX
PharmTalk: Public Health Pearls and Innovations - Part 1	0202-0000-22-089-L04-P	1 (0.1)	Knowledge	American Pharmacists Association	TX
When are Opioids the Right Choice for Pain Management?	0202-0000-22-113-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	TX
2022.3.22 Southern Tier Acute Pain Management in Patients with Opioid Use Disorder	0134-0000-22-052-L08-P	1 (0.1)	Knowledge	New York State Council of Health-System Pharmacists	NY
Treatment of acute pain in patients receiving opioid agonist therapy or chronic opioids	0143-9999-22-010-L08-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Substance Use Disorder: The Perfect Storm	0171-0000-22-028-L08-P	2 (0.2)	Knowledge	South Carolina Pharmacy Association	SC
Opioid and benzodiazepine substitute use in older adults before and during COVID-19 pandemic	0156-9999-22-082-L08-P	1 (0.1)	Knowledge	Texas Society of Health-System Pharmacists, The	TX
Medications for the Treatment of Opioid Use Disorder	0863-9999-22-028-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
Updates in Care for Neonatal Abstinence Syndrome	0056-0000-22-020-L08-P	1 (0.1)	Knowledge	Philadelphia College of Pharmacy	PA

True Life: Dopesick - Implementation of Opioid Stewardships	0863-9999-22-034-L08-P	1 (0.1)	Knowledge	Belmont University College of Pharmacy	TN
Opioid Solutions: Considerations for CBD as a Substitute, Adjunct, or Tool to either Prevent or Manage Chronic Opioid Use	0459-9999-22-019-L01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The	TN
Intersection of Pain and Opioid Use Disorder: Focus on Pain Management	0026-9999-22-098-L08-P	1 (0.1)	Knowledge	Pharmacy and Health Sciences	MA
Closing Pandora's Box: Applying Opioid Stewardship to Promote Safe Storage, Handling, and Disposal Practices	0202-0000-22-011-L08-P	1 (0.1)	Knowledge	American Pharmacists Association	
Medication Assisted Treatment and Stigma	0143-0000-22-016-L01-P	1 (0.1)	Knowledge	Education and Research Foundation, Inc.	KY
Initiation of Medication-Assisted Treatment for Hospitalized Patients with Opioid Use Disorder	JA4008199-0000-22-229-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Academic Detailing on Opioid Safety- Resetting Pain Expectations	0009-0000-22-015-L08-P	1.5 (0.15)	Knowledge	University of Connecticut School of Pharmacy	CT
The Opioid Epidemic During the COVID-19 Pandemic	0129-0000-22-041-L01-P	1.5 (0.15)	Knowledge	Ohio Pharmacists Foundation, Inc.	OH
Pain Management in the Geriatric Population	0165-0000-22-013-L01-P	1.5 (0.15)	Knowledge	Association	FL
All in the Family: Their Role and Impact on Pain Management	0530-0000-22-005-L08-P	1 (0.1)	Knowledge	Global Education Group	IL
Interventional Options for Refractory Migraine and Cervicogenic Headaches	0530-0000-22-012-L01-P	1 (0.1)	Knowledge	Global Education Group	IL
Regenerative Therapy for Chronic Pain: Fact or Fiction?	0530-0000-22-017-L08-P	1 (0.1)	Knowledge	Global Education Group	IL
The Dog Ate My Homework: A Guide to Avoiding Relapse and Maintaining Adherence	0530-0000-22-021-L08-P	1 (0.1)	Knowledge	Global Education Group	IL
Opioid Tapering with Cancer Pain	0534-0000-22-016-L08-P	1 (0.1)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services	TN
Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams ECHO: Session 3	0130-9999-22-096-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA

An Overview of the Opioid Epidemic and Pharmacy's Role in Addressing Prescription Drug Abuse	0154-0000-22-005-L08-P	1 (0.1)	Knowledge	Texas Pharmacy Association	TX
Racial Disparities in Pain Management	0175-0000-22-072-L05-P	1 (0.1)	Knowledge	Wisconsin	WI
To Prescribe or Not to Prescribe: An Update in Opioid Therapy	0547-0000-22-011-L08-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
To Prescribe or Not to Prescribe: An Update in Opioid Therapy	0547-0000-22-011-L08-P	1 (0.1)	Knowledge	Hospital Department of Pharmacy Services	PA
Drugs of Abuse: There and Back Again	0096-9999-22-039-L01-P	1 (0.1)	Knowledge	Texas Tech University Health Sciences Center School of Pharmacy	TX
In a Pickle with a Perceived Paradox: Managing cancer-related pain in patients with Opioid Use Disorder	JA0006133-0000-22-050-L08-P	1 (0.1)	Knowledge	CAMC Institute for Academic Medicine	
Treatment for Methamphetamine Use Disorder: Where Are We Now?	0107-9999-22-137-L01-P	1 (0.1)	Knowledge	CEimpact	CA
RSS: National Pain VA-ECHO: Veteran Centered, Team Based, Integrated and Whole Health Oriented Care – April to September 2022	JA4008199-0000-22-413-L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Opioid Stewardship: Considerations from Admission to Discharge	0152-0000-22-012-L08-P	1 (0.1)	Knowledge	Health-System Pharmacists	NJ
Acute Pain Management in Substance Use Disorder and Special Populations	JA4008259-0000-22-075-L08-P	1 (0.1)	Knowledge	Beaumont Health	MI
Alternatives to Pain Management	0633-0000-22-014-L08-P	1 (0.1)	Knowledge	The Ohio State University College of Pharmacy	OH
Can Pharmacogenetics Enhance Our Understanding of Opioid Use Disorder?	0633-0000-22-013-L08-P	1.5 (0.15)	Knowledge	The Ohio State University College of Pharmacy	OH
The Self in Shame: Healing the Wounds of Substance Use Disorders	0048-0000-22-005-L04-P	2 (0.2)	Knowledge	Ohio Northern University College of Pharmacy	OH
Non-Pharmacological Treatments	0798-0000-22-091-L08-P	1.25 (0.125)	Knowledge	PharmCon	PA
Resident Seminar Series - Can't Stop The Feelin': A stepwise approach to managing peripheral neuropathies	0835-0000-22-025-L01-P	1 (0.1)	Knowledge	Banner Health	AZ

Resident Research Day: Acute Care Session 2	0064-9999-22-025-L01-P	1 (0.1)	Knowledge	University of Tennessee College of Pharmacy	TN
Perioperative Pain Management: Clinical Pearls	0466-0000-22-018-L08-P	1 (0.1)	Knowledge	Johns Hopkins Hospital Department of Pharmacy	MD
Meeting the Veteran in Primary Care: Leveraging the Clinical Pharmacist Practitioner to Improve Access	JA4008199-0000-22-445- L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
Indian Country Journey to Health ECHO - Session 1	0130-9999-22-T086-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
Indian Country Journey to Health ECHO - Session 1	0130-9999-22-180-L08-P	1 (0.1)	Knowledge	Washington State Pharmacy Association	WA
RS- Butrans & Belbuca: Buprenorphine for Chronic Pain	JA4008199-0000-22-421- L08-P	1 (0.1)	Knowledge	VHA Employee Education System	
<b>2,286 Programs</b>		<b>4,047.36 hours</b>			

# **Appendix G-4**

## **ACPE PLAN Programming Live Forum Application Activity**

Title	UAN	Contact Hours	State	ActivityType	ProviderName
Management of Alcohol Withdrawal and Alcohol Use Disorder	0072-9999-19-032-L01-P	1 (0.1)	WV	Application	West Virginia University School of Pharmacy
Reduce Abuse: Use of Non-Opioid Alternatives in Acute Pain	0553-9999-19-017-L01-P	1 (0.1)	VA	Application	Premier, Inc.
Ketamine Use in Acute Pain	0036-9999-19-207-L01-P	1 (0.1)	OR	Application	Oregon State University
Opioid Abuse: Preventing Misuse, Treating Addiction, and Combating Diversion	0072-9999-19-041-L03-P	3 (0.3)	WV	Application	West Virginia University School of Pharmacy
2nd Interdisciplinary Opioid Crisis Seminar Advancing Best Practices in Cancer Pain Management in the Midst of the Opioid Crisis - Afternoon	0532-0000-19-008-L04-P	4.5 (0.45)	TX	Application	The University of Texas MD Anderson Cancer Center
2nd Interdisciplinary Opioid Crisis Seminar Advancing Best Practices in Cancer Pain Management in the Midst of the Opioid Crisis - Morning	0532-0000-19-007-L01-P	3.75 (0.375)	TX	Application	The University of Texas MD Anderson Cancer Center
Updates in Pain Management	0215-0000-19-913-L01-P	1.5 (0.15)	MI	Application	National Pharmaceutical Association, Inc.
Breaking Buprenorphine: Moving Buprenorphine Therapy to the Emergency Department	0508-0000-19-017-L01-P	1 (0.1)	MS	Application	Baptist Memorial Health Care Corporation
MUSC Pharmacy Research Showcase: Session 5	0062-9999-19-135-L01-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Navigating Through the Culture of Recovery	0202-0000-19-156-L04-P	1 (0.1)	UT	Application	American Pharmacists Association
Bridging the Gap: Integrating Family Therapy in Addiction Counseling	0202-0000-19-163-L04-P	1.25 (0.125)	UT	Application	American Pharmacists Association
5 Steps to Discontinuing Opioids: Having Conversations to De-Escalate, Discontinue or Reduce Opioids	0202-0000-19-165-L01-P	1.5 (0.15)	UT	Application	American Pharmacists Association
Cases in Pain Management: Osteoarthritis and Fibromyalgia	0085-0000-19-016-L01-P	1 (0.1)	CO	Application	Comprehensive Pharmacy Services, Inc.

Updates on Pain Management and Non-Opioid Analgesics	0007-9999-19-014-L01-P	1 (0.1)	CA	Application	University of Southern California School of Pharmacy
Reducing Benzodiazepine Use in Older Adults	0142-0000-19-002-L03-P	1.25 (0.125)	FL	Application	Georgia Pharmacy Association, Inc.
Pain Management and Opioids: Balancing Risks and Benefits	0130-9999-19-173-L01-P	2 (0.2)	OH	Application	Washington State Pharmacy Association
Alternatives to Opioids: Addressing pain in the emergency department in the post-opiate era	0007-9999-19-013-L01-P	1 (0.1)	CA	Application	University of Southern California School of Pharmacy
Buprenorphine: Considerations for Pain Management	0582-0000-19-046-L01-P	1 (0.1)	UT	Application	Intermountain Healthcare
Opioid Stewardship	0647-0000-19-046-L01-P	1 (0.1)	OH	Application	OhioHealth Pharmacy Services
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Substance Use Disorder: Identification and Referral Part 2	0159-0000-19-015-L01-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Pain	0508-0000-19-020-L01-P	1 (0.1)	TN	Application	Baptist Memorial Health Care Corporation
Cases in Pain Management: Non-Surgical Acute Pain	0085-0000-19-018-L01-P	1.5 (0.15)	CA	Application	Comprehensive Pharmacy Services, Inc.
Challenges in Opioid Therapy	0525-0000-19-008-L01-P	1 (0.1)	DC	Application	MedStar Washington Hospital Center



Critical Updates From The Society of Critical Care Medicine's - Annual Congress – 2019	0508-0000-19-022-L01-P	1 (0.1)	TN	Application	Baptist Memorial Health Care Corporation
Reducing Opioid Use in Behavioral Health with Upstream Pain Management Strategies	0203-0000-19-049-L01-P	1.5 (0.15)	PA	Application	American Society of Consultant Pharmacists
Balancing Opioid Abuse Prevention Strategies with Legitimate Need to Prevent Under-treatment	0290-0000-19-113-L03-P	1 (0.1)	NJ	Application	Pharmacy Times Office of Continuing Professional Education
Pain Management Case Study	0525-0000-19-011-L01-P	1 (0.1)	DC	Application	MedStar Washington Hospital Center
Long-Acting Injectable Antipsychotics and Naltrexone: A Training Program for Pharmacists	0591-0000-19-013-L01-P	7 (0.7)	MA	Application	Cambridge Health Alliance (CHA) Department of Pharmacy
Cases in Pain Management: Cancer Pain	0085-0000-19-025-L01-P	1.5 (0.15)	CA	Application	Comprehensive Pharmacy Services, Inc.
General Principles of Opioids Pharmacologic Analgesia Therapy	0010-0000-19-039-L01-P	1 (0.1)	DC	Application	Howard University College of Pharmacy
The Appropriate Use of Opioids for the Management of Acute and Chronic Pain	0010-9999-19-036-L01-P	1 (0.1)	DC	Application	Howard University College of Pharmacy
The Next Generation of Pain Management	0033-9999-19-068-L01-P	1 (0.1)	MO	Application	St. Louis College of Pharmacy at University of Health Sciences and Pharmacy in St. Louis
Boo Boos, Ouchies, and Owies - Pediatric Pain Management Pearls	0556-0000-19-010-L01-P	1 (0.1)	IN	Application	St. Vincent Hospitals and Health Services, Department of Pharmacy
Medication Assisted Treatment for Opiate Use Disorder	0016-0000-19-070-L01-P	1 (0.1)	IL	Application	University of Illinois at Chicago College of Pharmacy
CDC Opioid Prescribing Guideline Implementation Part II	0107-9999-19-247-L01-P	1.25 (0.125)	IA	Application	CEImpact
Transitioning Treatment Between Opioid Withdrawal and Induction of Maintenance Therapy in Patients with Opioid Use Disorder	0290-0000-19-155-L01-P	1 (0.1)	NJ	Application	Pharmacy Times Office of Continuing Professional Education

Special K: Inject Special. Feel Special.	0139-0000-19-131-L01-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
Aging Gracefully	0741-0000-19-025-L01-P	5 (0.5)	HI	Application	University Learning Systems, Inc.
Start a Conversation to Stop Substance Use Disorder	0202-0000-19-244-L04-P	1 (0.1)		Application	American Pharmacists Association
Prescription Drug Diversion: Best Practices for Preventing, Managing, and Monitoring Inappropriate Opioid Utilization	0072-9999-19-094-L03-P	3 (0.3)	WV	Application	West Virginia University School of Pharmacy
The Percs of Understanding Opioid Use Disorder	0609-0000-19-014-L01-P	1 (0.1)	FL	Application	James A. Haley Veterans' Hospital
Are we OVARY-acting? Pain management in pregnancy and potential implications for the growing infant	0508-0000-19-035-L01-P	1 (0.1)	TN	Application	Baptist Memorial Health Care Corporation
Ketamine or Ketanice?	0503-0000-19-047-L01-P	1 (0.1)	MI	Application	Beaumont Health System
The Fine Art & Science Of Pain & Palliative Care	0025-9999-19-115-L01-P	7 (0.7)	HI	Application	University of Maryland School of Pharmacy
Management of Continuous Infusion Opioids in the Non-intubated Patient	0271-0000-19-033-L05-P	1 (0.1)	MA	Application	Brigham and Women's Hospital Pharmacy
Updates in Enhanced Recovery After Surgery Protocols	0184-0000-19-036-L01-P	1 (0.1)	WI	Application	Advocate Aurora Health, Department of Pharmacy
Updates in Enhanced Recovery After Surgery Protocols	0184-0000-19-036-L01-P	1 (0.1)	WI	Application	Advocate Aurora Health, Department of Pharmacy
Mind the Gap: Filling in the Holes of All Things Pain	0204-0000-19-226-L01-P	1.5 (0.15)	NV	Application	American Society of Health-System Pharmacists
Treating Chronic Non-Cancer Pain (CNCP) in an Era of Guidelines and Fatal Drug Interactions	0204-0000-19-211-L01-P	1.5 (0.15)	NV	Application	American Society of Health-System Pharmacists
The Cannabis Conundrum: Panacea or Pandora's Box — a Focus on Pain and Mental Health	0204-0000-19-250-L01-P	1.5 (0.15)	NV	Application	American Society of Health-System Pharmacists

This Won't Hurt A Bit: Applying Pharmacogenomics to Pain Management	0204-0000-19-249-L01-P	1 (0.1)	NV	Application	American Society of Health-System Pharmacists
A Roadmap of Over-The-Counter (OTC) and Herbal Analgesic Therapies for Pain	0204-0000-19-261-L01-P	1 (0.1)	NV	Application	American Society of Health-System Pharmacists
The Pain Debates: What ARE the Right Choices for 2020 and Beyond?	0204-0000-19-260-L01-P	1.5 (0.15)	NV	Application	American Society of Health-System Pharmacists
Medication-Assisted Treatment for Opioid Use Disorder (OUD): Solving the Puzzle with Clinical Pharmacist Providers	0204-0000-19-317-L01-P	1.5 (0.15)	NV	Application	American Society of Health-System Pharmacists
Everybody Hurts: An Overview of Pain Management in Special Populations	0508-0000-19-041-L01-P	1 (0.1)	TN	Application	Baptist Memorial Health Care Corporation
Updates in Cancer Pain Management	0503-0000-19-078-L01-P	1 (0.1)	MI	Application	Beaumont Health System
Mythbusters: Opioid Edition	0130-9999-19-310-L01-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Mythbusters: Opioid Edition	0130-9999-19-310-L01-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Pharmacist-Driven Analgesia Improvement Stewardship (PAInS) Certificate Program Module Three Live	0085-0000-20-001-L08-P	3 (0.3)	CA	Application	Comprehensive Pharmacy Services, Inc.
Pharmacist-Driven Analgesia Improvement Stewardship (PAInS) Certificate Program Module Three Live	0085-0000-20-001-L08-P	3 (0.3)	KS	Application	Comprehensive Pharmacy Services, Inc.
Chronic Pain Management Using Non-Pharmacological Approaches	0156-9999-20-040-L01-P	1 (0.1)	TX	Application	Texas Society of Health-System Pharmacists, The
Inappropriate Prescribing Patterns of Transdermal Fentanyl	0798-0000-19-219-L01-P	1.25 (0.125)	PA	Application	PharmCon
Inappropriate Prescribing Patterns of Transdermal Fentanyl	0798-0000-19-219-L01-P	1.25 (0.125)	SC	Application	PharmCon
A Not So PAINful Approach to Pain Management in Substance Use Disorder	0618-0000-20-007-L08-P	1 (0.1)	FL	Application	Palm Beach Atlantic University

Best Practices in Pain Management	0046-9999-20-034-L08-P	4.25 (0.425)	NC	Application	University of North Carolina Eshelman School of Pharmacy
Opioid Free	0139-0000-20-106-L08-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
Opioid Use Disorder and Medication Assisted Therapy at Providence Alaska Medical Center	0139-0000-20-124-L08-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
ADHD, Geriatric Pain/Non-Opioid Pain, Neurocognitive Impairment/Parkinson's Disease	0741-0000-20-005-L08-P	5 (0.5)	NV	Application	University Learning Systems, Inc.
Recognize, Respond, Revive: Live Naloxone Training	0100-0000-19-071-L08-P	1 (0.1)	AZ	Application	Arizona Pharmacy Association
Pharmacogenomics of Pain and Addiction Management	0112-0000-20-115-L08-P	1.5 (0.15)	MI	Application	Michigan Pharmacists Association
Second Annual Targeted Pain Treatment Conference	0064-9999-20-020-L08-P	7.5 (0.75)	TN	Application	University of Tennessee College of Pharmacy
Geriatric Pharmacy Review and Recertification Course: Complex Case: Inpatient-Surgery to Skilled Nursing Facility	0204-9999-20-902-L01-P	2 (0.2)	MD	Application	American Society of Health-System Pharmacists
The Overdose Epidemic: Beyond Opioids	0096-9999-20-017-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Naltrexone and Quality of Life: An Opioid Antagonist for Chronic Pain and Inflammation	0096-9999-20-018-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Infectious Complications of the Opioid Epidemic	0057-0000-20-007-L08-P	1 (0.1)	PA	Application	Temple University School of Pharmacy
Acute Pain and Emerging Therapies for Pain Management/Related Cases	0741-0000-20-010-L08-P	2.5 (0.25)	FL	Application	University Learning Systems, Inc.
Neurologic Disorders in the Older Adult	0203-0000-20-019-L01-P	2.5 (0.25)	VA	Application	American Society of Consultant Pharmacists
Medications for the Treatment of Opioid Use Disorder	0202-0000-20-131-L01-P	1 (0.1)	MD	Application	American Pharmacists Association

Ketamine Use for Analgesia in the Emergency Department	0508-0000-20-010-L08-P	1 (0.1)	MS	Application	Baptist Memorial Health Care Corporation
Treating Opioid Use Disorder: A Pharmacist's Guide for Understanding Medication Assisted Treatment (MAT)	0010-9999-20-010-L01-P	3 (0.3)	DC	Application	Howard University College of Pharmacy
Treating Opioid Use Disorder: A Pharmacist's Guide for Understanding Medication Assisted Treatment (MAT)	0010-9999-20-010-L01-P	3 (0.3)	VA	Application	Howard University College of Pharmacy
Treating Opioid Use Disorder: A Pharmacist's Guide for Understanding Medication Assisted Treatment (MAT)	0010-9999-20-010-L01-P	3 (0.3)	MD	Application	Howard University College of Pharmacy
Dialing Down Opioids in Five Steps	0202-0000-20-024-L08-P	1.5 (0.15)	MD	Application	American Pharmacists Association
Substance Use Disorders (SUDs) & Toxicology Tests in Older Adults: Ready for the Boomers?	0203-0000-20-025-L01-P	1.5 (0.15)	VA	Application	American Society of Consultant Pharmacists
Opioid Induced Hyperalgesia	0271-0000-20-013-L01-P	1 (0.1)	MA	Application	Brigham and Women's Hospital Pharmacy
Pain, Opioids and Suicide	0284-0000-20-016-L08-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
Treatment of Pain: Thinking Outside the Opioid Box	0203-0000-20-026-L08-P	1.5 (0.15)	VA	Application	American Society of Consultant Pharmacists
What a Pain – Navigating Pain Management in Opioid Use Disorder	0184-0000-20-022-L08-P	1 (0.1)	WI	Application	Advocate Aurora Health, Department of Pharmacy
(TSBP Prescribing and Monitoring Controlled Substances) Enhancement of a Drug Diversion Program Within a Large Health System	0096-9999-20-051-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
The Truth Hurts: A Guide to Multimodal Pain Management	0478-0000-20-014-L08-P	1 (0.1)	TX	Application	Houston Methodist Hospital
Gabapentin: Off-Label or Off-Base?	0096-9999-20-066-L01-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy

Opioid Use Disorder in the Incarcerated Patient	0096-9999-20-077-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Opioid Utilization Pearls	0032-9999-20-041-L08-P	1 (0.1)	MS	Application	University of Mississippi School of Pharmacy
Brain or Pain: Brain Alterations in Chronic Pain Patients	0027-9999-20-083-L08-P	1 (0.1)	MA	Application	Northeastern University Bouve College of Health Sciences School of Pharmacy
Maximizing Outcomes through Stewardship Management	0085-0000-20-012-L01-P	1.5 (0.15)	CA	Application	Comprehensive Pharmacy Services, Inc.
Pain on Your Nerves? Management of Chronic Neuropathic Pain in the Elderly	0609-0000-20-010-L01-P	1 (0.1)	FL	Application	James A. Haley Veterans' Hospital
Brace! Preparing for the Impact of COVID on the Opioid Epidemic	0207-0000-20-206-L08-P	1 (0.1)		Application	National Community Pharmacists Association
The Changing Landscape of Pain Management: Safe and Effective Opioid Use in Patients with Cancer	0130-9999-20-221-L08-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
2020 Clinical Pearls Presentation	0435-0000-20-010-L01-P	1 (0.1)	TX	Application	JPS Health Network
RS: Assessment and Management of Substance Use Disorders	JA4008199-0000-20-637-L08-P	12 (1.2)		Application	VHA Employee Education System
RS: Assessment and Management of Substance Use Disorders	JA4008199-0000-20-637-L08-P	12 (1.2)		Application	VHA Employee Education System
Getting on my Nerves: An Overview of Neuropathic Pain Management	0292-0000-20-008-L01-P	1 (0.1)	IL	Application	Jesse Brown VA Medical Center
Stepped Care for Opioid Use Disorder Phase II Webinar	JA4008199-0000-20-723-L08-P	12 (1.2)		Application	VHA Employee Education System
Stepped Care for Opioid Use Disorder Phase II Webinar	JA4008199-0000-20-723-L08-P	12 (1.2)		Application	VHA Employee Education System
Opioid Risk Mitigation	0292-0000-20-007-L01-P	1 (0.1)	WI	Application	Jesse Brown VA Medical Center
Prescribing and Monitoring of Controlled Substances in the Management of Chronic Pain	0096-0000-20-092-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy

Rising to the Call to Tackle the Opioid Crisis: Pharmacists and Pharmacy Technicians in Action	0121-0000-20-068-L08-P	2.25 (0.225)	IL	Application	Illinois Council of Health-System Pharmacists
Talking to patients about opioids –dip your toe or just cannonball?	0159-0000-20-025-L08-P	1.5 (0.15)	PA	Application	Pennsylvania Pharmacists Association
Wave pain goodbye: Use of OTC topical and systemic analgesics	0159-0000-20-030-L08-P	1.5 (0.15)	PA	Application	Pennsylvania Pharmacists Association
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Harm Reduction: Improving Health Among People who use Drugs	0060-9999-20-047-L08-P	1.5 (0.15)	RI	Application	University of Rhode Island College of Pharmacy
Geriatric Conference Your Future is Now 2020	0479-9999-20-001-L04-P	5 (0.5)	OH	Application	Northeast Ohio Medical University
Geriatric Conference Your Future is Now 2020	0479-9999-20-001-L04-P	5 (0.5)	OH	Application	Northeast Ohio Medical University

Opioid Use Disorder (OUD) Treatment Principles	0062-9999-20-192-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Screening and Brief Intervention in Opioid Use Disorders-Boots on the Ground for Pharmacists	0136-0000-20-023-L08-P	1 (0.1)	NJ	Application	New Jersey Pharmacists Association
Acute Pain Management in Patients with Opioid Use Disorder	0027-9999-20-096-L08-P	1 (0.1)	MA	Application	Northeastern University Bouve College of Health Sciences School of Pharmacy
Substance Use Disorders: Stigma and Barriers	0478-0000-20-028-L01-P	1 (0.1)	TX	Application	Houston Methodist Hospital
Non-Opioid Pain Management	0062-9999-20-146-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
BCOP Clinical Session – Why Am I Only Offering Oncology Pain Patients Opioids? Is There Anything Else, Anything at All?	0217-9999-20-124-L08-P	2 (0.2)	KS	Application	American College of Clinical Pharmacy
Management of Acute Pain in Opioid Use Disorder	0064-9999-20-049-L08-P	1 (0.1)	TN	Application	University of Tennessee College of Pharmacy
A Balancing Act: Managing Pain in Opioid Use Disorder (OUD)	0085-0000-20-018-L08-P	1.5 (0.15)	CA	Application	Comprehensive Pharmacy Services, Inc.
Harm Reduction: Improving Health Among People who Use Drugs	0060-0000-20-042-L08-P	1.25 (0.125)	RI	Application	University of Rhode Island College of Pharmacy
Let's CIWAt We Know About Withdrawal: Alcohol Withdrawal Management Updates	0167-0000-20-024-L01-P	1 (0.1)	UT	Application	Utah Society of Health-System Pharmacists
No Strings Attached: Long-acting lipoglycopeptides considerations for gram positive infections in high-risk patients	0167-0000-20-022-L01-P	1 (0.1)	UT	Application	Utah Society of Health-System Pharmacists
Pediatric Immunization Primer for Pharmacists	0180-0000-20-011-L06-P	2 (0.2)	TN	Application	Pediatric Pharmacy Association
Management of Pain, Agitation, and Sedation in Mechanically Ventilated Patients	0292-0000-20-012-L01-P	1 (0.1)	IL	Application	Jesse Brown VA Medical Center



How Are You? A Deeper Dive Into the Well-Being of Pharmacists During COVID-19	0024-0000-20-017-L04-P	1.5 (0.15)	LA	Application	Xavier University of Louisiana College of Pharmacy
Best Practices in Pain Management	0096-0000-20-109-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Opioid-Related Infections and Non-Opioid Pain Management in Older Adults	0203-0000-20-081-L08-P	1.5 (0.15)	FL	Application	American Society of Consultant Pharmacists
Back to Basics: Management of Spinal Cord injuries	0321-0000-20-318-L01-P	1 (0.1)	FL	Application	Lee Health
Opioid Stewardship: A Quality Approach	0653-9999-20-005-L08-P	3.5 (0.35)	WY	Application	University of Wyoming, School of Pharmacy
e Growing Pains of an Opioid-Free Emergency Department: Analgesia Alternatives in Pain Management	0064-9999-20-120-L08-P	1 (0.1)	TN	Application	University of Tennessee College of Pharmacy
Pain Management: The Palliative Care and Hospice Patient: Background and Principles	0085-0000-20-021-L08-P	1 (0.1)	CA	Application	Comprehensive Pharmacy Services, Inc.
Clinical Conundrum: Acute Pain Management in the Patient with Opioid Dependence	0204-0000-20-201-L08-P	1 (0.1)	MD	Application	American Society of Health-System Pharmacists
The Future of Safe Pain Care Starts Here: Eliminating Missed Opportunities and Connecting Care with Pharmacist Providers	0204-0000-20-205-L08-P	1.5 (0.15)	MD	Application	American Society of Health-System Pharmacists
Truth Be Told: Strategies for Setting Expectations in Pain Management	0204-0000-20-333-L08-P	2 (0.2)	MD	Application	American Society of Health-System Pharmacists
Personalized Analgesic Therapy: Targeting Pain at Its Source	0864-9999-20-064-L08-P	16 (1.6)		Application	CPE Consultants, LLC
Opioid Strategies: St. Jude Institutional Efforts	0181-0000-20-018-L08-P	1 (0.1)	TN	Application	St. Jude Children's Research Hospital Pharmaceutical Department MS150

Methadone Management Strategies for Opioid Use Disorder Across the Care Continuum	0466-0000-20-073-L08-P	1 (0.1)	MD	Application	Johns Hopkins Hospital Department of Pharmacy
Best Practices in Pain Management	0096-9999-20-123-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Medication-Assisted Treatment for Opioid Use Disorder	0542-0000-21-001-L01-P	1 (0.1)	TN	Application	Saint Thomas West Hospital
Opioid Use Disorder (OUD) MythBusters: Debunking Common Misconceptions in Treatment and Harm Reduction Strategies	0062-9999-21-006-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
A Bump in the Opioid Epidemic: Caring for Women with Opioid Use Disorder Through Pregnancy, Delivery, and Postpartum	0547-0000-21-002-L08-P	1 (0.1)	PA	Application	Allegheny General Hospital Department of Pharmacy Services
A Bump in the Opioid Epidemic: Caring for Women with Opioid Use Disorder Through Pregnancy, Delivery, and Postpartum	0547-0000-21-002-L08-P	1 (0.1)	PA	Application	Allegheny General Hospital Department of Pharmacy Services
Pain Management: The Palliative Care and Hospice Patient Assessment and Interventions	0085-0000-21-001-L08-P	1.5 (0.15)	CA	Application	Comprehensive Pharmacy Services, Inc.
Buprenorphine: Could Partial be Enough for Pain Management?	0025-0000-21-011-L08-P	1 (0.1)	MD	Application	University of Maryland School of Pharmacy
Thank you, next: Pain control beyond opioids in the intensive care unit	0062-9999-21-054-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
RSS: Center of Integrative Pain Care Lecture Series	JA4008199-0000-21-241-L08-P	1 (0.1)	OR	Application	VHA Employee Education System
Advancing Pharmacist Roles In Substance Use Disorder Treatment And Recovery Teams	JA4008177-0000-21-021-L08-P	10 (1)		Application	Indian Health Service Clinical Support Center
Advancing Pharmacist Roles In Substance Use Disorder Treatment And Recovery Teams	JA4008177-0000-21-021-L08-P	10 (1)		Application	Indian Health Service Clinical Support Center
Behavioral Health and Difficult Conversations with Pain Management	0582-0000-21-047-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Behavioral Health and Chronic Pain	0582-0000-21-050-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare

Buprenorphine for Chronic Pain	0582-0000-21-051-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Cancer Pain Management	0582-0000-21-055-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Fibromyalgia and Migraine Pain Management	0582-0000-21-053-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Introduction to Pain Fundamentals	0582-0000-21-007-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Medical Cannabis for Pain Management	0582-0000-21-049-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Non-opioid Strategies for Pain Management	0582-0000-21-045-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Opioid Tapering Guidelines and Conversation Starters	0582-0000-21-046-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Pediatric Pain Management	0582-0000-21-054-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Polypharmacy and Opioid Use	0582-0000-21-048-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Risk Mitigation and Opioid Prescribing Best Practices	0582-0000-21-044-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Substance Use Disorders and Chronic Pain	0582-0000-21-052-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
Naloxone Advocate: Utilizing Academic Detailing and Student Pharmacists to Expand Access to Naloxone	0062-9999-21-021-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Neurologic Disorders in the Older Adult	0203-0000-21-008-L01-P	2.5 (0.25)	VA	Application	American Society of Consultant Pharmacists
Getting Up Off the MAT: Medication Assisted Therapy for Opioid Use Disorder	0057-0000-21-005-L08-P	1 (0.1)	PA	Application	Temple University School of Pharmacy
Oncology Supportive Care: A Look into Pain Management	0582-0000-21-032-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare
How to Save a Life: Assessing and Supporting Patients with Opioid Use Disorders	0062-0000-21-045-L08-P	1.25 (0.125)	SC	Application	University of South Carolina College of Pharmacy
Best Practices for High Risk Opioids	0025-9999-21-026-L08-P	1 (0.1)	MD	Application	University of Maryland School of Pharmacy
Caring for Hospitalized Patients with Opioid Use Disorder	0097-9999-21-001-L08-P	1 (0.1)	PA	Application	Nesbitt School of Pharmacy at Wilkes University
A Walk In Their Shoes: An Anti-Stigma Event and Naloxone Training	0480-9999-21-001-L08-P	2.5 (0.25)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy

Recent Research in Community Pharmacy Access to Buprenorphine/Naloxone and Naloxone for Opioid Use Disorder Pharmacotherapy	0156-0000-21-125-L01-P	1 (0.1)	TX	Application	Texas Society of Health-System Pharmacists, The
Pain, Pain Go Away: Adjuvant Management of Cancer Pain in Palliative Care	0062-9999-21-070-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
More than Opioid Stewardship: The Overdose Crisis and Health System Care for People Who Use Drugs	0617-9999-21-009-L01-P	1 (0.1)	KY	Application	Sullivan University College of Pharmacy and Health Sciences
Panel: Opioid Management in Cancer Patients: Employing an Opioid Stewardship Approach (104)	0465-0000-21-014-L08-P	1.25 (0.125)	WI	Application	Hematology/Oncology Pharmacy Association (HOPA)
Opioid Stewardship in the Surgical ICU; Delirium in the Intensive Care Unit	JA4008259-9999-21-055-L08-P	1 (0.1)		Application	Beaumont Health
Opioid Stewardship in the Surgical ICU; Delirium in the Intensive Care Unit	JA4008259-9999-21-055-L08-P	1 (0.1)		Application	Beaumont Health
Stepped Care for Opioid Use Disorder (SCOUTT) Phase II Conference – Session 1	JA4008199-0000-21-279-L08-P	14 (1.4)		Application	VHA Employee Education System
Appalachian Addiction, Pain, and Diversion	0072-0000-21-012-L03-P	3 (0.3)		Application	West Virginia University School of Pharmacy
Controlled Substance Use for Neuropathic Pain in the Pediatric Patient	0514-0000-21-002-L08-P	1 (0.1)	TX	Application	Texas Children's Hospital Pharmacy
Updates in Chronic Pain Management	0006-0000-21-001-L08-P	1 (0.1)	CA	Application	University of the Pacific, Thomas J. Long School of Pharmacy
Don't Be A Pain: A Look At Opioid Sparing Acute Pain Management	0167-0000-21-007-L08-P	1 (0.1)	UT	Application	Utah Society of Health-System Pharmacists
Harm Reduction Strategies in Opioid Use Disorder	0284-0000-21-004-L08-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
Interprofessional Pain Management	JA4008181-0000-21-063-L08-P	1 (0.1)	MI	Application	Trinity Health System
Clearing the Air: On E-Cigarette and Vaping Product Use Associated Lung Injury	0500-0000-21-008-L01-P	1 (0.1)	TX	Application	Memorial Hermann

CBD: Exploring Regulations, Trends, and a Potential Role in the Opioid Epidemic?	0062-0000-21-052-L01-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Treating Opiate Use Disorders (OUD) with Medication Assisted Treatment (MAT): Part 1	0480-9999-21-004-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Stepped Care for Opioid Use Disorder (SCOUTT) Phase II Conference – Session 2	JA4008199-0000-21-284-L08-P	14 (1.4)		Application	VHA Employee Education System
Stepped Care for Opioid Use Disorder (SCOUTT) Phase II Conference – Session 3	JA4008199-0000-21-285-L08-P	14 (1.4)		Application	VHA Employee Education System
Best Practices in Pain Management	0096-9999-21-044-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Prescribing and Monitoring of Controlled Substances in the Management of Chronic Pain	0096-9999-21-040-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Opioid Overdose Response and Naloxone Training	0092-0000-21-250-L08-P	1.5 (0.15)		Application	Nova Southeastern University College of Pharmacy
Opioid Overdose Response and Naloxone Training	0092-0000-21-250-L08-P	1.5 (0.15)		Application	Nova Southeastern University College of Pharmacy
Drug Diversion and Controversies in Pain Management and Addiction	0072-9999-21-013-L03-P	3 (0.3)	WV	Application	West Virginia University School of Pharmacy
Drug Diversion and Controversies in Pain Management and Addiction	0072-0000-21-013-L03-P	3 (0.3)		Application	West Virginia University School of Pharmacy
Medication Assisted Treatment of Opiate Use Disorders: Challenging Case Presentations 1	0480-9999-21-006-L08-P	1 (0.1)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Application of Pharmacogenomics to Pain Management: Roles for a Pharmacist.	0584-0000-21-006-L08-P	1.5 (0.15)	NY	Application	St. John Fisher College Wegmans School of Pharmacy
Emergency Center Opioid Committee - RO 2021	JA4008259-0000-21-060-L08-P	1 (0.1)	MI	Application	Beaumont Health

I Gout My Pain CE	JA4008183-9999-21-026-L08-P	1 (0.1)		Application	Western Michigan University Homer Stryker MD School of Medicine
I Gout My Pain CE	JA4008183-9999-21-026-L08-P	1 (0.1)		Application	Western Michigan University Homer Stryker MD School of Medicine
Addiction Medicine Program Development Part 1	0480-9999-21-007-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Should I Stay or Should I Go: Peri-operative Pain Management for Patients on Chronic Buprenorphine Therapy	0062-9999-21-083-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Reducing Race- and Sex-Related Healthcare Disparities in Pain Management	0483-0000-21-006-L08-P	1 (0.1)	GA	Application	WellStar Health System Pharmacy
Advances in Migraine Treatment: What the Pharmacist Needs to Know	0290-0000-21-158-L01-P	1.5 (0.15)	NJ	Application	Pharmacy Times Office of Continuing Professional Education
It Doesn't have to be a Pain: Managing Acute Pain in Opioid Use Disorder	0547-0000-21-017-L08-P	1 (0.1)	PA	Application	Allegheny General Hospital Department of Pharmacy Services
It Doesn't have to be a Pain: Managing Acute Pain in Opioid Use Disorder	0547-0000-21-017-L08-P	1 (0.1)	PA	Application	Allegheny General Hospital Department of Pharmacy Services
Expectations: What do we know and where do we need to go?	0025-0000-21-057-L08-P	1.5 (0.15)	MD	Application	University of Maryland School of Pharmacy
Treating Opiate Use Disorders (OUD) with Medication Assisted Treatment (MAT): Part II	0480-0000-21-005-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Medication Assisted Treatment of Opiate Use Disorders: Challenging Cases Presentations Part 2	0480-9999-21-008-L08-P	1 (0.1)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Perioperative Pain Management: Practical Considerations of Opioid-Free Surgery	0582-0000-21-069-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare

Preventing Drug Diversion and Substance Use Disorder	0072-9999-21-041-L03-P	3 (0.3)		Application	West Virginia University School of Pharmacy
Medication Assisted Treatment of Opiate Use Disorders - Overcoming Barriers Part 1	0480-0000-21-018-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Substance Use Disorder: Treatment and Alternative Approaches to Pain Management Part 2	0159-0000-21-041-L08-P	7 (0.7)	PA	Application	Pennsylvania Pharmacists Association
Opioid Stewardship in the Emergency Department and Non-Opioid Options for Pain	0156-0000-21-074-L08-P	1 (0.1)	TX	Application	Texas Society of Health-System Pharmacists, The
Medication Assisted Treatment of Opiate Use Disorders: Challenging Case Presentations Part 3	0480-9999-21-009-L08-P	1 (0.1)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Opioid, Pain, and Addiction: Virtual Grand Rounds Series	0062-9999-21-120-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Behavioral Healthcare Practices to Enhance Addiction Medicine: Part 2	0480-9999-21-021-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Medication Assisted Treatment of Opiate Use Disorders: Challenging Case Presentations Part 4	0480-9999-21-010-L08-P	1 (0.1)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Collaborations to Optimize Prescription Pain Management	0581-0000-21-097-L08-P	1 (0.1)		Application	American Association of Colleges of Pharmacy
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-003-L08-P	10.5 (1.05)		Application	Stanford Medicine
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-003-L08-P	10.5 (1.05)		Application	Stanford Medicine
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-003-L08-P	10.5 (1.05)		Application	Stanford Medicine
Ketamine, Uses and Abuses	0133-0000-21-003-L08-P	1.5 (0.15)	LA	Application	Louisiana Pharmacists Association

Treating Opioid Use Disorder (OUD) in Skilled Nursing Facilities (SNFs)	JA4008162-9999-21-485-L08-P	1 (0.1)		Application	Postgraduate Institute for Medicine
Treating Opioid Use Disorder (OUD) in Skilled Nursing Facilities (SNFs)	JA4008162-9999-21-2873-L08-P	1 (0.1)		Application	Postgraduate Institute for Medicine
Pain, Pain, Go Away! How Pharmacists Can Impact the Management of Acute and Chronic Pain	0064-9999-21-049-L08-P	2 (0.2)	TN	Application	University of Tennessee College of Pharmacy
Pharmacotherapy Approached for the Management of Chronic Neuropathic Pain	0156-9999-21-087-L08-P	1 (0.1)	TX	Application	Texas Society of Health-System Pharmacists, The
Pain Medications - Best Practice Strategies for the Busy Consultant Pharmacist	0203-0000-21-017-L08-P	1 (0.1)	MD	Application	American Society of Consultant Pharmacists
Using Community Pharmacy to Combat Opioid Misuse: An Intervention Model	0204-0000-21-156-L08-P	1.5 (0.15)	MD	Application	American Society of Health-System Pharmacists
Addiction Medicine Program Development Part 2	0480-9999-21-011-L08-P	1.5 (0.15)	IL	Application	Southern Illinois University Edwardsville School of Pharmacy
Moving Beyond Conventional to Atypical Opioid Analgesics: Rebalance Benefit-Risk with Buprenorphine	0473-9999-21-006-L08-P	1 (0.1)	NV	Application	Center for Independent Healthcare Education
Pediatric Implications of the Opioid Epidemic	0062-0000-21-150-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Medication Assisted Treatment of Opiate Use Disorders - Overcoming Barriers Part 2	0480-9999-21-019-L08-P	1.5 (0.15)		Application	Southern Illinois University Edwardsville School of Pharmacy
The Role of the Pharmacist in Controlled Medication Accountability	0203-0000-21-053-L08-P	2 (0.2)	VA	Application	American Society of Consultant Pharmacists
Sometimes LESS is MORE: The Art (or Science?) of Controlled Substance Tapers	0106-0000-21-067-L08-P	1 (0.1)	CT	Application	Connecticut Pharmacists Association
ICU Management of Agitation and Pain	0159-0000-21-054-L08-P	1.5 (0.15)	PA	Application	Pennsylvania Pharmacists Association



History is On Our Side: Gleaning the Parallels of the HIV Epidemic to Address the Opioid Epidemic	0139-0000-21-117-L08-P	1.5 (0.15)	AK	Application	Alaska Pharmacists Association
Medication Assisted Therapy (MAT) and Transitions of Care	0139-0000-21-119-L08-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
Triple A Threat: Agonists, Antagonists and Acute Pain	0139-0000-21-118-L08-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
No wrong door: Pharmacists' vital role in the management of substance use disorder and opioid stewardship	0025-9999-21-105-L08-P	1 (0.1)	MD	Application	University of Maryland School of Pharmacy
Over-the-Counter Treatment Paradigms for Pain Management: Adapting to the "New Normal"	0290-0000-21-319-L01-P	1 (0.1)	NJ	Application	Pharmacy Times Office of Continuing Professional Education
Depression and Beyond: Utility of Antidepressants	0436-0000-21-002-L01-P	2 (0.2)	CA	Application	Korean American Pharmacists Association of U.S.A
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-005-L08-P	11 (1.1)		Application	Stanford Medicine
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-005-L08-P	11 (1.1)		Application	Stanford Medicine
• Controlling the Controlled: Controlled Substance Diversion in the Healthcare System	0130-9999-21-386-L04-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Controversies in Pain Management and Addiction: Best Practices for Safe Prescribing and Diversion Prevention	0072-0000-21-054-L08-P	2 (0.2)		Application	West Virginia University School of Pharmacy
BMC Grand Rounds: Opioid Use Disorder Laying Down the MAT	0060-9999-21-041-L08-P	1 (0.1)	MA	Application	University of Rhode Island College of Pharmacy
Pharmacist-led Programs to Reduce Health Disparities in the Federal Bureau of Prisons	0092-0000-21-512-L04-P	1.5 (0.15)		Application	Nova Southeastern University College of Pharmacy
Pediatric Pain Management in the Acute Care Setting	0582-0000-21-096-L08-P	1 (0.1)	UT	Application	Intermountain Healthcare

PHARMDiversion	0072-9999-21-052-L08-P	2 (0.2)		Application	West Virginia University School of Pharmacy
Safer and Competent Opioid Prescribing Education Live Meeting	0060-9999-21-045-L08-P	2 (0.2)	MA	Application	University of Rhode Island College of Pharmacy
One Tennessee Academic Detailing:Promoting patient safety and better healththrough education about safe management of pain, opioid therapy, and medication use	0064-9999-21-089-L08-P	6 (0.6)	TN	Application	University of Tennessee College of Pharmacy
Substance Use Disorder and the Pharmacist Profession	0130-0000-21-395-L05-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Reducing Stigma While Optimizing Care of the Dually Diagnosed Patient	0284-0000-21-051-L04-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
To Treat or Not? Recognizing Symptoms of Withdrawal Versus Acute Psychiatric Symptoms	0284-0000-21-052-L08-P	1.5 (0.15)	NE	Application	College of Psychiatric and Neurologic Pharmacists
Finding Light in Darkness: Managing Depression and Anxiety in Persons with OUD	0284-0000-21-056-L01-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
Trauma and Alcohol Use Disorder (AUD): Exploring the Complicated Relationship Between PTSD and AUD	0284-0000-21-054-L01-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
What's the Key to Catching Some ZZZ's? The Complex Relationship between Substance Use Disorders (SUDs) and Sleep Disturbances	0284-0000-21-055-L01-P	1 (0.1)	NE	Application	College of Psychiatric and Neurologic Pharmacists
Safe and Effective Cancer Pain Management	0130-9999-21-428-L01-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Pain Management in Patients with Cancer	0167-0000-21-022-L01-P	1 (0.1)	UT	Application	Utah Society of Health- System Pharmacists
Part 2. Appropriate Initiation and Management of Opioid Therapy	0530-0000-21-406-L08-P	1 (0.1)		Application	Global Education Group
The Art and Science of Opioid Conversion	0130-9999-21-464-L01-P	1 (0.1)	WA	Application	Washington State Pharmacy Association
Cannabis for Cancer (Pain): Navigating the Haze as a Healthcare Provider	0478-9999-21-028-L08-P	1 (0.1)	TX	Application	Houston Methodist Hospital

Optimizing Opioid Use Disorder Treatment: Interventions for Pharmacists	0096-9999-21-099-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Let's Close Some Evidence-Practice-Gaps and Promote Patient Safety Practices - Focus on Unmet Standards: Injectable Promethazine, Combination Opioid/Benzodiazepines	0085-0000-21-030-L05-P	1 (0.1)	CA	Application	Comprehensive Pharmacy Services, Inc.
Non-Opioid Surgical Pain Management	0532-0000-21-019-L08-P	1 (0.1)	TX	Application	The University of Texas MD Anderson Cancer Center
Non-Opioid Surgical Pain Management	0532-0000-21-019-L08-P	1 (0.1)	TX	Application	The University of Texas MD Anderson Cancer Center
Acute Pain Management in Patients Treated with Buprenorphine	0204-0000-21-241-L08-P	1 (0.1)	MD	Application	American Society of Health-System Pharmacists
Substance Use Disorder (SUD) Care Anywhere: Leveraging Pharmacists in Prevention and Treatment	0204-0000-21-319-L08-P	2 (0.2)	MD	Application	American Society of Health-System Pharmacists
25th Annual Pain Management Symposium: Looking Back and Looking Forward	0599-0000-21-018-L08-P	7.75 (0.775)	WA	Application	Swedish Medical Center Department of Pharmacy
Pain Management	0845-9999-21-039-L08-P	1.5 (0.15)	TX	Application	University of North Texas Health Science Center
Opioid Considerations	0798-0000-22-024-L08-P	1 (0.1)	PA	Application	PharmCon
New Pains New Gains: Development of Novel Analgesics	0478-0000-22-002-L08-P	1 (0.1)	TX	Application	Houston Methodist Hospital
Colorectal Enhanced Recovery After Surgery-Troy 2022	JA4008259-0000-22-005-L08-P	1 (0.1)	MI	Application	Beaumont Health
Medications for the Opioid Receptor	0445-9999-22-002-L01-P	1 (0.1)	TX	Application	University of the Incarnate Word, Feik School of Pharmacy
Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-009-L08-P	11 (1.1)		Application	Stanford Medicine

Empowered Relief Instructor Certification Workshop	JA0000751-0000-21-009-L08-P	11 (1.1)		Application	Stanford Medicine
Should I Stay or Should I Go? Acute and Peri-operative Pain Management for Patients on Chronic Buprenorphine Therapy	0062-0000-22-005-L08-P	1.25 (0.125)	SC	Application	University of South Carolina College of Pharmacy
Give it to me Straight Doc – Appropriate Communication around Opioid Use	0159-0000-21-090-L08-P	1 (0.1)	PA	Application	Pennsylvania Pharmacists Association
Too Much or Not Enough? Unique Dosing Strategies of Buprenorphine for Opioid Use Disorder	0062-9999-22-022-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Red All About It: Sickie Cell Anemia	0321-0000-22-392-L01-P	1 (0.1)	FL	Application	Lee Health
Orthopaedic Enhanced Recovery After Surgery Meeting- Troy 2022	JA4008259-0000-22-025-L08-P	1 (0.1)	MI	Application	Beaumont Health
Evaluating Strategies to Reduce Stigma Associated with the Treatment of Substance Use Disorder	0139-0000-22-108-L01-P	1 (0.1)	AK	Application	Alaska Pharmacists Association
Substance Use Disorder: Alcohol, opioids, and more	0130-9999-22-063-L01-P	1 (0.1)	UT	Application	Washington State Pharmacy Association
Buprenorphine for Opioid Use Disorder: Ongoing Challenges and Interprofessional Collaboration	0112-0000-22-102-L08-P	1.5 (0.15)	MI	Application	Michigan Pharmacists Association
Clarifying Controversies in Chronic Pain Management: A Step-by-Step Approach to Increasing the Safety of Opioid Prescribing and Use	0062-0000-22-009-L08-P	1.25 (0.125)	SC	Application	University of South Carolina College of Pharmacy
Hold the Opioids Please: Opioid Minimization in Kidney Transplantation	0062-9999-22-028-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
Drug Diversion: What is the Pharmacist's Role?	0096-9999-22-035-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
Medications for the Opioid Receptor	0096-9999-22-024-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy

Pharmacogenomics of Pain Management	0071-0000-22-005-L08-P	1 (0.1)	WA	Application	Washington State University College of Pharmacy and Pharmaceutical Sciences
We're on Each Other's Team: Strategies for Patient-Centered, Interprofessional Chronic Pain Management	0026-0000-22-100-L08-P	1 (0.1)		Application	Massachusetts College of Pharmacy and Health Sciences
How to Have Conversations With Patients who are Starting to Exhibit Early Signs of SUD/OD	0202-0000-22-045-L04-P	1 (0.1)	TX	Application	American Pharmacists Association
Combatting the Opioid Epidemic in the Inpatient Setting	0377-0000-22-005-L05-P	1 (0.1)	NY	Application	New York Presbyterian Hospital Department of Pharmacy
Acute Pain Management with Pharmacologic Therapies: A Balancing Act	0062-9999-22-031-L08-P	1 (0.1)	SC	Application	University of South Carolina College of Pharmacy
The Long and Short of Long-Acting Injectable Medications	0167-0000-22-012-L01-P	1 (0.1)	UT	Application	Utah Society of Health-System Pharmacists
Moving the MOUD Mountain - A review of recent updates on the use of medication for opioid use disorder (MOUD)	0609-0000-22-003-L01-P	1 (0.1)	FL	Application	James A. Haley Veterans' Hospital
Addressing the Opioid Crisis: Best Practices for Implementing a Hospital Opioid Stewardship Program	0431-0000-22-002-L05-P	1 (0.1)	PA	Application	Lippincott Continuing Medical Education Institute, Inc.
(BC7) Sickle Cell Disease: Advance Management and Future Treatment Directions	0465-0000-22-018-L01-P	1 (0.1)	MA	Application	Hematology/Oncology Pharmacy Association (HOPA)
Treatment of Opioid Use Disorder in the Fentanyl Era	0096-9999-22-049-L08-P	1 (0.1)	TX	Application	Texas Tech University Health Sciences Center School of Pharmacy
The Untapped Potential of Buprenorphine: An Effective Tool for Chronic Pain Management and Opioid Risk Mitigation	0292-0000-22-006-L08-P	1 (0.1)	IL	Application	Jesse Brown VA Medical Center

315 programs		676 hours			
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# **Appendix G-5**

## **ACPE PLAN Programming Home Study Knowledge Activity**

Title	UAN	Contact Hours	ActivityType	ProviderName
Pain Management Strategies in Health Centers	0067-9999-19-037-L04-P	3 (0.3)	Knowledge	University of Texas at Austin College of Pharmacy
Responsible Use of Opioid Medications: Strategies to Minimize Risk	0473-9999-19-004-H01-P	1 (0.1)	Knowledge	Center for Independent Healthcare Education
Non Pharmacologic Low Back Pain Management and the US Military Veteran Patient Population	0077-9999-19-038-H04-P	1 (0.1)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)	0418-9999-19-002-H05-P	2.25 (0.225)	Knowledge	Potomac Center for Medical Education
Applying PADIS to our ICU Patients: Pharmacological Considerations and Pitfalls in Analgesia, Sedation, Delirium and Sleep	0016-0000-19-006-H01-P	1.25 (0.125)	Knowledge	University of Illinois at Chicago College of Pharmacy
Narcotic Avoidance Strategies and Analgesic Adjuncts in Critically Ill Patients	0016-0000-19-007-H01-P	1 (0.1)	Knowledge	University of Illinois at Chicago College of Pharmacy
Best Practices for Opioid Prescribing in Chronic Non-Cancer Pain	0761-9999-19-253-H01-P	3 (0.3)	Knowledge	Educational Review Systems
Pain Management Awareness for Pharmacists	0761-9999-19-256-H01-P	2 (0.2)	Knowledge	Educational Review Systems
Augmenting Pain Therapy with Self-Massage	0430-0000-19-085-H01-P	2 (0.2)	Knowledge	Postgraduate Healthcare Education, LLC
The Role of Pharmacists in the Opioid Crisis and Ways Preceptors Can Engage Students in the Process	0834-0000-19-045-H04-P	1.5 (0.15)	Knowledge	Texas A&M Health Science Center Coastal Bend Health Education Center
2019 Pediatric Pain Management Conference: Opioid Stewardship: A Program to address misuse and abuse	0488-0000-19-034-L04-P	1 (0.1)	Knowledge	Cook Children's Medical Center
Assessment and Management of Cancer Pain in the Setting of the Opioid Epidemic	0016-0000-19-064-H01-P	0.75 (0.075)	Knowledge	University of Illinois at Chicago College of Pharmacy



Co-occurring Pain and Substance Use Disorders in Older Adults	0060-9999-19-057-H01-P	1 (0.1)	Knowledge	University of Rhode Island College of Pharmacy
Anatomy and Physiology of Pain	0761-9999-19-318-H01-P	2.5 (0.25)	Knowledge	Educational Review Systems
Classification of Pain	0761-9999-19-337-H01-P	2 (0.2)	Knowledge	Educational Review Systems
Opioid dependence and opioid use disorder: best practices, barriers in care, and the role of long-acting injectable medication	0574-0000-20-004-H08-P	1 (0.1)	Knowledge	ScientiaCME
Podcast 1: Basics of Pain Management	JA0000312-9999-21-005-H08-P	0.5 (0.05)	Knowledge	University of Kentucky Healthcare CE Central
Opioid-Sparing Interventions in the ICU: Continuous Infusion Ketamine versus Lidocaine for Pain Management	0016-0000-20-024-H01-P	0.75 (0.075)	Knowledge	University of Illinois at Chicago College of Pharmacy
Basic Training (in Pain Management)	0077-9999-20-002-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Time to Listen: What the Experts Have to Say About Safe Opioid Prescribing and Addiction Treatment	JA0007185-0000-21-136-H08-P	1 (0.1)	Knowledge	CME Outfitters, LLC
Initiating Opioid Treatment	0077-9999-20-006-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Overview of Pain Therapies	0077-9999-20-010-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
SHC Pain Management Competency	0571-0000-20-022-H08-P	2 (0.2)	Knowledge	Sharp HealthCare
Managing Opioid Treatment: Analgesic Efficacy	0077-9999-20-012-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Managing Opioid Treatment: Risk Management	0077-9999-20-013-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Patient Counseling on Safe Opioid Use	0077-9999-20-014-H08-P	0.5 (0.05)	Knowledge	AKH Inc. Advancing Knowledge in Healthcare
Treating the other epidemic: buprenorphine for opioid use disorder	0107-0000-20-204-H01-P	0.5 (0.05)	Knowledge	CEImpact
Overview of Cancer Related Pain	0112-0000-20-008-H08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association

Heroes in Training: A Marvel It Will Be!	0581-0000-20-075-H04-P	0.5 (0.05)	Knowledge	American Association of Colleges of Pharmacy
Integrating Palliative Care and Discussions on Death and Dying Into Pharmacy Curricula	0581-0000-20-126-H04-P	1 (0.1)	Knowledge	American Association of Colleges of Pharmacy
Best Practices in Chronic Pain Management	0170-0000-20-035-H08-P	1 (0.1)	Knowledge	Pharmacists Society of the State of New York
Buprenorphine: A New Look at a Familiar Agent for Chronic Pain Management	0530-9999-20-101-H01-P	1 (0.1)	Knowledge	Global Education Group
OTC Pain Medications for Self-Care: An Update	0480-0000-20-037-H01-P	0.5 (0.05)	Knowledge	Southern Illinois University Edwardsville School of Pharmacy
Kicking Opioid Addiction in the ERAS	0553-0000-20-019-H08-P	0.75 (0.075)	Knowledge	Premier, Inc.
Guiding the Patient to Identify Scientifically Supported CBD Therapies	0459-0000-20-029-H01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The
Aching for Improvement: Review of the Gaps and Latest Advances in Osteoarthritis Pain and Other Chronic Pain Management	0530-9999-20-024-H01-P	1 (0.1)	Knowledge	Global Education Group
Keep Calm and Lather On	0107-0000-20-271-H08-P	0.5 (0.05)	Knowledge	CEImpact
Video Grand Rounds: Safe and Effective Pain Management: Opioid Prescribing	JA4008230-0000-20-056-H08-P	1 (0.1)	Knowledge	Cook Children's Health Care System
From Media to Medicine: Making Sense of Children's Pain in Cultural and Medical Contexts	0376-9999-20-140-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Gamechangers Podcast - September 2020	0107-0000-20-285-H04-P	2.5 (0.25)	Knowledge	CEImpact
Getting in the MOUD: Managing patients using Medications for Opioid Use Disorder	0050-0000-20-039-H01-P	1 (0.1)	Knowledge	University of Cincinnati College of Pharmacy
Underutilized Drug Therapies in Pain Management	0104-0000-20-039-H08-P	1 (0.1)	Knowledge	New Mexico Pharmacists Association

The Changing Landscape of the Board of Pharmacy Legislation & Regulations	0100-0000-20-133-H08-P	1 (0.1)	Knowledge	Arizona Pharmacy Association
Multidisciplinary Approaches to Osteoarthritis Pain	0376-9999-20-141-H08-P	2 (0.2)	Knowledge	CME Outfitters, LLC
Digital Health and Pain Management During the COVID-19 Pandemic: What Have We Learned and How Will Things Change?	0376-9999-20-142-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Chronic Pain Management Primer	0409-0000-20-018-H08-P	1 (0.1)	Knowledge	Innovatix, LLC
Demystifying CBD: Confusion, Hype and Hope	0459-0000-20-034-H01-P	1 (0.1)	Knowledge	Institute for Wellness and Education, Inc., The
New Preclinical and Clinical Evidence for Macrophages in the Pathogenesis and Resolution of Chronic Pain	0376-9999-20-143-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Pain: Don't Go It Alone	0376-9999-20-144-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
TPS 2020 Annual Meeting Enduring Material	JA4008163-9999-20-138-H08-P	9.5 (0.95)	Knowledge	Amedco, LLC.
Dispensing Controlled Substances: Corresponding Responsibility and Patient Care	0864-9999-20-055-H08-P	1 (0.1)	Knowledge	CPE Consultants, LLC
Update on Painful Diabetic Peripheral Neuropathy	0376-9999-20-156-H08-P	2 (0.2)	Knowledge	CME Outfitters, LLC
Large-scale Research Consortia in Pain: Experiences in Europe, USA and Japan	0376-9999-20-157-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Navigating the Crystal Ball: Drug Development for Acute Pain Management - Phase 1-4	0530-0000-20-191-H04-P	1 (0.1)	Knowledge	Global Education Group
A Perfect Storm: How to run an Acute Pain Service in Times of Opioid Crisis and Covid-19 Pandemic	0530-0000-20-192-H04-P	1 (0.1)	Knowledge	Global Education Group
Two Worlds > One: Apply Asian Medicine to Acute Pain Management	0530-0000-20-193-H04-P	1 (0.1)	Knowledge	Global Education Group

RoboHosp: Hospitalists, Pain, & COVID-19	0530-0000-20-194-H04-P	1 (0.1)	Knowledge	Global Education Group
Next Generation Migraine Therapies Introduction and Acute Management of Migraine	0530-0000-20-195-H01-P	1 (0.1)	Knowledge	Global Education Group
Next Generation Migraine Therapies Prevention	0530-0000-20-196-H01-P	1 (0.1)	Knowledge	Global Education Group
Next Generation Migraine Therapies Procedures and Neuromodulation	0530-0000-20-197-H01-P	1 (0.1)	Knowledge	Global Education Group
Next Generation Migraine Therapies Behavioral Management of Migraine	0530-0000-20-198-H01-P	1 (0.1)	Knowledge	Global Education Group
On the Front Lines: How Advanced Practice Providers Are Managing Pain Amidst COVID-19.	0530-0000-20-199-H01-P	1 (0.1)	Knowledge	Global Education Group
Practicing Multidisciplinary Pain Management in the Community Setting	0530-0000-20-200-H04-P	1 (0.1)	Knowledge	Global Education Group
Incorporating Intrathecal Treatments In To a Pain Practice	0530-0000-20-201-H04-P	1 (0.1)	Knowledge	Global Education Group
Neuroregulation: Keeping Your Brain Tidy and Organized	0530-0000-20-202-H04-P	1 (0.1)	Knowledge	Global Education Group
Evidenced-Based Rationale for Interventional Procedures as an Alternative to Medication Management	0530-0000-20-203-H04-P	1 (0.1)	Knowledge	Global Education Group
Minimally Invasive Interventions for Lumbar Spinal Stenosis	0530-0000-20-204-H01-P	1 (0.1)	Knowledge	Global Education Group
Best Practices for Identifying Chronic Pain Patients for Interventional Procedures	0530-0000-20-205-H04-P	1 (0.1)	Knowledge	Global Education Group
Regenerative Therapy for Chronic Pain: Fact or Fiction?	0530-0000-20-206-H04-P	1 (0.1)	Knowledge	Global Education Group
Fundamentals of Neuromodulation	0530-0000-20-207-H04-P	1 (0.1)	Knowledge	Global Education Group

Patient Identification Strategies for Neuromodulators	0530-0000-20-208-H04-P	1 (0.1)	Knowledge	Global Education Group
Peripheral Nerve Stimulations: Indications and Evidence	0530-0000-20-209-H04-P	1 (0.1)	Knowledge	Global Education Group
The Role of Combining Spinal Cord Stimulation and Intrathecal Drug Delivery for Chronic Pain	0530-0000-20-210-H01-P	1 (0.1)	Knowledge	Global Education Group
ACT'ing Out: Acceptance & Commitment Therapy	0530-0000-20-211-H04-P	1 (0.1)	Knowledge	Global Education Group
Mission Possible: Active Management of Chronic Pain to Reduce Opioids and Improve Function	0530-0000-20-212-H04-P	1 (0.1)	Knowledge	Global Education Group
Successfully Reducing Opioids: The Critical Role of Psychology	0530-0000-20-213-H04-P	1 (0.1)	Knowledge	Global Education Group
The Perseverance Loop: Inside the Psychology of Pain and Factors in Pain Perception	0530-0000-20-214-H04-P	1 (0.1)	Knowledge	Global Education Group
Misunderstood Villains: Communication Strategies to Bridge the Divide	0530-0000-20-215-H04-P	1 (0.1)	Knowledge	Global Education Group
Puff and Anarchy: Vape Technology and Its Consequences	0530-0000-20-216-H04-P	1 (0.1)	Knowledge	Global Education Group
Behind the Green Door: Drug Testing Medical Cannabis and CBD in Chronic Pain Patients	0530-0000-20-217-H04-P	1 (0.1)	Knowledge	Global Education Group
Opioids vs Cannabis for Treating Chronic Pain	0530-0000-20-218-H04-P	1 (0.1)	Knowledge	Global Education Group
Neurogenic Thoracic Outlet Syndrome	0530-0000-20-219-H01-P	1 (0.1)	Knowledge	Global Education Group
Treatment Options for Painful Diabetic Neuropathy: A Review of the Latest Clinical Evidence	0530-0000-20-220-H01-P	1 (0.1)	Knowledge	Global Education Group

Fibromyalgia Syndrome: Taking Another Look	0530-0000-20-222-H01-P	1 (0.1)	Knowledge	Global Education Group
Neck and Upper Extremity Pain Syndromes	0530-0000-20-224-H04-P	1.5 (0.15)	Knowledge	Global Education Group
Anatomy of Medical Malpractice: The Real Physician Experience	0530-0000-20-225-H04-P	1 (0.1)	Knowledge	Global Education Group
Injections, Nerve Blocks, Pumps, and Spinal Cord Stimulation	0530-0000-20-226-H01-P	1 (0.1)	Knowledge	Global Education Group
Sacroiliac Joint Dysfunction: The Forgotten Back Pain	0530-0000-20-227-H01-P	1 (0.1)	Knowledge	Global Education Group
The First Encounter: Trauma Informed Care Application	0530-0000-20-228-H04-P	1 (0.1)	Knowledge	Global Education Group
The Evil Quintuplets: Endometriosis and Other Chronic Pelvic Pain Etiologies	0530-0000-20-229-H04-P	1 (0.1)	Knowledge	Global Education Group
Where East Meets West: Using an Integrative Approach to Treating Overlapping Pelvic Pain Disorders	0530-0000-20-230-H04-P	1 (0.1)	Knowledge	Global Education Group
Twisted Sister: Musculoskeletal Causes of Pelvic Pain	0530-0000-20-231-H04-P	1 (0.1)	Knowledge	Global Education Group
Back Pain: It's All About the Diagnosis	0530-0000-20-232-H04-P	3 (0.3)	Knowledge	Global Education Group
The False Claims Act and Medical Necessity: Recent Cases Involving Clinical Labs and Drug Testing	0530-0000-20-233-H03-P	1 (0.1)	Knowledge	Global Education Group
Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education in Consideration of COVID-19	0530-0000-20-234-H03-P	1 (0.1)	Knowledge	Global Education Group
Give Me the Finger: Using Blood Serum to Monitor Drug Use, Enhance Privacy, and Reduce Stigma	0530-0000-20-236-H03-P	0.5 (0.05)	Knowledge	Global Education Group
MIRROR, MIRROR: Documentation of Patient History and Treatment Plans	0530-0000-20-237-H03-P	2 (0.2)	Knowledge	Global Education Group

The Year of the Looking Glass: An Exercise on Risk Mitigation and Documentation	0530-0000-20-238-H03-P	1 (0.1)	Knowledge	Global Education Group
The Year of the Looking Glass Meaningful Periodic Review and Strategies During the COVID Era	0530-0000-20-239-H03-P	1 (0.1)	Knowledge	Global Education Group
The Big Squeeze: Cervical Spondylotic Myelopathy	0530-0000-20-240-H04-P	1 (0.1)	Knowledge	Global Education Group
3 Doors, Lost Keys: Managing Sleep, Depression, and Chronic Pain	0530-0000-20-241-H04-P	1 (0.1)	Knowledge	Global Education Group
Go Ask Alice: Pain and Memory	0530-0000-20-242-H04-P	1 (0.1)	Knowledge	Global Education Group
Take Me to the River: The Agony of Cluster Headache	0530-0000-20-243-H04-P	1.5 (0.15)	Knowledge	Global Education Group
Mechanisms of Pain in OA & Recognizing Pain Phenotypes	0530-0000-20-244-H01-P	1 (0.1)	Knowledge	Global Education Group
The Gut Microbiome and OA	0530-0000-20-245-H01-P	1 (0.1)	Knowledge	Global Education Group
Targeted Emerging Therapies for OA	0530-0000-20-246-H01-P	1 (0.1)	Knowledge	Global Education Group
Multimodal Therapies for OA: Occupational & Physical Therapy, Exercise, Topical and Oral NSAIDs	0530-0000-20-247-H01-P	1 (0.1)	Knowledge	Global Education Group
Clinical Guidelines and Case Review	0530-0000-20-248-H01-P	1 (0.1)	Knowledge	Global Education Group
Pain Pathways Made Simple	0530-0000-20-249-H04-P	1 (0.1)	Knowledge	Global Education Group
Chronic Pain Assessment	0530-0000-20-250-H04-P	1 (0.1)	Knowledge	Global Education Group
Clinical Pearls: Unraveling the Secrets of Imaging Studies	0530-0000-20-251-H04-P	2 (0.2)	Knowledge	Global Education Group
Pain Therapeutics	0530-0000-20-252-H04-P	2 (0.2)	Knowledge	Global Education Group
Blasting Pain Myths: Effective Patient Communication to Foster Engagement	0530-0000-20-253-H04-P	1 (0.1)	Knowledge	Global Education Group
Life Hacks to Teach Chronic Pain Patients: Updated	0530-0000-20-254-H04-P	1 (0.1)	Knowledge	Global Education Group
See One, Do One, Be One	0530-0000-20-255-H04-P	1 (0.1)	Knowledge	Global Education Group
The Curbside Consult in Management	0530-0000-20-256-H04-P	1 (0.1)	Knowledge	Global Education Group

Low Dose Naltrexone: An Alternative to Treating Neuropathic Pain	0530-0000-20-257-H04-P	1 (0.1)	Knowledge	Global Education Group
Atlas Shrugged: Fact vs Fiction Regarding ADF Opioids	0530-0000-20-258-H04-P	1 (0.1)	Knowledge	Global Education Group
Muscles' Little Helper: Spasms vs Spasticity	0530-0000-20-259-H04-P	1 (0.1)	Knowledge	Global Education Group
The Wild, Wild World of Mathadone: Opioid Conversion Calculations and Methadone Dosing	0530-0000-20-260-H04-P	1 (0.1)	Knowledge	Global Education Group
Getting the Drug Into the Patient: Exploring Alternate Routes of Medication Administration	0530-0000-20-261-H04-P	1 (0.1)	Knowledge	Global Education Group
Clash of the Titans When Opioid Prescribing Meets Those Excluded by Guidelines	0530-0000-20-262-H04-P	1 (0.1)	Knowledge	Global Education Group
The Opioid Caper Taper: Deciphering and Deflating Daily Dilemmas	0530-0000-20-263-H04-P	1 (0.1)	Knowledge	Global Education Group
Bup'ed or Duped: is Buprenorphine for Everyone?	0530-0000-20-264-H04-P	1 (0.1)	Knowledge	Global Education Group
Hitting a Nerve: Management of Chemotherapy-Induced Neuropathic Pain	0530-0000-20-265-H04-P	1 (0.1)	Knowledge	Global Education Group
Is the Grass Always Greener on the Other Side? Controversies in Opioid Tapering	0530-0000-20-266-H04-P	1 (0.1)	Knowledge	Global Education Group
It's a Pharmaceutical Festival! Doing a Deep Dive Into Drug Interactions	0530-0000-20-267-H04-P	1 (0.1)	Knowledge	Global Education Group
Kratom or Bait'em: History, Pharmacology, PK, and Regulation Revisited	0530-0000-20-268-H04-P	1 (0.1)	Knowledge	Global Education Group
Graceland: Geriatric Pain Management	0530-0000-20-269-H04-P	1 (0.1)	Knowledge	Global Education Group
Serotonin Toxicity: What is all of the Fuss About?	0530-0000-20-270-H04-P	1 (0.1)	Knowledge	Global Education Group



The Road Less Travelled: Appropriate Use of Atypical Opioids for Individual Care	0530-0000-20-271-H04-P	1 (0.1)	Knowledge	Global Education Group
Dulling the Scythe: New Approaches to Managing Sickle Cell Disease	0530-0000-20-272-H04-P	1 (0.1)	Knowledge	Global Education Group
Stop the (mu)Sic: Management of Opioid Induced Constipation	0530-0000-20-273-H04-P	1 (0.1)	Knowledge	Global Education Group
Complicated By: Using Comorbidities to Select Treatment Options	0530-0000-20-274-H04-P	1 (0.1)	Knowledge	Global Education Group
How Pain Management Coaching Impacts Pain Outcomes	0530-0000-20-275-H04-P	1 (0.1)	Knowledge	Global Education Group
Pain Management Coaching; Integrative and Complementary Strategies for Complicated Pain	0530-0000-20-276-H04-P	1 (0.1)	Knowledge	Global Education Group
Always Be Closing: What's the Right Sales Pitch for Active Strategies in Pain Care	0530-0000-20-277-H08-P	1 (0.1)	Knowledge	Global Education Group
Back To Basics: 10 Facts Everyone Should Know About Back Pain	0530-0000-20-278-H08-P	1 (0.1)	Knowledge	Global Education Group
Empowering Patients with Osteoarthritis: Update Your Practice with Modern Science	0530-0000-20-279-H08-P	1 (0.1)	Knowledge	Global Education Group
Exercise and Pain: 8 Facts Every Clinician Should Know About Exercise	0530-0000-20-280-H08-P	1 (0.1)	Knowledge	Global Education Group
Much Ado About Something: Somatic Symptom Disorder	0530-0000-20-281-H04-P	1 (0.1)	Knowledge	Global Education Group
The Skeleton Key: Treating Comorbidities of Pain	0530-0000-20-282-H04-P	1 (0.1)	Knowledge	Global Education Group
What's Going On? Race, Class and Gender Issues in Pain Management	0530-0000-20-283-H04-P	1 (0.1)	Knowledge	Global Education Group
Lessons Learned: Treating Chronic Pain in Under-Resourced States	0530-0000-20-284-H04-P	1 (0.1)	Knowledge	Global Education Group
Myths of Pain Management in the Critically Ill	0530-0000-20-285-H04-P	1 (0.1)	Knowledge	Global Education Group

Treating the Whole Patient: Updates in Behavioral Health Tracking and Reimbursement	0530-0000-20-286-H04-P	1 (0.1)	Knowledge	Global Education Group
Who Will Love this Child? Advocating for Chronic Pain Patients	0530-0000-20-287-H04-P	1 (0.1)	Knowledge	Global Education Group
Doubling Down: Polysubstance Abuse and Associated Respiratory Depression	0530-0000-20-288-H04-P	1 (0.1)	Knowledge	Global Education Group
Application of Virtual Reality to Pain Management	0530-0000-20-289-H04-P	1 (0.1)	Knowledge	Global Education Group
Speaking in Tongues: Guidelines and Paradigms Post-CDC	0530-0000-20-290-H04-P	1 (0.1)	Knowledge	Global Education Group
Triple Threat or Epiphany? The Need for a Bio-Psycho-Social Approach to Pain Management	0530-0000-20-291-H04-P	1 (0.1)	Knowledge	Global Education Group
Borderline Personality Symptoms & Chronic Pain Patients: An Understated Consequence During the COVID-19 Crisis	0530-0000-20-292-H04-P	1 (0.1)	Knowledge	Global Education Group
The Other Opioid Crisis: Heroin and Fentanyl	0530-0000-20-293-H04-P	1 (0.1)	Knowledge	Global Education Group
The Great Pain Masqueraders Thoracic Outlet Syndrome, Piriformis Syndrome, and Occipital Neuralgia	0530-0000-20-294-H04-P	1 (0.1)	Knowledge	Global Education Group
Casualtytics: You're In Pain and It's All Your Fault	0530-0000-20-295-H04-P	1 (0.1)	Knowledge	Global Education Group
Moving Beyond the Obvious: The Pivotal Role of Psychology in Pain Management	0530-0000-20-296-H04-P	1 (0.1)	Knowledge	Global Education Group
Topical Analgesics as Topical First-Line Options	0530-0000-20-297-H01-P	1 (0.1)	Knowledge	Global Education Group

Aching for Improvement Review of the Gaps and Latest Advances in Osteoarthritis Pain and Other Chronic Pain Management	0530-0000-20-298-H01-P	1 (0.1)	Knowledge	Global Education Group
Strategies for Successful Use of Telemedicine with Pain Patients	0530-0000-20-299-H08-P	1 (0.1)	Knowledge	Global Education Group
Telehealth Self-Care Programs to Improve Pain Outcomes	0530-0000-20-300-H08-P	1 (0.1)	Knowledge	Global Education Group
Jagged Little Pill: Opioid Safety 2.0	0530-0000-20-301-H04-P	1 (0.1)	Knowledge	Global Education Group
Whole Lotta Health and Then Some	0530-0000-20-302-H04-P	1 (0.1)	Knowledge	Global Education Group
In Pain and Not Broken: Functional Restoration for Active Duty Service Members	0530-0000-20-303-H04-P	1 (0.1)	Knowledge	Global Education Group
Can You See Me Now? TelePain Expansion Within the VA System	0530-0000-20-304-H04-P	1 (0.1)	Knowledge	Global Education Group
of Grief and Chronic Pain	0530-0000-20-305-H08-P	1 (0.1)	Knowledge	Global Education Group
Insanity Out of Medical Cannabinoids	0530-0000-20-308-H04-P	1 (0.1)	Knowledge	Global Education Group
Which Came First... Pain or Substance Use Disorder?	0530-0000-20-325-H04-P	1 (0.1)	Knowledge	Global Education Group
Our Opioid Crisis, Michigan's Non-Opioid Directive & Opioid Reduction Strategies	0112-9999-20-336-H08-P	1 (0.1)	Knowledge	Michigan Pharmacists Association
IASP Presidential Task Force on Cannabis and Cannabinoid Analgesia: Presentation of Evidence and Recommendations	0376-9999-20-158-H08-P	2 (0.2)	Knowledge	CME Outfitters, LLC
Gamechangers Podcast - November 2020	0107-0000-20-350-H04-P	2 (0.2)	Knowledge	CEImpact
Topical Analgesics as Alternative First-Line Agents	0530-0000-20-326-H08-P	0.5 (0.05)	Knowledge	Global Education Group
Self-Management of Pain During a Pandemic: is this Possible?	0376-9999-20-159-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC

2021 ENDURING Grand Rounds: Opioid Credit, PART 1 - Safe and Effective Pain Management Opioid Prescribing	JA4008230-0000-21-011-H08-P	1 (0.1)	Knowledge	Cook Children's Health Care System
A Review of Long-Acting Opioid Analgesics, Risk Mitigation Strategies and its Relationship to Corresponding Responsibility	0126-0000-20-203-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
Case Presentations in Pain Management and Opioid Use Disorder	0126-0000-20-216-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
Back to Life: A review of opioid use disorder and therapeutic strategies	0126-0000-20-217-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
The Opioids Hiding Among Us and Harm Reduction Strategies to Reduce Risk of Death	0126-0000-20-223-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
Interdisciplinary Approach to Pain Management in an Older Adult in the Midst of an Opioid Crisis and COVID-19	0126-0000-20-238-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
Tennessee Opioid Project 2021	0534-9999-21-001-H01-P	4 (0.4)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services
Preventing Opioid Deaths and Overdoses 2021	0534-9999-21-002-H01-P	4 (0.4)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services
Opioid Misuse in Adolescents 2021	0534-9999-21-003-H01-P	2 (0.2)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services
Video Grand Rounds: Opioid Credit: Safe and Effective Pain Management: Opioid Prescribing, Part II (HB 3285)	JA4008230-0000-21-002-H08-P	1 (0.1)	Knowledge	Cook Children's Health Care System
An Overview of Naloxone and FDA's Efforts to Expand Access	JA0002895-0000-21-029-H08-P	1 (0.1)	Knowledge	Food & Drug Administration - Center for Drug Evaluation & Research

Pharmacokinetic and Pharmacodynamic Considerations in Animal and Human Analgesic Studies	0376-9999-21-010-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Opioid Misuse in Geriatrics 2021	0534-9999-21-004-H01-P	2 (0.2)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services
2021 ENDURING Grand Rounds: Opioid Credit, Safe and Effective Pain Management: Opioid Prescribing: Part II (HB3285)	JA4008230-0000-21-033-H08-P	1 (0.1)	Knowledge	Cook Children's Health Care System
PM Track: A Review of Long-Acting Opioid Analgesics and Risk Mitigation Strategies and its Relationship to Corresponding Responsibility	0126-0000-20-269-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
PMCC Track: Pediatric Sepsis Update: recognition and management	0126-0000-20-280-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
PMCC Track: Clinical Conundrums in Critically Ill Pediatric Patients	0126-0000-20-281-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
PMCC Track: Case Presentations in Pain Management and Opioid Use Disorder	0126-0000-20-282-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
PMCC Track: Back to Life: A review of opioid use disorder and therapeutic strategies	0126-0000-20-283-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
PMCC Track: An Orange A Day Does Keep the Doctor Away	0126-0000-20-284-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
TU Track: Interdisciplinary Approach to Pain Management in an Older Adult in the Midst of an Opioid Crisis and COVID-19	0126-0000-20-313-H08-P	1 (0.1)	Knowledge	California Society of Health-System Pharmacists
Video Grand Rounds: Safe and Effective Pain Management- Part III: Risk of Opioid Misuse and Abuse in Adolescents	JA4008230-0000-21-032-H08-P	1 (0.1)	Knowledge	Cook Children's Health Care System

Measuring Affective States Across Species in Relation to Pain	0376-9999-21-040-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Measuring Affective States Across Species in Relation to Pain	0376-9999-21-040-L08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Why Don't Patients Do What I Tell Them to? The Art and Science of Healthcare Communication	0376-9999-21-041-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
How "Neuropathic" is Neuropathic Pain? Thoughts for Basic and Clinical Researchers	0376-9999-21-069-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
New Agents for Sickle Cell Disease (SCD)	0483-0000-21-005-H01-P	1 (0.1)	Knowledge	WellStar Health System Pharmacy
Models of Care for Chronic Persistent Pain - think globally?	0376-9999-21-071-H08-P	1.5 (0.15)	Knowledge	CME Outfitters, LLC
Should Opioids Be On The Menu?	0483-0000-21-007-H08-P	1 (0.1)	Knowledge	WellStar Health System Pharmacy
2021 Opioid Issues in Psychiatric Care	0534-9999-21-019-H08-P	2 (0.2)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services
Understanding the Neurobiology of Substance Use Disorder	0202-0000-21-175-H01-P	1 (0.1)	Knowledge	American Pharmacists Association
59 ½ Minutes of Caring for Patients: Tools and Resources That Make a Difference	0202-0000-21-180-H04-P	1 (0.1)	Knowledge	American Pharmacists Association
Addressing Racial Disparities in Substance Use Disorder	0202-0000-21-181-H04-P	1 (0.1)	Knowledge	American Pharmacists Association
Opioid Abuse in Louisiana and the Importance of Pharmacist Engagement	0133-0000-21-004-H05-P	1.5 (0.15)	Knowledge	Louisiana Pharmacists Association
Managing Chronic Pain	0798-0000-21-215-H01-P	1.5 (0.15)	Knowledge	PharmCon
2021 Opioid Issues in Perinatal Care	0534-9999-21-029-H01-P	2 (0.2)	Knowledge	Vanderbilt University Hospital Department of Pharmaceutical Services

Pain Management: Re-Evaluation of Long-Term Opioid Therapy (LTOT) Among Patients with Complex Persistent Opioid Dependence (CPOD)	0067-0000-21-141-L08-P	1.25 (0.125)	Knowledge	University of Texas at Austin College of Pharmacy
Opioid Crisis and the Role of the Pharmacist	0133-0000-21-014-H08-P	1 (0.1)	Knowledge	Louisiana Pharmacists Association
<b>210 programs</b>		<b>251.50 hours</b>		

# **Appendix G-6**

## **ACPE PLAN Programming Home Study Application Activity**



Title	UAN	Contact Hours	ActivityType	ProviderName
Abuse-Deterrent Opioids: Changing Paradigms in Comprehensive Pain Management	0473-9999-19-003-H01-P	1.5 (0.15)	Application	Center for Independent Healthcare Education
Managing Vaso-Occlusive Crisis in Sickle Cell Disease: A Look at the Clinical and Economic Burden	0290-0000-19-122-H01-P	1.5 (0.15)	Application	Pharmacy Times Office of Continuing Professional Education
Balancing Opioid Abuse Prevention Strategies with Legitimate Need to Prevent Under-Treatment	0290-0000-19-181-H01-P	1 (0.1)	Application	Pharmacy Times Office of Continuing Professional Education
Transitioning Treatment Between Opioid Withdrawal and Induction of Maintenance Therapy in Patients With Opioid Use Disorder	0290-0000-19-228-H01-P	1 (0.1)	Application	Pharmacy Times Office of Continuing Professional Education
Opioid Induced Hyperalgesia	0271-0000-20-013-H01-P	1 (0.1)	Application	Brigham and Women's Hospital Pharmacy
Developing the Future Addiction Treatment Workforce Through Experiential Education	0581-0000-20-038-H04-P	1 (0.1)	Application	American Association of Colleges of Pharmacy
Implementation Strategies and Leading Practices for Integrating Substance Use Education within Doctor of Pharmacy Curricula	0581-0000-20-124-H04-P	1 (0.1)	Application	American Association of Colleges of Pharmacy
Rising to the Call to Tackle the Opioid Crisis: Pharmacists and Pharmacy Technicians in Action	0121-0000-20-068-H08-P	2.25 (0.225)	Application	Illinois Council of Health-System Pharmacists
Opioid Stewardship: A Quality Approach	0653-9999-20-005-H08-P	3.5 (0.35)	Application	University of Wyoming, School of Pharmacy
The Science of Opioids: Evaluating New Therapies to Optimize Opioid Stewardship	0290-0000-20-388-H01-P	2 (0.2)	Application	Pharmacy Times Office of Continuing Professional Education
A Walk In Their Shoes: An Anti-Stigma Event and Naloxone Training	0480-9999-21-001-H08-P	2.5 (0.25)	Application	Southern Illinois University Edwardsville School of Pharmacy
Showcasing a postgraduate training pipeline fostering pharmacy leaders in behavioral health, public health and addiction	0581-0000-21-029-H04-P	1 (0.1)	Application	American Association of Colleges of Pharmacy
Ketamine, Uses and Abuses	0133-0000-21-003-H08-P	1.5 (0.15)	Application	Louisiana Pharmacists Association
Dispensing Controlled Substances: Regulations and Responsibilities of the Pharmacist	0659-0000-21-019-H08-P	1 (0.1)	Application	AdvanCE
<b>14 programs</b>		<b>21.75 hours</b>		

# **Appendix G-7**

## **ACPE PLAN Programming Practice Activity**

UAN	Title	ContactHours	ActivityType	ProviderName
0085-0000-19-030-B01-P	Pharmacist-Driven Analgesia Improvement Stewardship (PAINs) Certificate Program	17 (1.7)	Certificate Program	Comprehensive Pharmacy Services, Inc.
0097-0000-20-032-B08-P	Interprofessional Approach to Substance Use Disorder	7 (0.7)	Certificate Program	Nesbitt School of Pharmacy at Wilkes University
0100-0000-19-041-B01-P	AzPA Psychiatric Certificate Program	17.5 (1.75)	Certificate Program	Arizona Pharmacy Association
0100-0000-19-041-B01-P	AzPA Psychiatric Certificate Program	17.5 (1.75)	Certificate Program	Arizona Pharmacy Association
0100-0000-19-041-B01-P	AzPA Psychiatric Certificate Program	17.5 (1.75)	Certificate Program	Arizona Pharmacy Association
0100-0000-19-041-B01-P	AzPA Psychiatric Certificate Program	17.5 (1.75)	Certificate Program	Arizona Pharmacy Association
0100-0000-17-063-B01-P	Pain Management Certificate Program	26.5 (2.65)	Certificate Program	Arizona Pharmacy Association
<b>7 programs</b>		<b>120.50 hours</b>		

# **Appendix G-8**

## **Sample Educational Program Materials**

# APhA

## 2022 APhA Pain Institute

- All Things Opioids: Pain Management, Social Determinants of Health, and More!

# 2022 APhA Pain Institute

## All Things Opioids: Pain Management, Social Determinants of Health, and More!

Thursday, March 17, 2022  
8:30 AM – 5:00 PM CT

*(Schedule is subject to change. Pre-registration is required.)*

### 8:30-9:00 AM – Introduction, Welcome

#### 9:00-10:00 AM - How to taper opioids safely and effectively

Working with patients to taper down from or off opioids can be a challenge for both patients and providers. Regimens must be individualized and often do not fit neatly into an algorithm. This session will discuss best practices to tapering opioids as well as different tools pharmacists can use to help support patients during the tapering process. It will also give examples of ways pharmacists can work with other providers to offer a team-based support system to their patients.

#### Thomas Franko, PharmD

Associate Professor of Pharmacy Practice  
Nesbitt School of Pharmacy, Wilkes University

### 10:00-10:15 AM - Break

#### 10:15-11:15 AM - Health disparities in pain, pain management, OUD/SUD

Health disparities are often discussed in the patients with diabetes or cardiovascular disease but can easily be overlooked in pain, pain management, or substance use disorder. When it comes to pain management, racial and ethnic minorities are often given different treatment options for pain. How can we work to acknowledge our implicit biases to give the best patient care possible? This session aims to identify some of the social determinants of health that may impact patients dealing with pain and pain management, as well as provide approaches for pharmacists to help address these factors to ensure optimal pain outcomes for all patients.

#### Laura C. Palombi, Pharm.D., MPH, MAT

Associate Professor  
University of Minnesota College of Pharmacy - Duluth

#### 11:15AM-12:15PM - Hospice/Palliative care in recovering patients

Have you ever wondered if it appropriate to utilize opioids in patients who are in recovery once they have entered hospice or palliative care? How do you monitor their therapy and keep them safe? How do you address concerns that patients or their loved ones might have? This session will take an in-depth look at these questions and explore the controversies associate with opioid use in the recovering palliative care and hospice patient population.

#### Maria Foy, PharmD, BCPS, CPE

Pharmacy Care Coordinator, Palliative Care  
Abington Jefferson Health

### **12:15-1:00 PM - LUNCH**

### **1:00-2:00 PM - Harm Reduction Programs: Boon or Bane**

To give syringes or not to give syringes, that is the question. According to the CDC: Nearly thirty years of research shows that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections. However, syringe service programs are still a highly debated and controversial topic. Attend this session to learn more about this hot topic.

#### **Anita Jacobson, PharmD**

Clinical Professor  
University of Rhode Island

#### **Claire Zagorski, MSc, LP**

Program Coordinator, PhARM  
The University of Texas at Austin College of Pharmacy

### **2:00-3:00 PM - How to have conversations with patients who are starting to exhibit early signs of SUD/OD**

What do you do when a patient starts to exhibit signs of substance use disorder? How do you initiate a potentially difficult conversation with them? Attend this session and learn tools and techniques that other pharmacists are using to keep these essential conversations from turning into conflicts.

#### **Jake Nichols, PharmD, MBA**

Co-founder, President, & CEO  
Renovo Health

### **3:00-3:15 PM - Break**

### **3:15-4:15 PM - Partial opioid agonists and pain management**

Managing acute pain needs in patients who are currently taking partial opioid agonists can be a challenge. Attend this session to learn about best practices from the experts. From dosing considerations to ensuring adequate support for continued recovery, this session will provide you with answers to questions that you may not have known you had.

#### **Mark Garofoli, PharmD, MBA, BCGP, CPE, CTTS**

Director of Experiential Learning, Clinical Assistant Professor, & Clinical Pain Management  
Pharmacist  
WVU School of Pharmacy & WVU Medicine

### **4:15-5:00 PM – Key Takeaways, Q&A, Closing Remarks**

# APhA

## 2022 APhA Institute on Substance Use Disorders



Salt Lake City, Utah • June 1 - 5, 2022

# **APhA Institute on Substance Use Disorders**



**APhA**

**American Pharmacists Association**  
*For Every Pharmacist. For All of Pharmacy.*

# APhA Institute Schedule 2022

## Wednesday, June 1

*University Guest House & Conference Center – Alpine & Fort Douglas Ballroom*

- 5:00 pm** APhA Institute Registration Opens
- 6:00 pm** Opening Session: The APhA Institute Experience
- 7:15 pm** Introduction to 12-Steps and Alcoholics Anonymous
- 7:45 pm** Break (Set-up Room for Alcoholics Anonymous – Open Meeting)
- 8:00 pm** Alcoholics Anonymous – Open Meeting
- 9:00 pm** Adjourn Day 1

## Thursday, June 2

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 7:00 am** Registration Opens
- 8:00 am** Understanding the Neuroscience of Substance Use Disorders, Part 1
- 9:00 am** Break
- 9:15 am** Understanding the Neuroscience of Substance Use Disorders, Part 2
- 10:15 am** Break
- 10:30 am** MOUD 101: Understanding Medications for Opioid Use Disorder
- 11:30 am** Lunch
- 1:00 pm** Case Study of a Pharmacist
- 1:45 pm** Break
- 2:00 pm** Washing Away the Toxicity of Shame
- 3:15 pm** Break
- 3:30 pm** Crucial Conversations: Stop Tip-Toeing Around Substance Use Disorders
- 4:45 pm** Break (Set-up room for Narcotics Anonymous Speaker Meeting)
- 5:00 pm** Narcotics Anonymous – Open Meeting
- 6:00 pm** Adjourn Day 2
- 6:15 pm** (Option 1) Group Hike Up the Mountain — Meet at Sage Point Quad\*  
(Option 2) Group Walk Through Red Butte Gardens — Meet at Sage Point Quad

\*All participants must complete an APhA Waiver prior to hiking.

## Friday, June 3

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 8:30 am** Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery
- 9:15 am** Break
- 9:30 am** Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery (Cont)
- 10:15 am** Break
- 10:30 am** The Grass Isn't Always Greener: Medical Cannabis and CBD
- 11:30 am** Lunch
- 1:00 pm** Ask the Experts: Townhall Discussion on Medical Cannabis and CBD
- 2:00 pm** Break
- 2:15 pm** Family Matters: Understanding and Addressing the Impact of Addiction on Family Units
- 3:00 pm** Break
- 3:15 pm** Family Matters: Understanding and Addressing the Impact of Addiction on Family Units (Cont)
- 4:00 pm** Break (Set-up Room for AI-Anon – Open Meeting)
- 4:15 pm** AI-Anon – Open Meeting
- 5:30 pm** Adjourn Day 3 / (Optional) Visit from Golden Healer Therapy Dogs

# APhA Institute Schedule 2022

## Saturday, June 4

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 8:00 am** (Optional) Ambassador Information Session
- 8:30 am** The Intersection of Mental Health Conditions and Substance Use Disorders
- 9:45 am** Break
- 10:00 am** Dispense to Prevent: Naloxone
- 11:30 am** Lunch
- 1:00 pm** Attendees select one of the following:
  - Track I - Operation Substance Use Disorders Workshop, Fort Douglas Ballroom
  - Track II - Pharmacist Recovery Network (PRN) Discussion, Granite Ballroom
  - Track III - Faculty Member / APhA Pain & Palliative Care SIG Networking Roundtable, Alpine Room
- 2:30 pm** Break
- 2:45 pm** 12-Step Meeting – Closed Session
- 3:45 pm** Adjourn Day 4  
(Optional) Free Time in Salt Lake City / Park City

## Sunday, June 5

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 7:15 am** Continental Breakfast *(For all attendees staying at the Sage Point Dormitories)\*\**
- 7:15 am** (Optional) Dinosaur Debrief – Focus for Pharmacists, Faculty and Board of Pharmacy Alumni
- 8:30 am** Closing 12-Step Meeting – Carrying the Message
- 9:30 am** Break
- 9:45 am** Closing Session: Developing Positive Personal Power
- 10:45 am** Break
- 11:00 am** Closing Session: Developing Positive Personal Power *(Cont)*
- 12:00 pm** Adjourn APhA Institute

**\*\*Attendees that are checking out of the Benchmark Plaza Apartments on Sunday morning may bring their luggage to the Alpine Room to be stored until the APhA Institute adjourns at 12:00 pm.**

From time to time, APhA uses photographs and videos of conference events in its promotional materials. Unless this permission is revoked in writing to APhA, by virtue of their attendance, all Institute Attendees agree to the use of their likeness in such materials.

Salt Lake City, Utah • June 1 - 5, 2022

# **APhA Institute on Substance Use Disorders**



**APhA**

**American Pharmacists Association**  
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UNIVERSITY  
School of Pharmacy  
and Health Professions



APhA Institute Attendee,

Welcome back to the first live APhA Institute on Substance Use Disorders since 2019. Even with the changes we've seen in the past two years, the heart of the program is still the same as it was in the early 1980's when it started as the Pharmacy Section of the University of Utah School on Alcoholism and Other Drug Dependencies. The APhA Institute strives to carry the message forward to provide pharmacists, student pharmacists, and the profession with resources, information and guidance regarding substance use disorders. We hope that this experience will help you redefine your views on the disease of addiction and serve as a catalyst to help increase the awareness of the health and social issues related to substance use disorders.

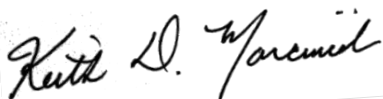
I was recently listening to a sermon on the issue of pride. Not the confidence and self-esteem boosting type of pride, but the one that keeps us from developing meaningful relationships with one another. The type of pride that keeps us from apologizing, prevents us from showing vulnerability or weakness, and even keeps us from asking for help when we know in our heart we are lost. The type of unhealthy pride that pushes everyone away when we know we need them the most, because we think we can get through it on our own. Beth Moore's poem, "My Name is Pride", describes how this inwardly directed emotion can have dangerous side effects and cheat you out of many things in life. "My name is Pride. I am a cheater. You like me because you think I'm always looking out for you. Untrue. I'm looking to make you a fool of you." As I listened to the speaker, the correlation between the characteristics of pride and the disease of addiction were striking.

Over the next five days, you will have the opportunity to learn not only about the pathophysiology of addiction, but family dynamics, treatment and recovery. You will have the opportunity to attend Alcoholics Anonymous and other 12-step meetings where attendees will hear first-hand how the disease of addiction has had life-altering effects on many pharmacists and student pharmacists in the room.

Everyone comes to Utah for a different reason. I encourage you to not let pride get in the way of becoming vulnerable and opening up to learning more about substance use disorders. I encourage you to be intentional, set some personal and professional goals, and participate in every session while you are here in Salt Lake City. In addition, please don't go at it alone. If you need to talk with someone, there are counselors, mentors, ambassadors and staff here to help.

On behalf of the American Pharmacists Association and the many staff members, volunteer leaders and alumni that have made this conference over the past 39 years one of the most impactful experiences in the profession of pharmacy, I am pleased to welcome you to Salt Lake City, Utah.

I hope you enjoy the "APhA Institute Experience"!



Keith D. Marciniak  
Vice President, Member Relations  
American Pharmacists Association

**Welcome to the  
apha Institute!**



# APhA Institute Schedule 2022

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## Wednesday, June 1

*University Guest House & Conference Center – Alpine & Fort Douglas Ballroom*

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- 8:00 pm** Alcoholics Anonymous – Open Meeting
- 9:00 pm** Adjourn Day 1

## Thursday, June 2

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 7:00 am** Registration Opens
- 8:00 am** Understanding the Neuroscience of Substance Use Disorders, Part 1
- 9:00 am** Break
- 9:15 am** Understanding the Neuroscience of Substance Use Disorders, Part 2
- 10:15 am** Break
- 10:30 am** MOUD 101: Understanding Medications for Opioid Use Disorder
- 11:30 am** Lunch
- 1:00 pm** Case Study of a Pharmacist
- 1:45 pm** Break
- 2:00 pm** Washing Away the Toxicity of Shame
- 3:15 pm** Break
- 3:30 pm** Crucial Conversations: Stop Tip-Toeing Around Substance Use Disorders
- 4:45 pm** Break (Set-up room for Narcotics Anonymous Speaker Meeting)
- 5:00 pm** Narcotics Anonymous – Open Meeting
- 6:00 pm** Adjourn Day 2
- 6:15 pm** (Option 1) Group Hike Up the Mountain — Meet at Sage Point Quad\*  
(Option 2) Group Walk Through Red Butte Gardens — Meet at Sage Point Quad

\*All participants must complete an APhA Waiver prior to hiking.

## Friday, June 3

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 8:30 am** Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery
- 9:15 am** Break
- 9:30 am** Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery (Cont)
- 10:15 am** Break
- 10:30 am** The Grass Isn't Always Greener: Medical Cannabis and CBD
- 11:30 am** Lunch
- 1:00 pm** Ask the Experts: Townhall Discussion on Medical Cannabis and CBD
- 2:00 pm** Break
- 2:15 pm** Family Matters: Understanding and Addressing the Impact of Addiction on Family Units
- 3:00 pm** Break
- 3:15 pm** Family Matters: Understanding and Addressing the Impact of Addiction on Family Units (Cont)
- 4:00 pm** Break (Set-up Room for AI-Anon – Open Meeting)
- 4:15 pm** AI-Anon – Open Meeting
- 5:30 pm** Adjourn Day 3 / (Optional) Visit from Golden Healer Therapy Dogs

# APhA Institute Schedule 2022

## Saturday, June 4

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 8:00 am** (Optional) Ambassador Information Session
- 8:30 am** The Intersection of Mental Health Conditions and Substance Use Disorders
- 9:45 am** Break
- 10:00 am** Dispense to Prevent: Naloxone
- 11:30 am** Lunch
- 1:00 pm** Attendees select one of the following:
  - Track I - Operation Substance Use Disorders Workshop, Fort Douglas Ballroom
  - Track II - Pharmacist Recovery Network (PRN) Discussion, Granite Ballroom
  - Track III - Faculty Member / APhA Pain & Palliative Care SIG Networking Roundtable, Alpine Room
- 2:30 pm** Break
- 2:45 pm** 12-Step Meeting – Closed Session
- 3:45 pm** Adjourn Day 4  
(Optional) Free Time in Salt Lake City / Park City

## Sunday, June 5

*University Guest House & Conference Center – Fort Douglas Ballroom*

- 7:15 am** Continental Breakfast *(For all attendees staying at the Sage Point Dormitories)\*\**
- 7:15 am** (Optional) Dinosaur Debrief – Focus for Pharmacists, Faculty and Board of Pharmacy Alumni
- 8:30 am** Closing 12-Step Meeting – Carrying the Message
- 9:30 am** Break
- 9:45 am** Closing Session: Developing Positive Personal Power
- 10:45 am** Break
- 11:00 am** Closing Session: Developing Positive Personal Power *(Cont)*
- 12:00 pm** Adjourn APhA Institute

**\*\*Attendees that are checking out of the Benchmark Plaza Apartments on Sunday morning may bring their luggage to the Alpine Room to be stored until the APhA Institute adjourns at 12:00 pm.**

From time to time, APhA uses photographs and videos of conference events in its promotional materials. Unless this permission is revoked in writing to APhA, by virtue of their attendance, all Institute Attendees agree to the use of their likeness in such materials.



# Session Materials

To help preserve our natural resources, APhA Institute education sessions are paperless. However, to offer participants an enduring reference to the education content, the majority of the presentation materials are available via Dropbox until July 1, 2022: <https://tinyurl.com/ym5fj95s>



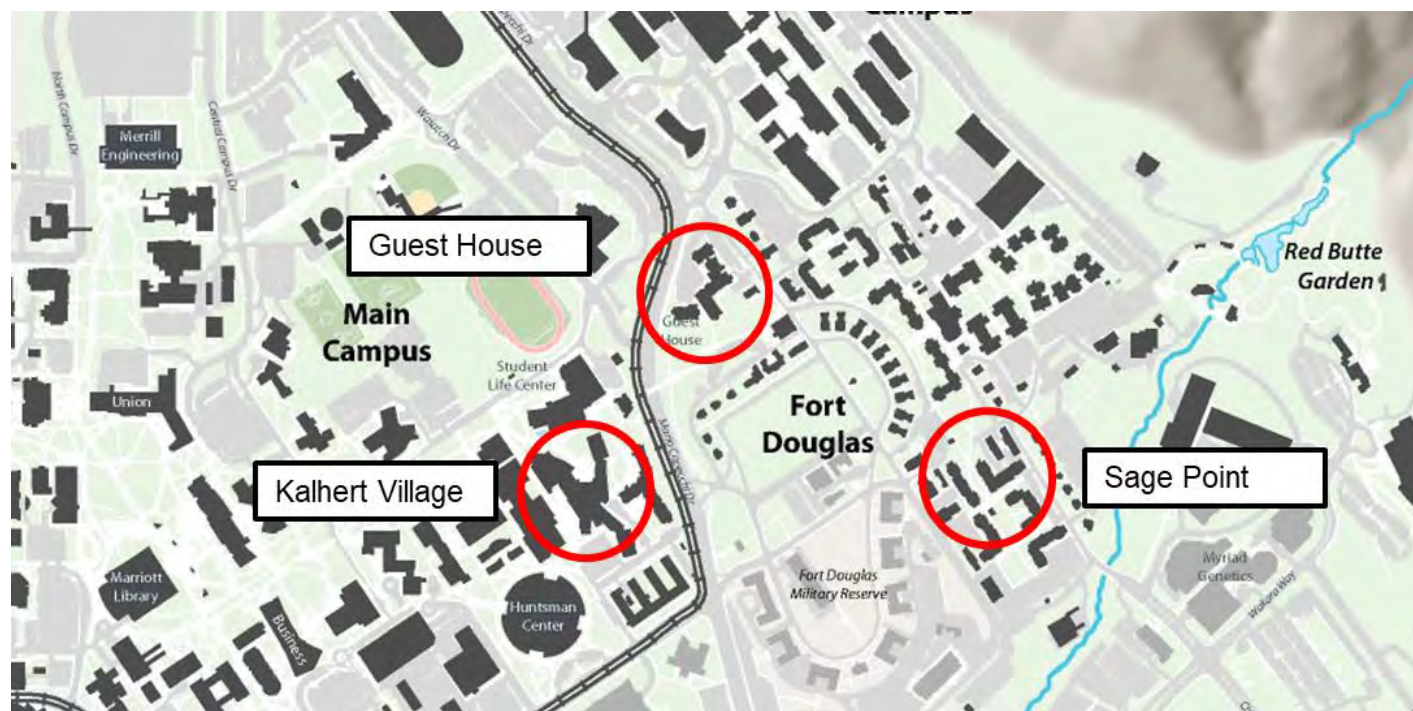
## Where to Eat & U of U Map

Lunch will be provided by APhA on Thursday, Friday and Saturday at Kalhert Village. **APhA Institute attendees will need a ticket for lunch.** Tickets will be provided by APhA Institute staff each day.

On Sunday morning APhA will provide a continental breakfast for all attendees staying at the Sage Point Dormitories at 7:15 am in the Alpine Room.

All other meals will not be provided during the APhA Institute.

For a list of on-campus food options, please visit: [dineoncampus.com/utah](https://dineoncampus.com/utah)



# APhA Institute Staff



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## Special Thanks

On behalf of the staff,  
we would like to thank  
the following  
individuals for their  
help in making the  
**2022 APhA Institute**  
possible.

APhA Foundation  
Andi Clark, PharmD  
Chris McKerrow  
Daniel Zlott, PharmD  
Edward M. DeSimone  
Ellyn Terry  
Jessica Marx, PharmD  
Katie Myer, PharmD  
Kieu Nguyen, PharmD  
Parisa Vatanka, PharmD  
Pat Szybist  
Sue Weedon

And...

Golden Healer  
Therapy Dogs



**GOLDEN HEALER**  
THERAPY DOGS

# APhA Institute Ambassadors

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Nathan Croner  
[nathan.croner@wne.edu](mailto:nathan.croner@wne.edu)



Trisha Patel  
[rxtrisha@gmail.com](mailto:rxtrisha@gmail.com)



Nadia Makousky  
[nmakousky@gmail.com](mailto:nmakousky@gmail.com)

If you are interested in serving as an Ambassador for the APhA Institute in 2023, please attend the information session on **Saturday at 8:00 am** to learn about this opportunity. Applications are due on **December 1, 2022** and can be found on <https://aphainstitute.pharmacist.com/>



## Need to Talk?

---

**Michael Smith, BSP Pharm,  
MA, LADC**  
Clinical Director  
High Point Treatment Center  
Plymouth, MA  
[mjsmith@megalink.net](mailto:mjsmith@megalink.net)

## Stay Connected in Utah

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### Wi-Fi is available in the University Guest House:

1. Select the wireless network UGuest from the list of available wireless connections
2. Open your Internet browser and go to [onboard.utah.edu](http://onboard.utah.edu).
3. Agree to the Terms and Conditions and then click Start.
4. Follow the instructions on your screen.

If you require assistance, please contact the Campus Help Desk at 801-581-4000.



# Continuing Pharmacy Education Information

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## Accreditation



The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education.

## CPE Monitor



CPE Monitor is a collaborative system used by ACPE, National Association of Boards of Pharmacy (NABP), and ACPE-accredited providers for all pharmacists and technicians to record and track their CPE credits. Visit [nabp.pharmacy/cpe-monitor-service](https://nabp.pharmacy/cpe-monitor-service) to set up your e-Profile.

Contact NABP customer support at 847-391-4406, Monday to Friday between 9:00 am and 5:00 pm CT for additional information.

## Target Audience

APhA Institute education sessions were designed for pharmacists from all practice settings. Courses appropriate for pharmacist participation are designated by an ACPE universal activity number ending in the letter "P."

## Learning Level

CPE offered at the APhA Institute is: **Level 1**. The information presented will be a primer on the topic and appropriate for a wide range of pharmacists.

## Activity Type

CPE offered at the APhA Institute is: **Application-based and Knowledge-based activities** designed to enhance or add to pharmacists' knowledge of a topic, mostly through didactic sessions.

## For Assistance

Contact the APhA InfoCenter at [infocenter@aphanet.org](mailto:infocenter@aphanet.org) or 1-800-237-APhA (2742) and press #2 for assistance with pharmacist.com login issues.

Contact the APhA Education Department at [education@aphanet.org](mailto:education@aphanet.org) for session codes and other CPE related questions.

## Partial Credit Policy

APhA does not offer partial credit for any CPE activity.

# Continuing Pharmacy Education Information

## State Requirements

Check with the Board of Pharmacy in your state regarding specific continuing pharmacy education requirements.

Florida-licensed pharmacists: To ensure that your continuing pharmacy education participation can be filed with the state-mandated CE Broker system, make sure you have provided APhA with your Florida license number. To check, log on to [pharmacist.com](https://pharmacist.com) and select My Account, then License Information.

## Grievance Policy

Should any attendee of an approved CPE session be dissatisfied with the quality of the activity, contact the APhA Education Department at [education@aphanet.org](mailto:education@aphanet.org) within 5 days of the conclusion of the session.

## Disclosures

Faculty disclosures are provided in the APhA Institute Workbook. The APhA Education Committee and APhA staff disclosures can be found on [pharmacist.com/apha-disclosures](https://pharmacist.com/apha-disclosures).

## Session Handouts

To help preserve our natural resources, APhA Institute education sessions are paperless. However, to offer participants an enduring reference to the education content, the majority of the presentation materials are available at <https://tinyurl.com/ym5fj95s>

## CPE Credits

Qualified attendees can earn 13.25 contact hours of onsite, live CPE credit (1.325 CEU) Sessions approved for CPE Credits are indicated by an ACPE number and CEUs in the APhA Institute Workbook.

Code	CPE Session
_____	Understanding the Neuroscience of Substance Use Disorders (2.00)
_____	MOUD 101: Understanding Medications for Opioid Use Disorder (1.00)
_____	Washing Away the Toxicity of Shame (1.25)
_____	Crucial Conversations: Stop Tiptoeing Around SUD (1.25)
_____	Integrating Pharmacists to Optimize Pain Management in the Setting of Active Recovery (1.50)
_____	The Grass Isn't Always Greener: Medical Cannabis and CBD (1.00)
_____	Expert Townhall: Medical Cannabis and CBD (1.00)
_____	Family Matters: Understanding and Addressing the Impact of Addiction on Family Units (1.50)
_____	The Intersection of Mental Health Conditions and Substance Use Disorders (1.25)
_____	Dispense to Prevent: Naloxone (1.50)

There are two days in every week which we have no  
control over - yesterday and tomorrow.  
Today is the only day we can change.

03/16/2023

For Submission



**APhA**

American Pharmacists Association  
For Every Pharmacist. For All of Pharmacy.

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# How to Claim Your CPE Credit

## Claim Your Credit

To obtain CE credit, you are required to actively participate in the entire session, submit the corresponding attendance code, complete speaker and session evaluations, and claim credit using the online CPE submission site.

**Register** for the APhA Institute and add to your APhA Learning Library by clicking on this link:  
<https://ebusiness.pharmacist.com/PersonifyEbusiness/Shop-APhA/Product-Details/productId/357847810>.

1. Select “Add to Cart”
2. Select “Checkout”
3. Select “Next, Next” then “Complete Order”

The APhA Institute Learning Plan will now be available under **“My Training”** in the APhA Learning Library. Ensure your NABP e-Profile ID and Birth Month and Day (MMDD) are included in the APhA e-business system.

1. Select “My Account” at the top right next to your name
2. Select “NABP e-Profile ID”
3. Input your NABP e-Profile ID and date of birth (MMDD) if missing
4. Check “Yes, I have read the APhA’s CPE Monitor Policies and Procedures”
5. Click “Submit”

## For each session, follow the steps below to claim CPE credit.

1. Go to the APhA Learning Library — <https://www.pharmacist.com/Education/NEW-Learning-Library> — and click the “Get Started” button.
2. Login with your APhA username and password.
3. From the APhA Learning Library Home page, under “My Training,” click on the APhA Institute on Substance Use Disorders Learning Plan tile. This learning plan contains all of the education sessions from the APhA Institute on Substance Use Disorders in Salt Lake City, Utah.
4. Locate the session in the list and click on the title.
5. Click the “Start Learning Now” button at the top right of the screen
6. Click the “Begin the Test” at the bottom of the screen
7. Enter the session’s attendance code and click the “Submit Test (Completed)” button on the bottom right of the screen
8. On the next screen, click the “Next Activity” button.
9. For each speaker, click the “Begin the Survey” button under the speaker’s name to complete the speaker evaluation. Click the “Submit” button.
10. Click the “Next” button at the top right of the screen to proceed to the session evaluation.
11. Click the “Begin the Survey” button under the “APhA Education Evaluation” header.
12. Complete the evaluation form and click the “Submit” button at the bottom of the screen.

**Repeat these instructions for each session. You must file your CPE credit at [pharmacist.com](https://www.pharmacist.com) by August 5, 2022, 5:00 PM ET.**





### Learning Objectives:

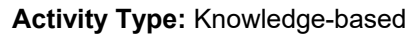
- Disclosures:** The speaker declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

[illegible]



# NOTES

THURSDAY



### Learning Objectives:

- Disclosures:** Dr. Jacobson declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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# NOTES

THURSDAY



**Activity Type:** Knowledge-based

**ACPE#:** 0202-0000-22-152-L04-P **CEUs:** 0.125 (1.25 Credit Hours)

### Learning Objectives:

1. Distinguish among the following terms: healthy shame, unhealthy shame, guilt and stigma.
2. Explain how feelings related to shame can impact the treatment of substance use disorders and recovery process.
3. Describe how pharmacists can use the principles of healthy and unhealthy shame in assisting patients who are in recovering or struggling with substance use disorders.

**Disclosures:** Dr. Nichols has worked for CHESS Health (Consultant/Stipend) and Wayspring Health (Employee/Salary) in the past 24 months.

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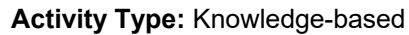
# NOTES

THURSDAY

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# NOTES

THURSDAY



### Learning Objectives:

- Disclosures:** Dr. Parran declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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# NOTES

FRIDAY



### Learning Objectives:

- Disclosures:** Dr. Franson declares having worked for Teva Pharmaceuticals (Consultant/Honorarium), Neurosciences Education Institute (Speaker/Honorarium), and Genomind (Speaker/Honorarium) in the last 24 months.

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# NOTES

FRIDAY



# NOTES

FRIDAY



**ACPE#:** 0202-0000-22-157-L04-P **CEUs:** 0.150 (1.50 Credit Hours)

### Learning Objectives:

1. Describe the current situation in the USA with respect to Mental Health and Substance Use Disorders.
2. Discuss the behaviors and family roles one may assume in the face of SUD and the way trauma, denial, shame, and anger etc. manifest themselves.
3. Illustrate and describe thru case study how one sets the stage for invitational conversations and boundaries which inspire change.
4. Discuss 10 recovery tools for loved ones and for families.

**Disclosures:** The speaker declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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# NOTES

THURSDAY



**ACPE#:** 0202-0000-22-158-L04-P **CEUs:** 0.125 (1.25 Credit Hours)

### Learning Objectives:

1. Recognize the incidence of co-occurring mental health and substance use disorders.
2. Describe the relationship between co-occurring mental health and substance use disorders.
3. Outline potential treatments and services for individuals with co-occurring mental health and substance use disorders.
4. Demonstrate the essential therapeutic qualities that facilitate the recovery and care of patients with co-occurring mental health and substance use disorders.

**Disclosures:** Dr. Gold declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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# NOTES

THURSDAY





**Activity Type:** Knowledge-based

**ACPE#:** 0202-0000-22-159-L01-P **CEUs:** 0.15 (1.50 Credit Hours)

### Learning Objectives:

1. Describe how to use naloxone in an emergency situation.
2. Discuss patient-centric communication strategies to improve naloxone distribution.
3. Recognize some of the common misconceptions about naloxone.

**Disclosures:** The speaker declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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# NOTES

FRIDAY



# NOTES

## Track Breakout Sessions

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# NOTES

SATURDAY



**Non-CPE Session - Learning Objectives:**

1. Describe the difference between I.Q. and E.Q., and how an understanding of each can be utilized by the pharmacist in promoting optimal patient outcomes.
2. Identify at least one area to target for each learner to improve self-care in the realm of physical health, to promote personal wellness, and describe how this process can be used by the pharmacist to improve patient health outcomes.
3. Define how pharmacists can promote patients' healthy life balance in the areas of work, love, and fun to improve their health.
4. Describe how the pharmacist can construct a change in the work environment that will enhance self-care for themselves and employees.



## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**My personal goals for this week are:**

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**My professional goals for this week are:**

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**Following the APhA Institute, I like to stay in contact with...**

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**I want to share the information that I learned at the APhA Institute with...**

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**My immediate, 30 day, 90 day and 1 year next steps are...**

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# APhA

## 2020 APhA Pain Management Forum



- Finding Grace: An Overview of Addiction and Recovery
- Bridging the Gap Between Pain Management and Drug Diversion
- Chronic Pain Management: Best Practices and Clinical Pearls
- Opioid Alternatives: The Roles and Risks of NSAIDs in Pain Management
- Using Brief Interventions in a Busy Pharmacy Setting
- Naloxone: Understanding Its Role and Expanding Access in Community Pharmacies



# Finding Grace: An Overview of Addiction and Recovery

**Merrill Norton, PharmD, DPh, ICCDP-D**  
Clinical Associate Professor  
University of Georgia College of Pharmacy  
Valdosta, GA



1



## Questions about addiction that have no answers

- How does addiction occur?
- Why do people refuse help when confronted about their addiction?
- What are the causes of addictions?
- Is addiction a disease?
- How do you treat an addicted brain?
- What causes relapse after a period of recovery?
- Why do addicts run away from the ones who love them the most?
- Can I recover from my addiction and regain my life again?
- How long does it take to recover from addiction?



2



## A Clinical Dilemma

- How do I assist an addicted patient if I don't know their history of addiction?
- If a patient is recovering from an addiction, why don't they tell their healthcare providers?
- Why do individuals who are addicted not accept help from their loved ones?
- All I see at my community pharmacy are drug seeking patients – which has created a very negative attitude towards wanting to help any of them. How can I change my attitude?



3



## The Community Pharmacist Practice Points

1. Explain the disease of substance use disorder (SUD)
2. Gather the information necessary to conduct a screen for SBIRT;
3. Inform patients about the treatment options for SUD;
4. Locate resources needed to answer questions about the effects of common drugs of abuse (alcohol, marijuana, narcotics, "ecstasy", and cocaine);
5. Develop a list of local resources for SUD treatments;



4



## The Community Pharmacist Practice Points

- 6. Counsel parents who are concerned about drug use by their children;
- 7. Counsel individuals who are concerned about drug use by a loved one;
- 8. Counsel individuals who are concerned about their own drug use;
- 9. Become a community resource in the education of the disease of SUD and naloxone rescue.
- 10. Become the medication resource for persons in recovery seeking “safe OTC medications”.

5





## Do you know someone who is addicted?

6

What is Addiction?

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## ASAM Definition of Addiction-2011

- Addiction is a PRIMARY disease;
- Addiction is a CHRONIC disease of brain reward, motivation, memory, and related circuitry;
- Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations;
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors;

9

9



## ASAM Definition of Addiction-2011

- Addiction is characterized by **inability to consistently abstain**; impairment in behavioral control;
- **Craving**;
- **Diminished recognition of significant problems** with one’s behaviors and interpersonal relationships;
- **And a dysfunctional emotional response**;

10

10

# Desire Corresponds with Drug Use

The diagram illustrates the relationship between neurotransmitters, desire, and drug use outcomes. It is structured as a vertical flow with three rows. Each row features a neurotransmitter on the left, a central arrow pointing downwards, and a corresponding outcome on the right. The arrows are color-coded: grey for 'Liking', yellow for 'Wanting', and grey for 'Craving'. The outcomes are listed in white rounded rectangles.

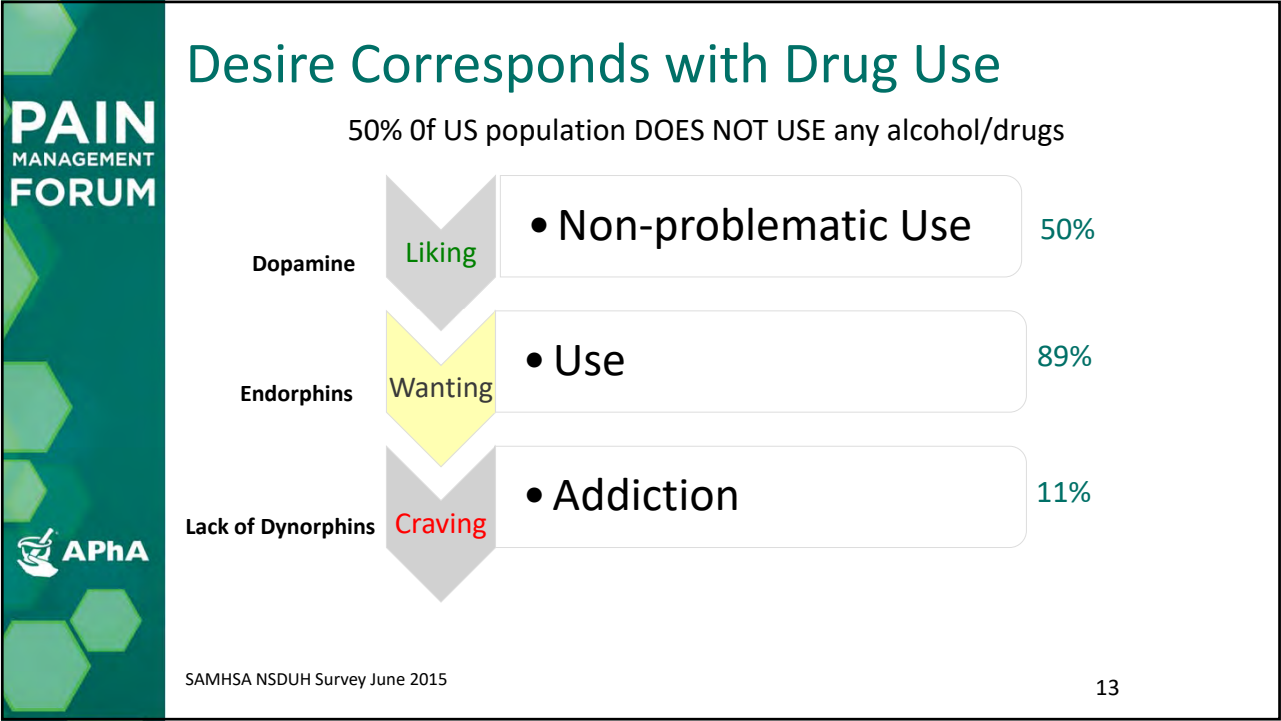
Neurotransmitter	Desire	Outcome
Dopamine	Liking	• Non-problematic Use
Endorphins	Wanting	• Abuse
Lack of Dynorphins	Craving	• Addiction

**PAIN MANAGEMENT FORUM**

**APhA**

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PAIN  
MANAGEMENT  
FORUM

APhA



# Dopamine

- Primary chemical in the brain responsible for activating the reward pathway, movement in peripheral nervous system, and perception in the midbrain regions.
- During the preoccupation phase of addiction, dopamine is being released stimulating desire for drug.
- During the intoxication phase, all the dopamine in the brain is released giving the user a euphoric feeling.
- During the withdrawal phase, the brain has run out of dopamine and can not function properly until more is made.

NCCc1ccc(O)c(O)c1

The diagram shows the chemical structure of dopamine. It consists of a benzene ring with two hydroxyl groups (-OH) at the 3 and 4 positions (catechol). Attached to the 1 position of the ring is a 2-aminoethyl side chain (-CH<sub>2</sub>-CH<sub>2</sub>-NH<sub>2</sub>).

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## Dopamine Circuits in the Brain

- Mesocortical: Normal pleasure; liking, wanting
- Mesolimbic: Euphoria/addiction; liking, wanting, craving
- Nigrostriatal: Movement; Parkinson’s Disease, EPS
- Tuberoinfundibular: Perception; psychosis

Jaber, M., Robinson, S., & Missale, C. (1996). Dopamine receptors and brain function. Retrieved November 11, 2015, from <http://www.sciencedirect.com/science/article/pii/S0028390896001001>



17



## Dopamine-releasing Chemicals

- Alcohol and sedatives/hypnotics
- Opiates/Opioids
- Cocaine
- Amphetamines
- Entactogens (MDMA)
- Entheogens/hallucinogens
- Dissociants (PCP, ketamine)
- Cannabinoids
- Inhalants
- Nicotine
- Caffeine
- Anabolic/Androgenic steroids

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## Dopamine-releasing Behaviors

- Food (Bulimia and binge eating)
- Sex
- Relationships
- Other people (“codependency,” control)
- Gambling
- Cults
- Performance (“work-aholism,” over-exercise)
- Collection/accumulation (“shop-aholism”)
- Rage/violence
- Media/entertainment

19

19



## The Full Spectrum of Addiction

• Alcohol and sedative/hypnotics	• Food (bulimia, binge eating)
• Opiates/Opioids	• Sex
• Cocaine	• Relationships
• Amphetamines	• Other people (“codependency,” control)
• Entactogens (MDMA)	• Gambling
• Entheogens/hallucinogens	• Cults
• Dissociants (PCP, Ketamine)	• Performance (“work-aholism,” over-exercise)
• Cannabinoids	• Collection/accumulation (“shop-aholism”)
• Inhalants	• Rage/violence
• Nicotine	• Media/entertainment
• Caffeine	
• Anabolic/Androgenic Steroids	

20

20

## Dopamine and Addiction



- Drugs of abuse cause supraphysiologic increases in extracellular dopamine in the striatum that correlate with subjective feelings of being “high”
- PET scan studies: impaired striatal dopamine signaling due to decreased DAD2 receptors
- fMRI scan studies: brain activation abnormalities in striato-cortical pathways that regulate reward, self-control, and affect
- Overlap in brain circuitry underlying addiction and disorders such as binge eating and pathological gambling
- Other brain chemicals matter, too (glutamate, GABA, endogenous opioid and cannabinoids)

Volkow ND, Morales M. The brain on drugs: from reward to addiction. *Cell*. 2015;162:712-25.

21

## Dr. Volkow’s Dopamine Research

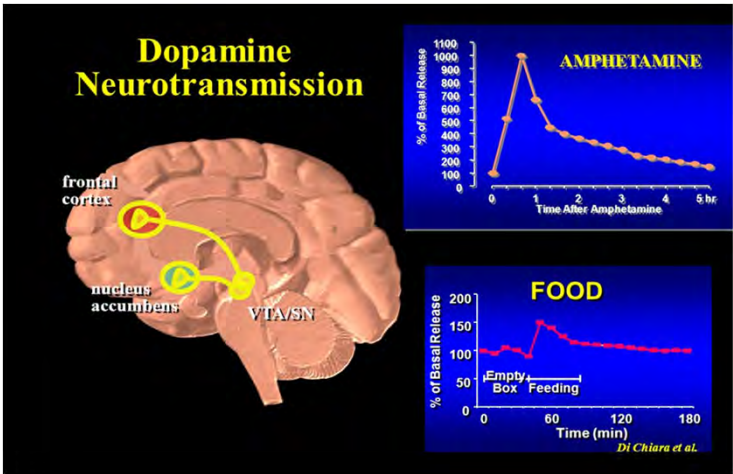




Photo Courtesy of NIDA Neurobiology of Addiction 2007

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## Natural Rewards Elevate Dopamine Levels

- Normal dopamine levels are usually around 80-100% in normal brains;
- Satisfying hunger elevates Dopamine levels to about 50% above the norm causing about 150% release of dopamine (this tastes really good!); lasts 30-60 minutes at that level;
- Satisfying sex elevates Dopamine levels to about 100% above the norm and lasts a few seconds to a minute at that level. Using a psychoactive drug may prolong the euphoria from sex for a short period of time (i.e. smoking a cigarette after sex, using a line of cocaine, etc.)

DiCiana et al, Neuroscience 1999, Fiorino and Phillips, J.Neuroscience,1997.

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## Drug Induced Dopamine Elevated Levels

- Nicotine elevates Dopamine 125% above the norm;
- Morphine elevates Dopamine 100% per dose above the norm;
- Cocaine depending on route of administration can elevate Dopamine from 100-150% above the norm;
- Amphetamine depending on route of administration can elevate dopamine from 100-1100% above the norm;
- The results of these types of dopamine releases is severe dopamine depletion.

DiCiana et al, Neuroscience 1999, Fiorino and Phillips, J.Neuroscience, 1997.

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## Dynorphin, Dysphoria, and Dependence: The Stress of Addiction



Charles Chavkin and George F Koob

The hypothesis that the dynorphin-kappa opioid receptor system may be a key component of the neuroplasticity associated with stress-induced mood disorders and the ‘dark side’ of addiction (withdrawal-negative affect stage) continues to gain preclinical and clinical experimental support.

The endogenous kappa opioid peptides derived from prodynorphin encode the dysphoric, anxiogenic, and cognitive disrupting responses to behavioral stress exposure.

Bruchas et al, 2010; Carroll and Carlezon, 2013  
Neuropsychopharmacology **41**, 373-374 (January 2016) | doi:10.1038/npp.2015.258.

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## Addiction is Greater Than a Mother’s Love (Dynorphin)

- Addicts can not stop using because once the dopaminergic system is deactivated (depleted) due to multiple neurobiological reasons- the reinforcing effects of the drug becomes more powerful than a mother’s love for her children.
- In 2016, the potencies of most street drugs (marijuana/heroin/opioids) have increased. This increased potency creates the increased reinforcing effects of dopamine; thus increasing the addiction liability of the drug on the brain. As the addiction liability increases, the brain decreases the brain’s bonding chemical: Dynorphins. Without this chemical, human bonding becomes detached and the addict moves into a world of isolation and loneliness.

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## Mesolimbic Dopamine System ( The Addiction Circuits)

- Circuit #1 **Mu: Use-Dopamine-Occasion Use**
  - Relief/Like/Fun/Motivation
    - Pleasure/Pain circuit Meso-accumbens
- Circuit #2 **Delta:-Endorphins Patterned Use**
  - Repeat/Want/Reinforcement
    - Desire and urge circuit
      - Basolateral n. of amygdala
- Circuit #3 **Kappa: Addiction-Dynorphin A/B**
  - Need/Craving/Bonding and Diminished Relationships
    - Pathologic desire & demand circuit
      - Periaqueducal gray of brain stem
      - Stimulation of the periaqueducal gray matter of the midbrain activates enkephalin-releasing neurons that project to the raphe nuclei in the brainstem.
      - Enkephalin (endogenous opioid neurotransmitter), binds to mu opioid receptors.

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## A (very) Brief Overview of the Neurobiology of Addiction

Dopamine – Like: Occasional Use

↓

Endorphins- Want: Pattern of Use

↓

Dynorphins – Craving = Addiction

**Brain reward (dopamine) pathways**

These brain circuits are important for natural rewards such as food, music, and sex.

**Drugs of abuse increase dopamine**

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



Photo courtesy of NIDA Drugs, Brain, and Behavior: The Science of Addiction

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03/16/2023

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It starts with occasional use of alcohol, or any other drug, with the development of the brain.

The average age of first use in the United States is 14 years old. At that age, the brain is NOT mature biologically, the age of complete maturity of the brain is 24-28 years old. This immaturity creates a risk factor for addiction.

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## The Changing of the Brain’s Communication Highway

1.) Alcohol, Marijuana, Rx medications alter the receptors and neurotransmitters with any use; it happens like this:

2.) The person experiences euphoria from the release of dopamine (excessive amounts) when they drink or use a drug;

3.) The brain records this pleasurable experience in short term memory as “this was a good time”;


4.) If the person begins to repeat the pleasurable experience, the dopamine becomes depleted, the brain attempts to stabilize the chemistry by using another set of chemicals--the endorphins--to reset the brain back to normal; but this attempt just creates a need for more of the drug creating tolerance and withdrawal;

5.) If the persons continues to use (thinking that they can get back to normal), the brain activates a third set of chemicals, the dynorphins, to keep the brain’s communication highway open.

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## The Changing of the Brain’s Communication Highway

6.) The dynorphins are responsible for many things in the brain, one of the most important is stress reduction created by intimate relationships (family, friends, church, etc.) A long-term memory system is activated.


7. As the person continues to use the drug, the dynorphins are depleted over time, making normal relationships less important.

8. As the depletion of the dynorphins continues, the brain will begin to substitute the drug of abuse for the brain’s natural dynorphin.

9.) The brain becomes “hijacked” using the drug of abuse as the primary relationship of importance, instead of the normal relationships in the person’s life. This is addiction.

10.) Once the hijacking occurs-it is irreversible-addiction is a chronic disease process.



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## How Does Addiction Cause Shame?

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## What Is Shame?



Shame, by its nature, is contagious. Moreover, just as shame has an intrinsic tendency to encourage hiding so there is a tendency for the observer of another's shame to turn away from it.” (Helen Block-Lewis)

“...linguistic scholars assume a connection to an early form of the word ‘to cover’...” (Helen Block-Lewis)

“Too much shaming does not lead to genuine propriety but to a secret determination to try to get away with things, unseen...if indeed, it does not result in defiant shamelessness.” (Erik Erickson)

Mary Casey Ladd, LMSW, LMFT (1990)



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## The Culture of Shame and Addiction

- Culture is the inherited ideas, beliefs, values, knowledge, activities, and ideas of a group of people with shared traditions.
- The Building Blocks of the Addicted Culture are:
  - Fear: Humans fear humans that do not understand
  - Shame: Honor vs. Dishonor
  - Guilt: Right vs. Wrong



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## Pharmacists Can Be Culture Brokers

“...the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change” (Jezewski, 1990).

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## Pharmacists As Culture Brokers

“A cultural broker is defined as a go-between, one who advocates on behalf of another individual or group” (Jezewski & Sotnik, 2001).

Pharmacists have a unique opportunity to assist their addicted patients with prevention, intervention, and referral to treatment.



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## Five Types of Culture Brokers



- Liaison-Bridging two worlds
- Cultural Guide-helping people understand the ins and outs of the community
- Mediator-the go between (trust and time)
- Catalyst-influencing people’s behavior and values
- Learners-listening and caring for patient’s welfare
- What type of culture broker are you going to be?

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## Shame and Addiction

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## So What Is the Greatest Shame for a Human Being?

Detachment from other humans who love and care for them-this separation is caused by an internal state of inadequacy, unworthiness, dishonor, regret, or disconnection. This leads to an overwhelming feeling of failure and loneliness.

“Loneliness and the feeling of being unwanted is the most terrible poverty.” -Mother Teresa

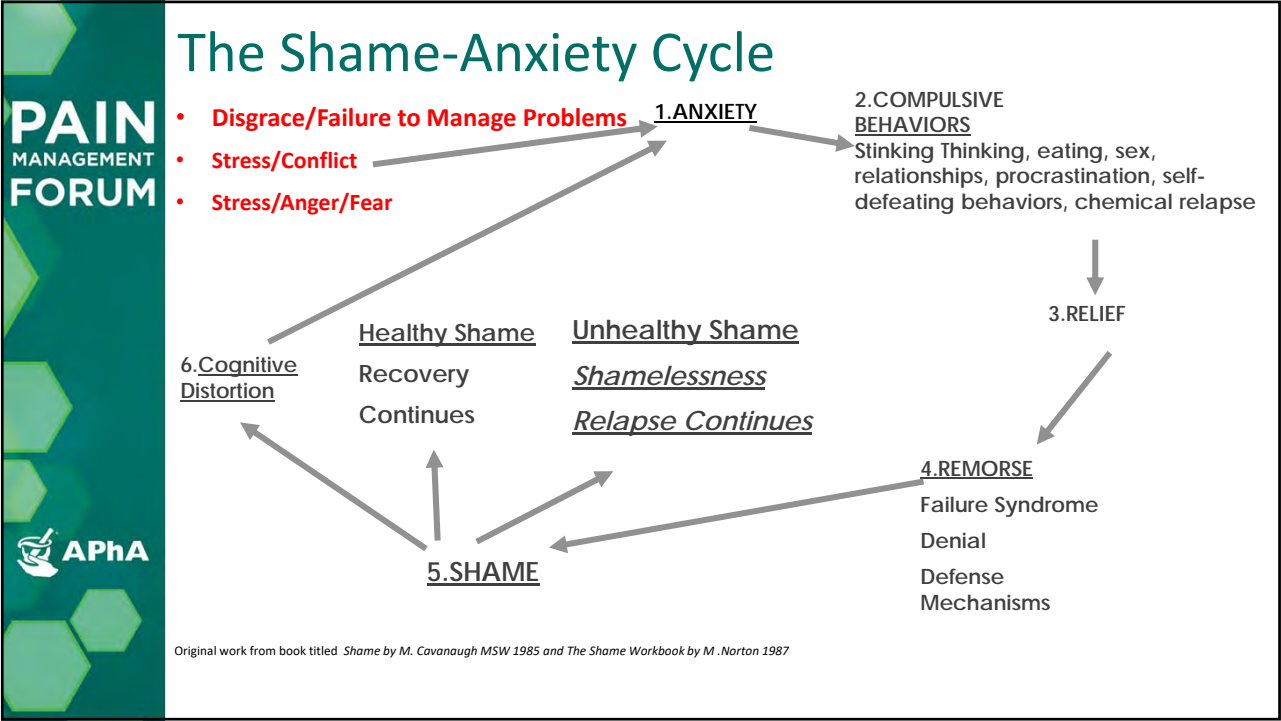
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## From Disgrace To Grace: Shame and Recovery

- The Shame-Anxiety Cycle
- Unhealthy and Healthy Shame
- The Neurochemistry of Shame
- The Twelve Step Applications to Recover from Shame-Anxiety Cycle
- Practical pharmacist practice points to assist patients and their families with addiction

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Unhealthy Shame Creates the following  
Addiction Life Rules or “Stinking Thinking” Statements:

“ I Can Do This All By Myself ”  
“ Leave Me Alone ”

If this patient is left without assistance, it will result in jails,  
institutions, and premature death.

If pharmacists do nothing, the current overdose death rate will  
continue to rise!

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If pharmacists get involved, successful treatments will result in an individual stimulating *Healthy Shame* which creates the life rules of the Permission To Recover

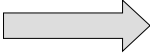
“I Need Help” Statements

Over the next year, pharmacists could save over 100,000 lives.

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## Feeling and Form

Why are feelings important? 

Feelings are our *affective bonds* to the world: not only inner states, but our connection with ‘the outer.’

What happens ‘outside’ has an impact on what we feel ‘inside’—and turns this very distinction ‘inside out.’

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# Feeling Shame

The Self in shame  
feels to be defective, degraded and  
diminished:  
not in good shape.

Shame seems  
not only to form,  
but also to deform the self  
or at least the self-image.





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# Shame and Addiction

- Unhealthy Shame keeps one's self from seeking help;
- Unhealthy Shame limits one's options to change;
- Unhealthy Shame is a cultural stigma;
- Unhealthy Shame is a societal stigma;
- Unhealthy Shame stops many people from obtaining true happiness in life.

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## Unhealthy Shame

1. Self-Alienation and Isolation
2. False Self
3. Codependency
4. Fuel for all other Addictions
5. Shamelessness (Denial)

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## Shamelessness

- Control- People, Places, Things, Outcomes
- Perfectionism- Life’s Rule-”I am worthless”
- Blame- Self, Others, Good Orderly Direction
- Denial of the Five Freedoms- Unhappiness
- No Talk Rule
- Don’t Make Mistakes
- Unreliability



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## What Motivates People to Change? Treatment Motivates People to Change

Precontemplation	Unaware of Problem
Contemplation	Ambivalence of Problem
Determination	Window of Opportunity
Action	Motivation to Change
Relapse	Part of Change Process
Maintenance	Continuation of Change

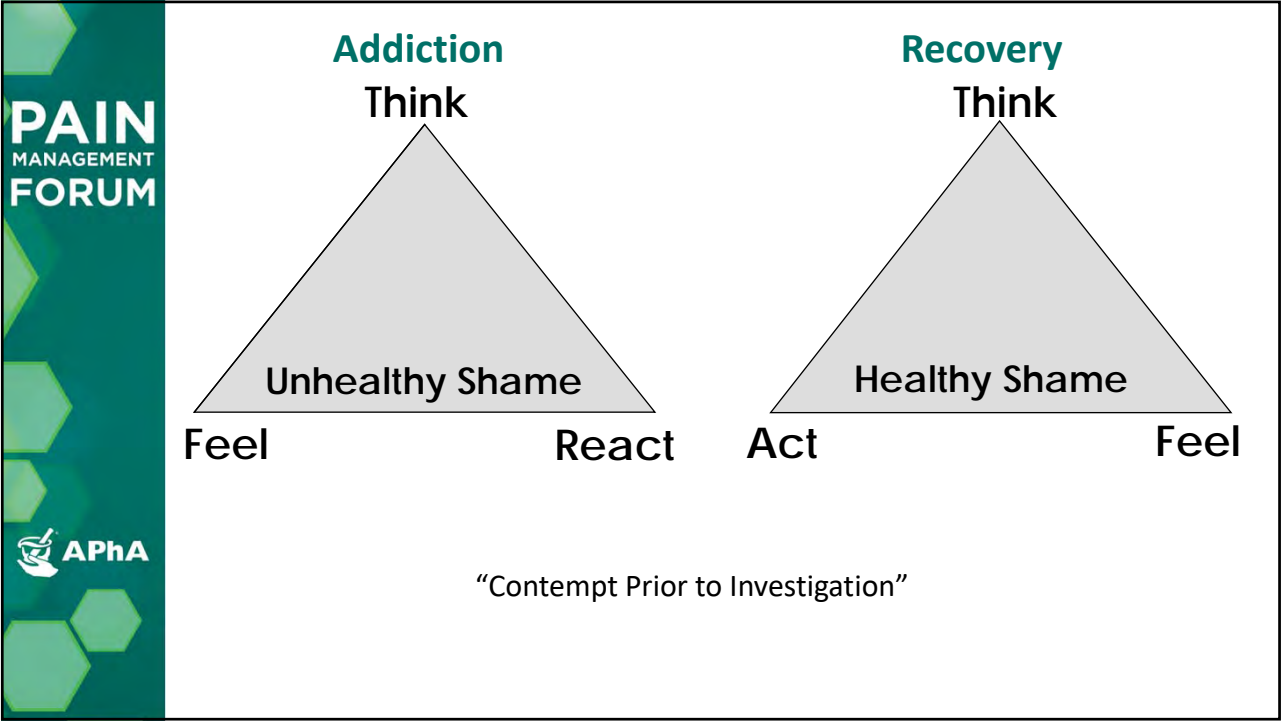
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## What Prevents People From Going To Treatment-Contempt Prior To Investigation

There is a principle which is a bar against all information, which is proof against all arguments and which can not fail to keep a man in everlasting ignorance--that principle is contempt prior to investigation.” -Herbert Spencer

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## Healthy Shame

- Permission to be Human
- Developmental Stage
- Embarrassment and Blushing
- Shyness
- Need for Community
- Source of creativity and Learning
- Source of Spirituality
- Healthy Shame is the most influential human emotion that will motivate change in a person

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## The Five Freedoms to Happiness

*The Primary Purpose of Recovery and Treatment*

1. Freedom to Talk
2. Freedom to Feel
3. Freedom to Trust
4. Freedom to Perceive
5. Freedom to Dream

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## Freedom to Talk

- Admitting Powerlessness & Unmanageability
- Permission to Grieve
- Ask for Help
- Expression of Feelings of Anger, Fear, and Loneliness
- Identification of the “Three Self’s”  
(Self-pity, Self-righteousness, Self-deceit)
- Recognition of Hope



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## Freedom to Feel

- Ability to experience gratitude, celebration, intimacy
- Motivate expression of all feelings
- Appropriate anger management
- Balance of behaviors associated with various feeling states



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## Freedom to Trust

- Development of honesty
- Process of giving up control/blame
- Open-minded to new ideas and attitudes
- Belief in a higher power, another human being and yourself
- Projection of a REAL self image
- Willingness to change



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## Freedom to Perceive

- Ability to accept criticism
- Clarification of what the Real World is
- Recognition of one’s assets and liabilities
- Development of true sense of God
- Willingness to carry the message to others

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## Freedom to Dream

- What do I want to become in recovery?
- First say to yourself what you would be; and then do what you have to do.
- I will become the best \_\_\_\_\_!!

“We can’t all be heroes because someone has to sit on the curb and clap as they go by!” -Will Rogers



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## Treatment and The Twelve Steps of Recovery Causes the Development of Healthy Shame

- Healthy shame discloses self-contradictions
- Calls attention to the limits of our being and our being-able
- And the problem of understanding and accepting our limits
- Healthy shame changes a Human Doing (Addict) into a Human Being (Person in Recovery )

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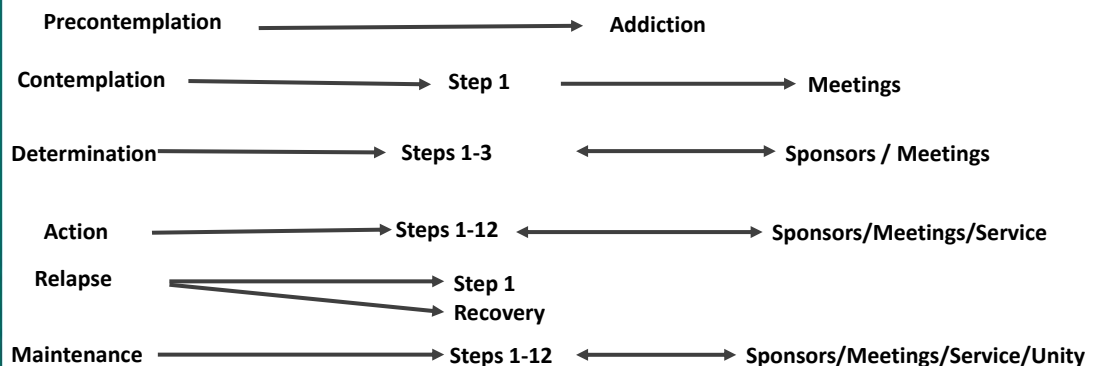
## WORKING THE TWELVE STEPS OF RECOVERY

Step 1	-	Talk
Step 2	-	Talk/Feel
Step 3	-	Talk/Feel/Trust
Step 4	-	Talk/Feel/Trust
Step 5	-	Talk/Feel/Trust
Step 6	-	Talk/Feel/Trust/Perceive

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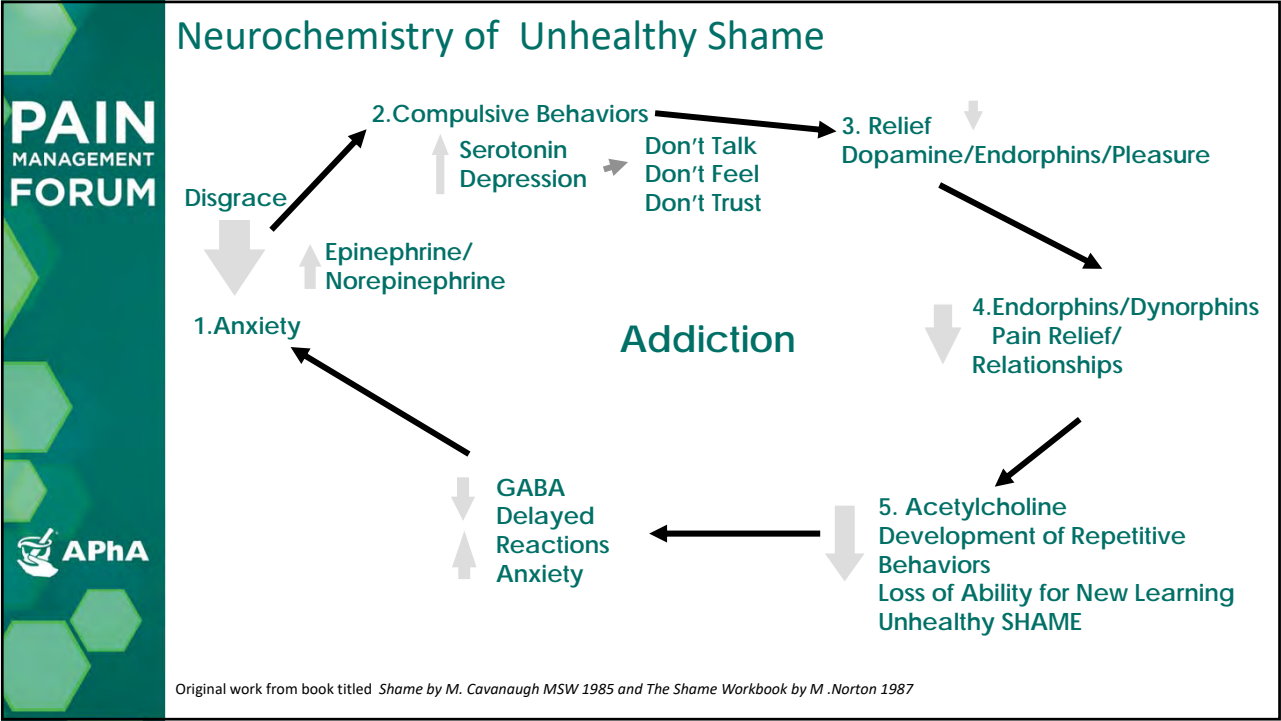
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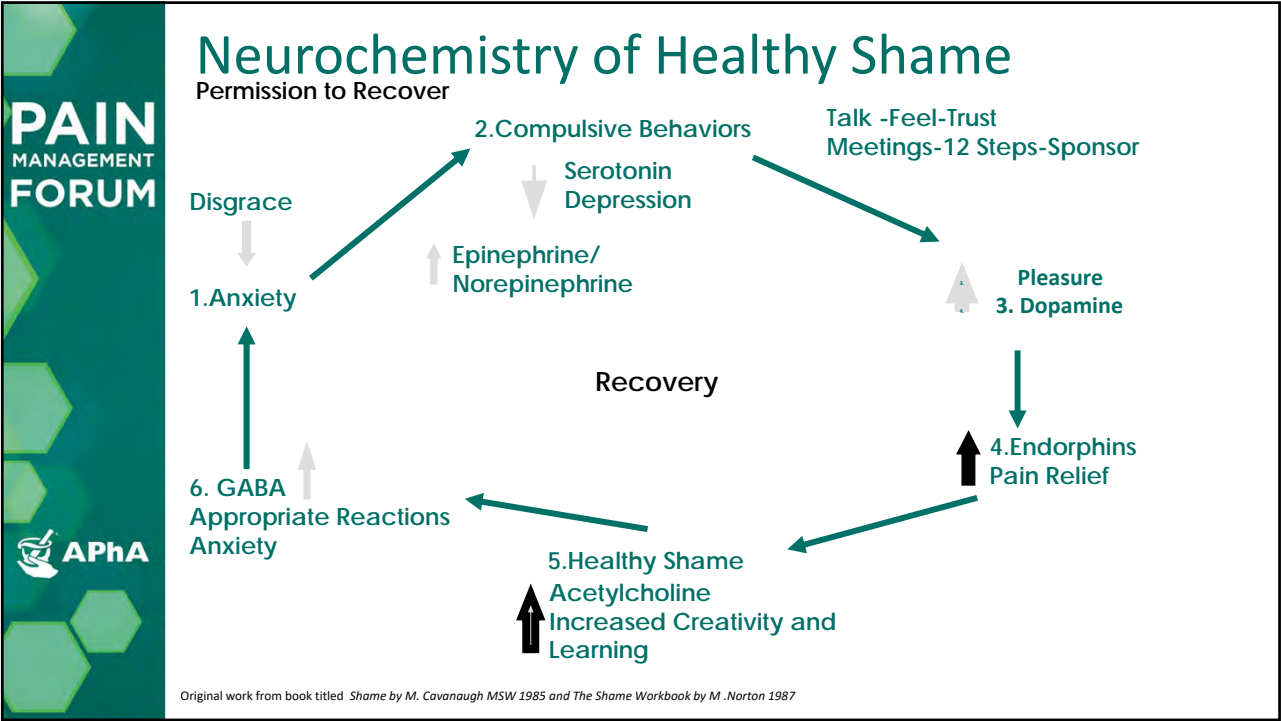


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The Permission To Recover  
“I Need Help”  
Ask for directions  
“How Do I Recover Today”  
Follow the directions  
Repeat the Process


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The diagram illustrates two contrasting cycles of behavior and emotion using triangles. On the left, the 'Addiction' cycle is represented by a triangle with 'Think' at the top, 'Feel' at the bottom-left, and 'React' at the bottom-right. The interior of this triangle is labeled 'Unhealthy Shame'. On the right, the 'Recovery' cycle is represented by a triangle with 'Think' at the top, 'Act' at the bottom-left, and 'Feel' at the bottom-right. The interior of this triangle is labeled 'Healthy Shame'. Below these two triangles, the text '“Contempt Prior to Investigation”' is centered.

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# Contempt Prior to Investigation

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**Addiction**

Think: Leave Me Alone




Feel React

**No Freedoms**

**Recovery**

Think: I Need Help




Act Feel

**3 Freedoms**  
Talk-Feel- Trust

**Discovery**

Think: I Will Help Others



Act Maintain



**5 Freedoms**  
Talk-Feel-Trust-Perceive-Dream

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# The Community Pharmacist Practice Points

1. Explain the disease of substance use disorders (SUDS)
2. Gather the information necessary to conduct a screen for SBIRT
3. Inform patients about the treatment options for SUDS
4. Locate resources needed to answer questions about the effects of common drugs of abuse (alcohol, marijuana, narcotics, "ecstasy" and cocaine)
5. Develop a list of local resources for SUDS treatments;



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## The Community Pharmacist Practice Points

- 6. Counsel parents who are concerned about drug use by their children
- 7. Counsel individuals who are concerned about drug use by a loved one
- 8. Counsel individuals who are concerned about their own drug use
- 9. Become a community resource in the education of the disease of SUDS and naloxone rescue
- 10. Become the medication resource for persons in recovery seeking “safe OTC medications”

69



## References

*Alcoholic Anonymous, Alcoholic Anonymous World Services, Inc. 1976*

*Bradshaw, J.,*

- *Bradshaw on the Family: A Revolutionary Way of Self Discovery.* Deerfield Beach, Florida: Health Communications. 1988. ISBN 978-0932194541.
- *Bradshaw On: Healing the Shame that Binds You.* Deerfield Beach, Florida: Health Communications. 1988. ISBN 978-0757303234.
- *Homecoming: Reclaiming and Championing Your Inner Child.* New York, NY: Bantam Books. 1990. ISBN 978-0-553-35389-1.

*Campos,J., Tracy, R., Robins, J., Tangney, J., The Self Conscious Emotions: Theory and Research,, Guilford Press 2007.*

*Tangney, J., Dearing, R., Shame and Guilt, Guilford Press,2002*

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# Bridging the Gap Between Pain Management and Drug Diversion

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1

## Learning Objectives

At the completion of this activity, participants will be able to

- Define the following terms: dependence, tolerance, opioid use disorder, addiction, and recovery.
- Describe methods to treat opioid use disorder while concurrently treating pain.
- List tools that assist providers in determining pain levels in patients who are recovering from addiction and explain how the information from these tools can be utilized when selecting an appropriate analgesic regimen.
- Discuss strategies that can be implemented by providers to ensure effective pain management for patients in addiction recovery.

2

## Dependence

- Development of a physiologic withdrawal syndrome upon reduction or cessation of drug
- Symptoms of opioid withdrawal syndrome include:
  - PAIN!
  - ANXIETY!
  - Sympathetic hyperactivity
  - Diarrhea
  - Nausea/vomiting
  - Diaphoresis

3

## Tolerance

- The development of a need to take increasing doses of a medication to obtain the same effect; tachyphylaxis is the term used when this process happens quickly.
- **Differential** tolerance to OPIOID effects
  - euphoria/anxiolysis/sedation happens within weeks
  - analgesia happens within months)

4

## Substance Use Disorder

- The development of a maladaptive pattern of medication use that leads to clinically significant impairment or distress in personal or occupational roles.
- This syndrome also includes
  - *a great deal of time used to obtain the medication, use the medication, or recover from its effects; loss of control over medication use; continuation of medication use after medical or psychological adverse effects have occurred.*

5

## Substance Use Disorder DSM-V Diagnostic criteria

- |  |   |
|--|---|
| • Tolerance*                           | • Failure to fulfill major role obligations                         |
| • Withdrawal*                          | • Recurrent use in hazardous situations                             |
| • More use than intended               | • Continued use despite consistent social or interpersonal problems |
| • Craving for the substance            |   |
| • Unsuccessful efforts to cut down     |   |
| • Spends excessive time in acquisition |   |
| • Activities given up because of use   |   |
| • Uses despite negative effects        |   |

**\*Questionable as criteria if prescribed by a clinician**

**Severity measured by number of symptoms; 2-3 mild, 4-6 moderate, 7-11 severe**

6

## Addiction (substance use disorder moderate or severe)

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.

<https://www.asam.org/resources/definition-of-addiction>

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## Hyperalgesia

- Hyperalgesia is an enhanced response to a noxious stimulus.
- Opioid induced hyperalgesia is a paradoxical response in patients who become more sensitive to pain in response to opioid therapy.

Factor	Opioid Tolerance	Opioid Hyperalgesia
Duration of exposure	Long	Long or short
Dose escalation	Slow	Slow or fast
Nature of pain	Unaltered from baseline	More diffuse compared to baseline
Location	Unaltered from baseline	May extend to locations elsewhere
Quality	Unaltered from baseline	Allodynia may be present
Sensitivity	Unaltered from baseline	Increase

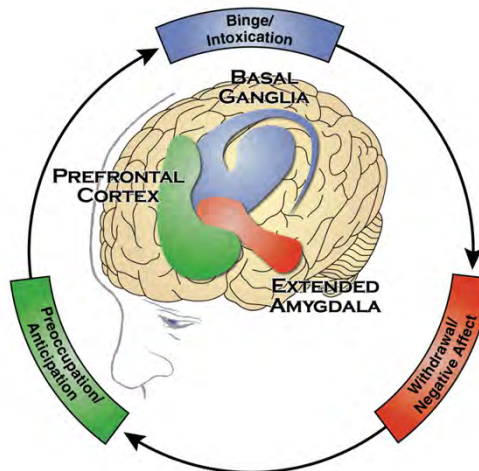
Mitra S. *J Opioid Manage* 2008;4:123-130.

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## The “circle” of addiction - Reward

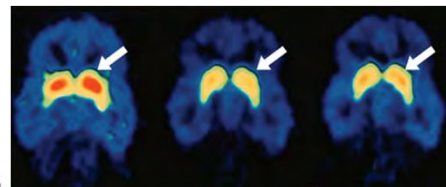
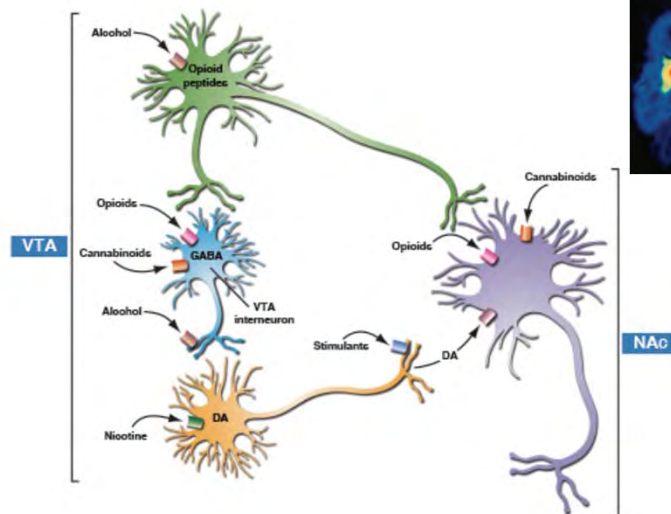
- Basal Ganglia (mesolimbic reward pathways)
  - Nucleus accumbens (motivation & reward)
  - Dorsal striatum (forming habits & routine behaviors)
- Dopamine stimulated to a low to moderate level (*within the physiologic range*) by water, food, meaningful social interactions, sex, parenting.
- Dopamine stimulated to a moderate to very high level (*in the super-physiologic or pharmacologic range*) by dopamine surge mediating drugs including:
  - Opioids, stimulants, cannabinoids



U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

9

## The “circle” of addiction - Reward

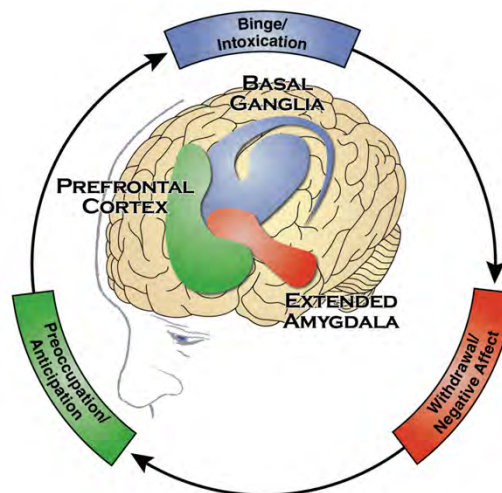


U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

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## The “circle” of addiction - Withdrawal

- Extended amygdala includes
  - Central medial amygdala
  - Overlap with nucleus accumbens
  - Hypothalamus
- Modulates negative emotions
  - Unease
  - Anxiety
  - Irritability
- Fight or flight response
- Norepinephrine and corticotropin releasing hormone contribute to symptoms and dopamine inhibition

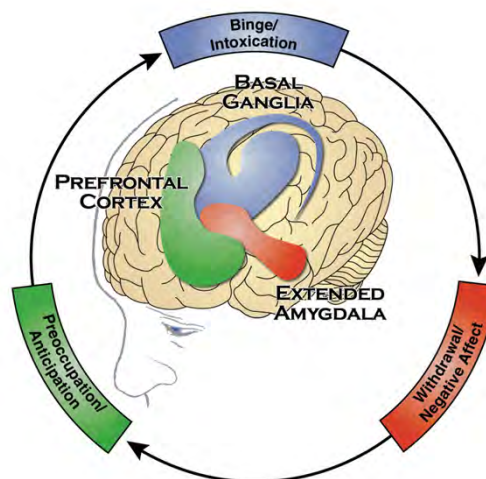


U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

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## The “circle” of addiction – Preoccupation / Anticipation

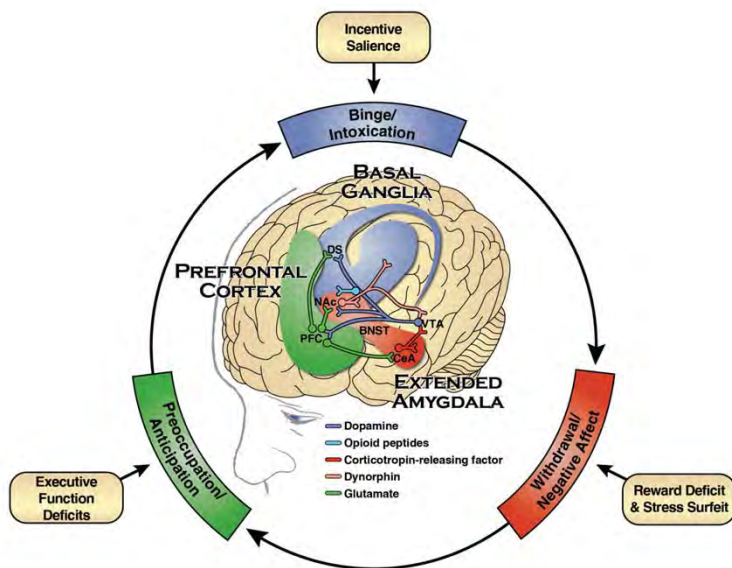
- Executive function
- Risks vs. benefit
- Gas pedal vs. brake pedal
  - Gas pedal affects basal ganglia
  - Brake pedal affects extended amygdala
- Positive modulation of glutamate



U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

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## Neuron projections in addiction



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## The Treatment of Opioid Substance Use Disorder

- Treatment is a continuum involving
  - **Harm reduction:** decrease the harm associated with the SUD and encourage incremental increases in the intensity / holistic range of treatment – MEDICATIONS (methadone / bup), NEEDLE EXCHANGE, NALOXONE KITS, SAFE USE HOUSES
  - **Sobriety:** counseling (residential, PHP, IOP, aftercare continuum)/ self help (>3Xwk with sponsor and home group) / MAT / family education – counseling/monitoring.

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## The Treatment of Opioid SUD M/S

- Optimal treatment = MAT (Medication ASSISTED Treatment) with naltrexone, buprenorphine, or methadone assisting a treatment program
- Medications alone are NOT treatment but rather harm reduction – and they can provide a tremendous amount of harm reduction

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## Controlled Drug Diversion: The role of Prescribers, Nurses and Pharmacists

- Mechanisms of involvement in controlled RX diversion:
  - 4 D's: dated, duped, disabled, dishonest
    - Disabled: 78% recovering MD's report prior abuse of controlled prescriptions (?% RN / Pharmacists)
  - The "5<sup>th</sup> D": defiant
  - The "6<sup>th</sup> D": distracted

Parran T, Grey S, Adelman C. J. Addictive Diseases, 2000. 19(3), 35-42

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## Criteria for legal controlled substance prescribing

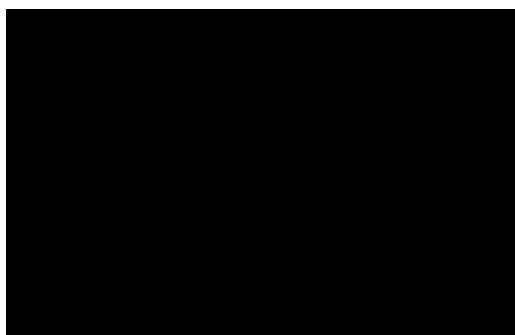
- Prescribing must take place:
  - Within the usual course of medical practice
  - For a legitimate medical purpose
  - Consistent with State Law
  - Consistent with licensure board rules
- Some Federal Courts have found that the “usual course” and “legitimate medical purpose” are one in the same

<https://www.deadiversion.usdoj.gov/pubs/manuals/pract/section5.htm>

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## Criteria for legal CRxing

- Establish a prescriber – patient relationship:
  - Can you have an established relationship without and examination?
  - ? E-prescribing
  - ? distance consulting
  - ? virtual office



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## “for a legitimate medical purpose” #1

- An established “Indication”
  - Indication is a diagnosis, supported by all of the activities of the “usual course of medical practice”. Thus an established, supported reason to prescribe
- Lacking “Contraindications”
- Lacking contraindications means that significant relative and more serious absolute contraindications have been actively reviewed and found to be absent
- If contraindication(s) are present then the benefit of the indication must outweigh the risk

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## “for a legitimate medical purpose” #2

- If there is a clear diagnosis (an indication) of a chronic intractable pain disorder, isn’t there always a legitimate medical purpose (i.e. the diagnosis)?
  - **NOPE!** (although this is often cited in defense of RX)
  - The basic ethical principle of medical care is the Hippocratic Oath ... “first do no harm, then comfort always and cure sometimes”
  - **If** in an effort to provide comfort the prescriber (or pharmacist) does harm and knows it - or should have known it – then there can not be a legitimate medical purpose

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## “for a legitimate medical purpose” #3

- So there can not be a legitimate medical purpose for prospectively or knowingly doing harm to a patient
- And doing so is inconsistent with the ethical principals of medical care and inconsistent with usual course of medical practice
- And doing so can range from well meaning but bad care, to allegations of malpractice, to criminal investigation

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## Indications for *possible* chronic opioids THE FIVE QUESTIONS

1. Is there a clear diagnosis in your area of expertise?
  2. Is there documentation of an adequate work-up?
  3. Is there impairment of function?
  4. Has non-opioid multi modal therapy failed?
  5. Are contraindications to opioid therapy ruled out ... and are contraindications respected when present?
- Begin opioid therapy...Document! Monitor!
  - Avoid poly-pharmacy

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## Contraindications to office-based chronic opioid prescribing

- Current opioid use disorder (moderate / severe) ~ ?**absolute**
- Past opioid use disorder (moderate / severe) ~ ?**absolute**
- Past substance use disorder (moderate / severe), opioids never involved ~ **strong relative and many would say absolute**
- Allergy to opioid medications ~ relative
- Severe COPD or OSA (obstructive sleep apnea) ~ relative

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## Chronic pain management: **ruling out** substance use disorder

- Perform an AUDIT and **CAGE**
- Ask family or sig. other the **f-CAGE**
- Perform one or more **toxicology tests**
- Inquire of **prior physicians** and **family** re: use of controlled prescriptions (f-CAGE)
- **Prescription drug monitoring program and pharmacy refill history**
- If history of current or prior addiction, ever abused opioids?

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## CNMP and a Substance Use Disorder (high risk) brain: TOOLS

- Use Patient Agreements – Informed Consent forms
- Notify Sponsor
- Elicit family support
- PMP
- Tox testing

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## SUMMARY: RX Controlled Drugs in Addiction and Recovery

- Balancing *indications* and *contraindications*:
  - Increase comfort with prescribing as only a small part of a multi-modal tx plan
  - Assess for SUD M/S and avoid controlled drugs
- FIRST do no harm, THEN comfort always and cure sometimes.
- Target opioid prescribing towards low risk / away from high risk patient populations.
- High risk patients needing opioids = buprenorphine or methadone, and ALWAYS add “TX” for the SUD!

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## Resources

- Facing addiction in America, 2016 US Surgeon General's report.  
<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>
- CDC <http://www.cdc.gov/drugoverdose/data/overdose.html>,  
<http://www.cdc.gov/vitalsigns/opioidprescribing>
- DOJ DEA 2016 National Drug Threat Assessment
- UNODC, World Drug Report 2012, NSDUH Series H-46, HHH Publication No. (SMA) 13-4795
- CDC Guideline for Prescribing Opioids for Chronic Pain:  
<http://dx.doi.org/10.15585/mmwr.rr6501e1>
- N Engl J Med 2016;375:357-68
- JAMA, June 5, 2013—Vol 309, No. 21, 2219-2220
- Annals of Internal Medicine • Vol. 164 No. 1 • 5 January 2016

# Chronic Pain Management: Best Practices and Clinical Pearls

**Chris Herndon, PharmD, CPE**

Professor, School of Pharmacy  
Southern Illinois University Edwardsville  
Edwardsville, IL

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## Learning Objectives

At the completion of this activity, participants will be able to:

- Outline key epidemiologic data regarding chronic pain and opioid abuse
- Review pharmacology of commonly used analgesics and co-analgesics
- Discuss opioid risk mitigation strategies in the treatment of chronic pain
- Identify key patient education opportunities when assisting those with chronic pain
- Develop a treatment plan for a real or simulated patient with a chronic pain syndrome

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## How does chronic pain stack up?

Disease	Number of Sufferers
Diabetes	25.8 million people
Coronary Heart Disease and Stroke	23.3 million people
Cancer	11.9 million people
<b>TOTAL</b>	<b>61 million people</b>
<b>Chronic Pain</b>	<b>116 million people</b>

IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press.

3

## Aggressive treatment with unexpected consequences



Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. MMWR Recomm Rep. 2016; 65:1-49.

4

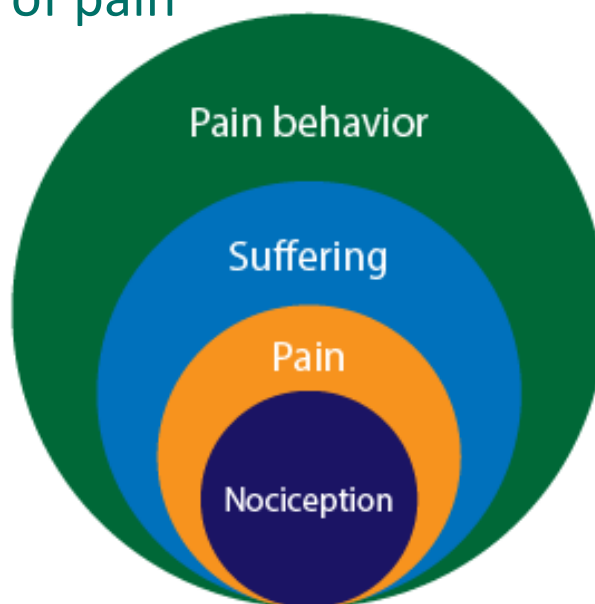
## Pain Taxonomy

Term	Description / Definition
Acute pain	Expected physiologic experience to noxious stimuli. May become pathologic. Normally sudden in onset, time limited, and motivates avoidance behavior to avoid actual or potential tissue damage.
Chronic pain	Occurs on at least half the days for six months or greater. May also be described as pain that has outlived its protective usefulness.
High impact pain	Pain resulting in substantial restriction of participation in work, social, and self-care activities for six months or greater.
Integrative pain care	Incorporates complementary approaches into the pain treatment plan.
Intractable pain	Pain not relieved by appropriate treatment.
Multimodal pain treatment	Addresses the full range of the patient's biopsychosocial challenges with multiple and different therapies including medical, surgical, psychological, behavioral, and integrative.

International Association for the Study of Pain. <https://www.iasp-pain.org/Taxonomy>. Accessed January 15, 2018.  
[https://prcc.nih.gov/sites/default/files/HHSNational\\_Pain\\_Strategy\\_508C.pdf](https://prcc.nih.gov/sites/default/files/HHSNational_Pain_Strategy_508C.pdf). Accessed January 15, 2018.

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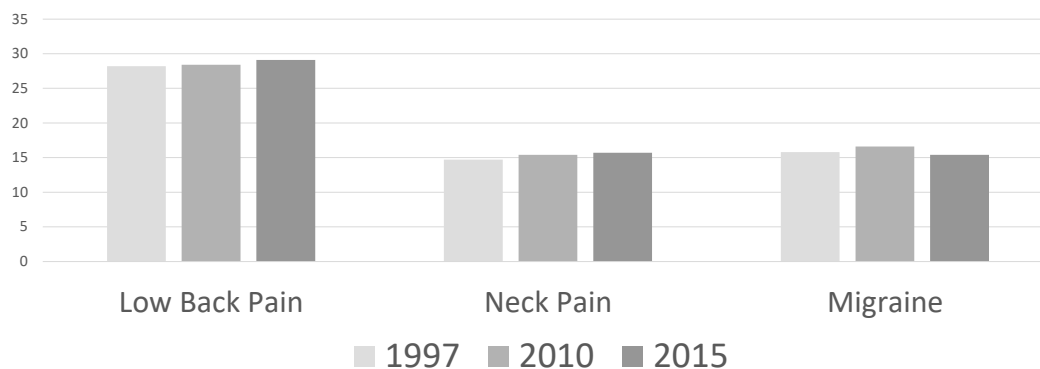
## Components of pain



Loeser JD, Ford WE. Chronic Pain. In: Carr JE, Dengerink HA, (eds). Behavioral Science in the Practice of Medicine. New York: Elsevier Biomedical;1983:331-345.

6

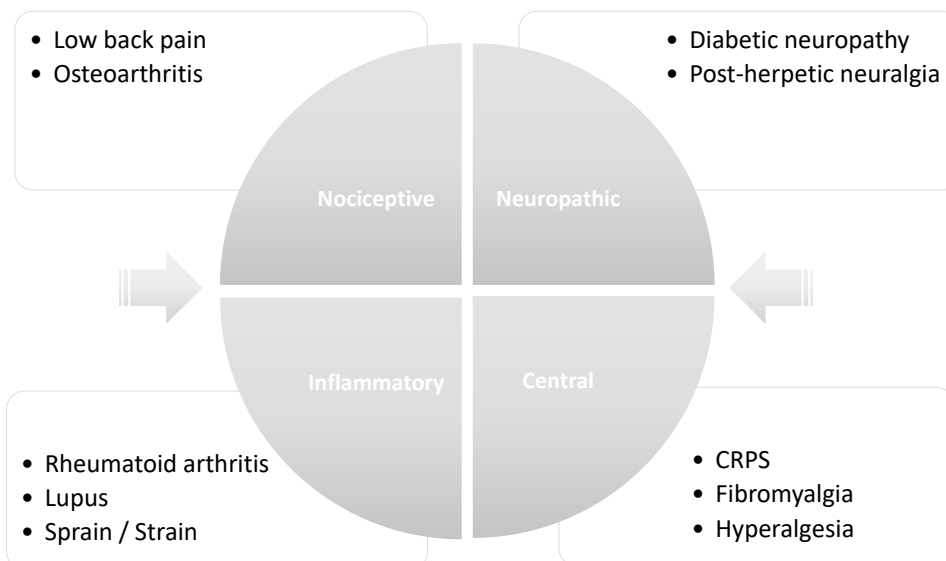
## Prevalence of chronic pain by disorder



National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

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## Common chronic pain syndromes by etiology



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## Pain symptom assessment

PQRSTU	SOCRATES
<u>P</u> recipitating or <u>p</u> alliating factors <u>Q</u> uality of pain <u>R</u> egion of body; <u>r</u> adiation of pain <u>S</u> everity of pain; <u>S</u> ites of pain <u>T</u> emporal relationship <u>U</u> How does pain affect you	<u>S</u> ite – where is the pain <u>O</u> nset – when did pain start <u>C</u> haracter – how does the pain feel <u>R</u> adiation – does the pain move <u>A</u> ssociations – other signs or symptoms <u>T</u> ime course – any patterns <u>E</u> xacerbating / relieving factors <u>S</u> everity – how bad

Donnelly M, et al. *Br J Nursing* 2016;25(22):1250-1255.  
 Twycross RG. *Curr Med Res Opin* 1978;5:497-505.

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## Pain assessment tools

Unidimensional	Multidimensional
Numeric rating scale Visual analog scale Faces pain scale PAIN-AD Checklist of nonverbal pain indicators	Brief pain inventory McGill pain inventory Edmonton symptom assessment tool

<http://pami.emergency.med.jax.ufl.edu/resources/pain-assessment-scales/>. Accessed January 15, 2018.

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## Transition from acute to chronic pain

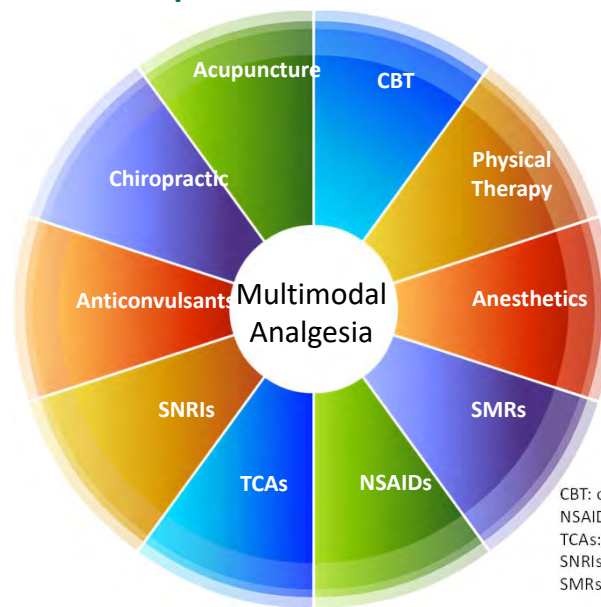
Risk factors include:

- Female gender
- Older age
- Lower socio-economic status
- Geographical and cultural background
- Employment status and occupational factors
- History of abuse or interpersonal violence

Van Hecke O, et al. *Br J Anaesth* 2013;111(1):13-18.

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## Multi-modal pain control



CBT: cognitive behavioral therapy  
NSAIDs: nonsteroidal antiinflammatory drugs  
TCAs: tricyclic antidepressants  
SNRIs: serotonin norepinephrine reuptake inhibitor  
SMRs: skeletal muscle relaxants

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## Pain self-management programs

1. Systematic provision of education and supportive interventions for those with pain
2. Focus on providing knowledge of pain pathogenesis
3. Targeted outcomes include building skills and confidence to prevent, cope, and reduce pain
4. Used in conjunction with medical, surgical, behavioral, rehabilitative, and complementary care

[https://ipcc.nih.gov/sites/default/files/HHSNational\\_Pain\\_Strategy\\_508C.pdf](https://ipcc.nih.gov/sites/default/files/HHSNational_Pain_Strategy_508C.pdf), Accessed January 15, 2018.

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## Opioid Analgesics



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## Opioids

- Mu Agonist
  - Codeine, tramadol, hydrocodone, morphine, tapentadol, oxycodone, oxymorphone, hydromorphone, methadone, levorphanol, fentanyl, meperidine
- Partial Mu Agonist
  - Buprenorphine
- Mixed Agonist / Antagonist
  - Nalbuphine, pentazocine, butorphanol
- Antagonists
  - Naloxone, naltrexone, methylnaltrexone, alvimopan, naloxegol, naldemedine

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## Opioid chemical classes

Phenanthrenes	Benzomorphans	Phenylpiperidines	Diphenylheptanes	Central
Morphine	Pentazocine	Meperidine	Methadone	Tramadol
Codeine Hydrocodone* Hydromorphone* Levorphanol* Oxycodone* Oxymorphone* Buprenorphine* Nalbuphine Butorphanol* Naloxone Heroin	Diphenoxylate Loperamide	Fentanyl Sufentanil Alfentanil Remifentanil		Tapentadol

\* Indicates lack of 6-OH group, possibly decreasing risk of cross-tolerance of hypersensitivity

Table adapted with permission from J. Fudin, PharmD [www.paindr.com](http://www.paindr.com)

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## Opioid induced hypogonadism

- Hormones affected
  - Gonadotropin releasing hormone
  - Follicle Stimulating Hormone > Leutinizing hormone
  - Testosterone
- Symptoms
  - Loss of libido, impotence (men)
  - Infertility
  - Fatigue, depression, anxiety
  - Loss of muscle strength
  - Menstrual irregularities, galactorrhea (women)

Mitra S. *J Opioid Manage* 2008;4:123-130.

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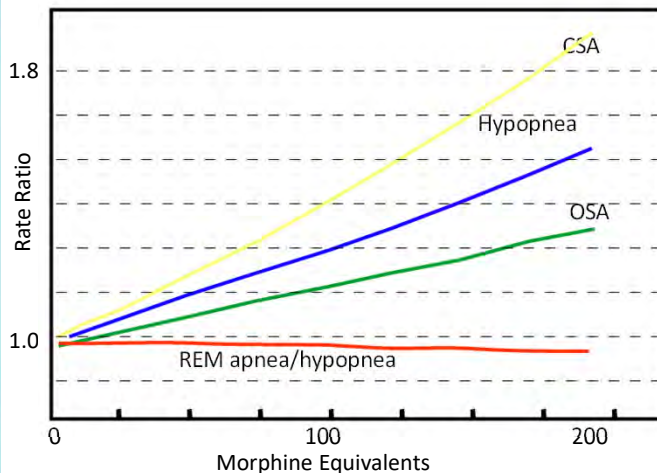
## Opioid effects on sleep

- Ataxic (Briot) Breathing
  - Inhibition of central chemoreceptors
  - Typically associated with neurologic disease
  - Irregular and variable respiratory rate and effort
- Obstructive Sleep Apnea
  - Increased accessory muscle rigidity
  - Decreased airway patency via neuronal inhibition
- Central Sleep Apnea
  - Blunted response to hypoxemic respiratory drive via peripheral chemoreceptors
  - Blunted compensatory response to airway resistance or loading

Yue HJ, et al. Opioid medication and sleep-disordered breathing. *Med Clin N Am* 2010;94:435-446.

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## Apneic episodes and dose



Walker JM, Farney RJ, Rhondeau SM et al. *J Clin Sleep Med.* 2007; 3(5):455-461.  
Guilleminault C, Cao M, Yue HJ et al. *Lung.* 2010; 188:459-68.

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## Screening for OSA to reduce overdose risk

STOP-BANG	
Snoring Do you snore loudly?	Yes / No
Tired Do you often feel tired or fatigued?	Yes / No
Observed apnea Has anyone observed you stop breathing while asleep?	Yes / No
Blood Pressure Do you have or are you treated for high blood pressure	Yes / No
BMI > 35 kg/m <sup>2</sup>	Yes / No
Age >50	Yes / No
Neck circumference >40 cmg	Yes / No
Gender (male?)	Yes / No
High risk of OSA with 3 or more "Yes" answers	

Webster LR. Eight principles for safer opioid prescribing. *Pain Med.* 2013; 14(7):959-61.

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## CDC recommendations

1. Nonpharmacologic and non-opioid modalities preferred
2. Establish realistic treatment goals
3. Discuss known risks and realistic benefits
4. Immediate-release opioids preferred
5. Use lowest dose possible (50mg and 90mg thresholds)
6. Use for shortest duration possible (3 days and 7 days)
7. Evaluate benefits and harms regularly
8. Assess risk and offer naloxone (50mg or benzo)
9. PDMP use
10. UDS use
11. No benzodiazepines
12. Use medication-assisted therapy

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65:1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

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## Risk mitigation strategies

- Prescription Drug Monitoring Programs
- Screening tools (prior to and during therapy)
- Random drug screening
- Opioid agreements
- Pill counts
- COMMUNICATION with prescribers, nurses, AND patients
  - Early requests
  - Erratic behaviors



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## Validated risk assessment tools

Acronym of tool <sup>α</sup>	# questions	Completion	Time to complete
SOAPP®-R	24 items	Self-report	< 10 minutes
DIRE	7 items	Clinician	< 5 minutes
ORT	5 items	Clinician	< 5 minutes
COMM	40 items	Self-report	< 10 minutes
CAGE	4 items	Either	< 5 minutes
PDUQ	42 items	Clinician	20 minutes
STAR	14 items	Self-report	< 5 minutes
SISAP	5 items	Clinician	< 5 minutes
PMQ	26 items	Self-report	< 10 minutes

α - SOAPP®-R (Screener and Opioid Assessment for Patient's in Pain-revised); DIRE (Diagnosis, Intractability, Risk, and Efficacy); ORT (Opioid Risk Tool); COMM (Current Opioid Misuse Measure); CAGE (Cut-down, Annoyed, Guilt, Eye-opener); PDUQ (Prescription Drug Use Questionnaire); STAR (Screening Tool for Addiction Risk); SISAP (Screening Instrument for Substance Abuse Potential); PMQ (Pain Medication Questionnaire)

<https://www.opioidrisk.com/book/export/html/613>. Accessed January 16, 2018.

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## Example of common risk assessment tool

Family history of substance abuse	Female	Male
Alcohol	1 point	3 points
Illegal drugs	2 points	3 points
Prescription drugs	4 points	4 points
Personal history of substance abuse	Female	Male
Alcohol	3 points	3 points
Illegal drugs	4 points	4 points
Prescription drugs	5 points	5 points
Age (16-45 yrs)	1 point	1 point
Preadolescent sexual abuse	3 points	0 points
Depression	1 point	1 point
ADD, OCD, Bipolar, Schizophrenia	2 points	2 points

Low Risk 0 – 3 points, Moderate Risk 4 – 7 points, High Risk ≥ 8 points

Webster LR, Webster RM. Predicting aberrant behaviors in opioid treated patients. Pain Med 2005;6(6):432-42.

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## Urine drug screening

- Immunoassay
  - Fast results
  - Inexpensive
  - High sensitivity, low specificity
- Gas chromatography / mass spectrometry
  - Slower results
  - Expensive
  - High sensitivity, high specificity
- Interpretation
  - Metabolite identification

Herndon CM, Arnstein P, Darnall B, Hartrick C, Hecht K, Maleki J, Manworren R, Miaskowski C, Lyons M, Sehgal N, eds. *Principles of Analgesic Use* 7th ed. Chicago, IL: American Pain Society Press.

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## Treatment agreements

- No data to support their efficacy in reducing misuse/abuse
- Standard of care
- Many include stipulations for patient conduct
- Should be used as informed consent
- Why aren't pharmacists incorporating these?



Tobin DG, et al. Breaking the pain contract: A better controlled-substance agreement for patients on chronic opioid therapy. *Cleve Clin J Med* 2016;83(11):827-835.

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## Non-opioid analgesics/Co-analgesics

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## NSAIDs

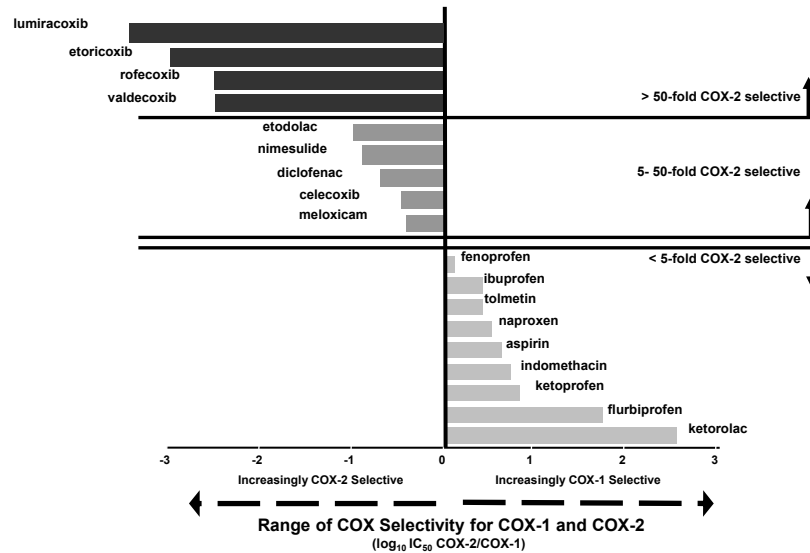
Non-acetylated salicylates	Propionic acids	Acetic acids	Enolic acids	Other
Diflunisal Choline Mg Trisalicylate Salsalate	Ibuprofen Naproxen Ketoprofen Flurbiprofen Oxaprozin	Diclofenac Etodolac Tolmetin Sulindac Indomethacin Ketorolac	Meloxicam Piroxicam	Meclofenamate Nabumetone Celecoxib

Herndon CM, Arnstein P, Darnall B, Hartrick C, Hecht K, Maleki J, Manworren R, Miaskowski C, Lyons M, Sehgal N, eds. *Principles of Analgesic Use* 7th ed. Chicago, IL: American Pain Society Press.

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## Cyclo-oxygenase activity



Herndon CM, et al. *Pharmacotherapy* 2008;28(6):788-805.

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## NSAID adverse affects

- Cardiovascular
- Renal
- Gastrointestinal

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## Topical NSAIDs

Formulation	Cmax (ng/mL)
Diclofenac 50mg tablet	1298
Diclofenac 75mg tablet	2367
Diclofenac epolamine patch (Flector®)	8.8
Diclofenac gel 1% (Voltaren® Gel)	53.8
Diclofenac gel 3% (Solaraze®)	4
Diclofenac / DMSO soln. (Pennsaid®)	19.4

Arthrotec [package insert]. New York, NY: Pfizer; 2010.  
Flector [package insert]. Bristol, TN: King Pharmaceuticals; 2009.  
Voltaren Gel [package insert]. Chadds Ford, PA: Endo Pharmaceuticals; 2009.  
Solaraze [package insert]. Melville, NY: PharmaDerm; 2008.  
Pennsaid [package insert]. St. Louis, MO: Covidien; 2010.

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## Antidepressants in chronic pain

Tricyclic Antidepressants	SNRIs	Atypical Antidepressants	SSRIs
<u>3° amines</u> Doxepin Imipramine Amitriptyline Clomipramine Trimipramine  <u>2° amines</u> Protriptyline Nortriptyline Desipramine	Venlafaxine Desvenlafaxine Duloxetine Milnacipran	Bupropion Trazodone	Paroxetine Escitalopram

Finnerup NB, et al. *Lancet Neurol* 2015;14(2):162-173.  
Tsui JJ, et al. *Pain* 2011;152(11):2640-2644.

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## TCAs – cardiovascular risk

- Orthostatic / postural hypotension
  - Alpha adrenergic blockade (even at low doses)
- Slowed cardiac conduction, tachycardia, ventricular fibrillation, heart block, and ventricular premature complexes (similar to Class Ia AA)
- Sudden cardiac death (unclear association with QTc prolongation)
  - Avoid doses > 100mg / day amitriptyline equivalents
- Avoid in those with cardiovascular disease or established conduction abnormalities
- Unclear increase in risk in those without pre-existing disease
- Screen for known heart disease, syncope, palpitations, dyspnea, or chest pain
- Baseline ECG recommended by some in those > 40 yrs of age (> 50 yrs of age based on APA Depression Guidelines)
- Routine ECG monitoring not recommended unless CV symptoms arise

Ray WA, et al. Clin Pharmacol Ther 2004;75:234-241.

Gelenberg AJ, et al. Practice guideline for the treatment of patients with Major Depressive Disorder, 3<sup>rd</sup> Edition. [www.psychiatryonline.org](http://www.psychiatryonline.org). Accessed June 26, 2012.

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## Serotonin syndrome

- Mental status changes
  - Anxiety, agitated delirium, restlessness, disorientation
- Autonomic hyperactivity
  - Diaphoresis, tachycardia, hyperthermia, HTN, vomiting, and diarrhea
- Neuromuscular changes
  - Tremor, muscle rigidity, myoclonus, hyperreflexia, clonus
- Severity may range from benign to lethal
- Solely a clinical diagnosis
- Patient and caregiver education paramount
- Consider serotonin active herbal / OTC products!!!

Boyer EW, et al. N Engl J Med 2005;352(11):1112-1120.  
Mackay FJ, et al. Br J Gen Pract 1999;49(448):871-874.

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## Antidepressant hyponatremia

- Incidence as high as 32% of those exposed
- Frequently seen within first 2 weeks of initiation
- SIADH-mediated
- Signs / symptoms
  - Fluid status related:
    - History of fluid loss, decreased skin turgor, orthostatic or persistent hypotension
  - CNS status related:
    - Weakness, lethargy, headache, anorexia (these are also symptoms of worsening depression and common side effects of the drugs)
- Monitoring recommendations vary and are opinion-based
  - Consider sodium monitoring within 1<sup>st</sup> month for those at risk
    - Diuretics, female gender, older age, low BMI, CYP3A4 interactions, and mild hyperkalemia upon initiation

Jacob S, et al. *Ann Pharmacother* 2006;40(9):1618-1622.  
 Covyeeou JA, et al. *N Engl J Med* 2007;356:94-95.  
 Movig KL, et al. *Br J Clin Pharmacol* 2002;53:363-369.  
 Appiani F. *Psychiatry Weekly* 2011;6(14):1.


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## Antidepressant bleeding risk

- Blocked serotonin uptake into platelet
- De-amplification of platelet aggregation
- Controversial data suggests:
  - Minimal risk of upper GI bleed as monotherapy
  - Increased risk of upper GI bleed in combination with NSAIDs
  - Acid suppression therapy decreases risk

Dalton SO, et al. *Arch Intern Med* 2003;163(1):59-64.  
 Loke YK, et al. *Aliment Pharmacol Ther* 2008;27(1):31-40.  
 McCloskey DJ, et al. *Transl Res* 2008;151(3):168-172.  
 de Abajo FJ, et al. *Arch Gen Psychiatry* 2008;65(7):795-803.

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**PAIN**  
MANAGEMENT  
**FORUM**  
  


## Anticonvulsants in pain

1 <sup>st</sup> Generation Anticonvulsants	2 <sup>nd</sup> / 3 <sup>rd</sup> Generation Anticonvulsants
<b>Carbamazepine (Tegretol, others)</b> Ethosuximide (Zarontin) Phenobarbital <b>Phenytoin / Fosphenytoin (Dilantin)</b> Primidone (Mysoline) <b>Valproic Acid (Depakote, others)</b>	Eslicarbazepine (Aptiom) Ezogabine (Potiga) Felbamate (Felbatol) <b>Gabapentin (Neurontin)</b> <b>Lacosamide (Vimpat)</b> <b>Lamotrigine (Lamictal)</b> Levetiracetam (Keppra) <b>Oxcarbazepine (Trileptal, others)</b> Perampanel (Fycompa) <b>Pregabalin (Lyrica)</b> Rufinamide (Banzel) Tiagabine (Gabitril) <b>Topiramate (Topamax, others)</b> Vigabatrin (Sabril) <b>Zonisamide (Zonegran)</b>

Bolded agents have positive controlled study data for pain or opioid sparing

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**PAIN**  
MANAGEMENT  
**FORUM**  
  


## Anticonvulsant antinociceptive pharmacology

	VSSC	K	GluR-I	GABA	Ca	CA-I
Carbamazepine	x					
Phenytoin / Fosphenytoin	x					
Valproic Acid / Divalproex	x			x (B)	x	
Oxcarbazepine	x					
Gabapentin / Pregabalin					α <sub>2δ</sub>	
Lacosamide	x					
Lamotrigine	x					
Topiramate / Zonisamide	x		x		x	x

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## Anticonvulsant dermatologic risks

- Stevens-Johnson Syndrome (SJS)
  - Sloughing in < 10% of body surface area
  - Mucous membranes affected in > 90%
- Toxic epidermal necrolysis (TEN)
  - Sloughing in > 30% of body surface area
  - Mucous membranes almost always affected
- Drug rash with eosinophilia and systemic symptoms (DRESS)
  - Also called Drug induced hypersensitivity syndrome (DiHS)
  - 90% of cases occur within first 60 days
- Carbamazepine/oxcarbazepine?/phenytoin/zonisamide
  - HLA B\*1502 monitoring recommended (Asian ancestry)
  - Do not rechallenge with aromatic anticonvulsants
- Lamotrigine
  - Higher risk in children
  - Assoc. with titration

Bastuji-Garin S, et al. Arch Dermatol 1993;129(1):92-96.  
Chung WH, et al. Nature 2004;428(6982):486.  
Yang CY, et al. Neurology 2011;77(23):2025-2033.  
Mockenhaupt M, et al. Neurology 2005;64(7):1134-1138

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## Skeletal muscle relaxants

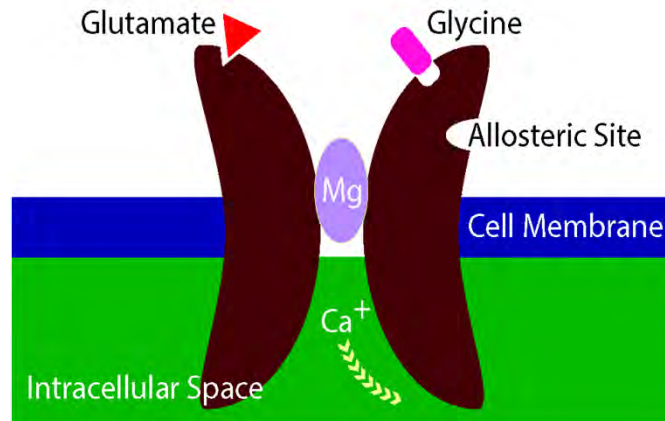
- Antispasmodics
  - Cyclobenzaprine
  - Metaxalone
  - Methocarbamol
  - Orphenadrine citrate
  - Carisoprodol
- Antispasticity Agents
  - Tizanidine
  - Baclofen
  - Diazepam
  - Dantrolene
- All equally effective for short-term relief of low back pain
- Not more effective than NSAIDs for acute low back pain
- Not recommended for chronic pain

Chou R, et al. J Pain Symptom Manage 2004;28:140-75.  
Van Tulder MW, et al. Cochrane Database Syst Rev 2003;(2):CD004252.

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## NMDA antagonists

- Dextromethorphan
- Ketamine
- Methadone
- Memantine
- Amantadine
- Felbamate
- Levorphanol



Olivares D, et al. *Curr Alzheimer Res* 2012;9(6):746-758.

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## Conclusions

- Chronic pain requires a multi-modal, transdisciplinary approach
- Opioids should be used judiciously for the treatment of chronic noncancer pain
- Multiple non-opioid analgesics and co-analgesics may be valuable methods for the treatment of pain

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1

A vertical banner on the left side of the slide. It has a dark green background with a pattern of lighter green hexagons. The text "PAIN MANAGEMENT FORUM" is in white, sans-serif capital letters. Below the text is the APhA logo (a white mortar and pestle icon) followed by "APhA" in white.

## Opioid Alternatives: The Roles and Risks of NSAIDs in Pain Management

Joseph Cammilleri, PharmD, BCACP, CPE  
Clinical Pharmacist  
UF Health Jacksonville  
Jacksonville, FL

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## Disclosure

Dr. Cammilleri declares he is a consultant for Daiichi-Sankyo and is a relief pharmacist for Walmart.

He declares no additional conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

3

## ACPE Information



The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This knowledge-based activity is approved for **1 contact hour** of CPE credit (0.1 CEUs). The ACPE Universal Activity Number (UAN) assigned to this activity is **0202-0000-18-161-L04-P**. The target audience is pharmacists. For complete ACPE information, please visit [pharmacist.com](http://pharmacist.com)

4

## Learning Objectives

At the completion of this activity, participants will be able to

- Explain the role of non-opioid medications in effective pain management strategies
- Discuss the evidence regarding the efficacy and safety of cyclooxygenase-2 inhibitors
- Describe comorbidities that pharmacists need to be aware of when recommending NSAIDs as alternatives to opioids for pain management

5

## Assessment Question

Which is not a common side effect associated with using anticonvulsants for pain?

- A. Sedation
- B. Weight gain
- C. Gastrointestinal bleeding
- D. Edema

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## Assessment Question

The goal of multimodal pharmacotherapy is?

- A. Decreased pain rating
- B. Increased sedation
- C. Improvement in pain and function
- D. Improvement in pain

7

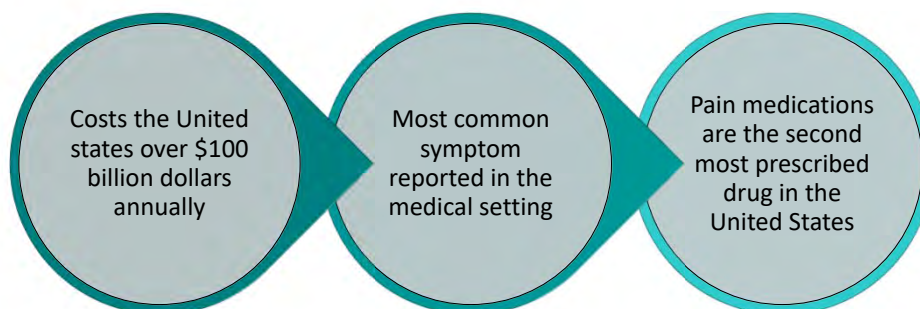
## Assessment Question

Toxicity associated with NSAIDS can be minimized by which one of the following?

- A. Using the lowest dose for the shortest duration
- B. Taking on an empty stomach
- C. Using ibuprofen and topical diclofenac gel together to decrease pain
- D. Taking meloxicam 15mg 1 po BID for 1 year

8

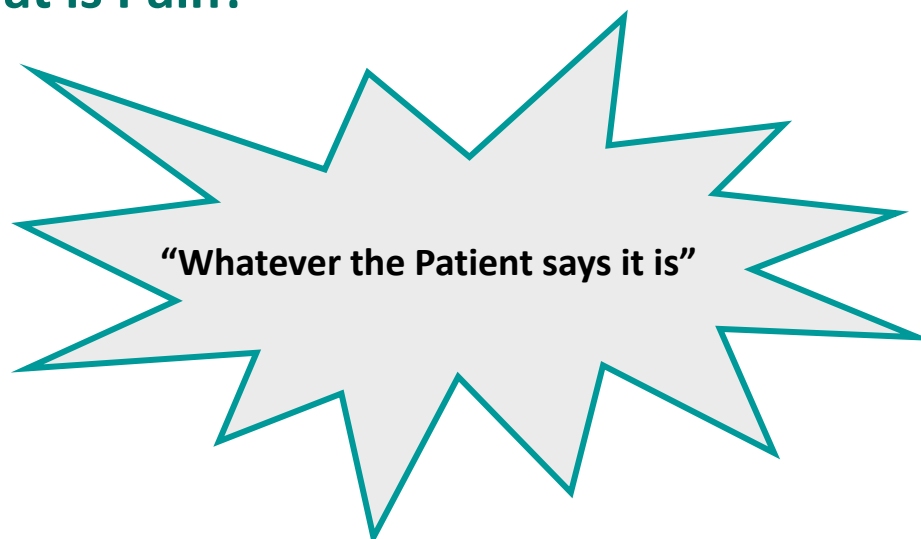
## Prevalence and Incidence of Pain



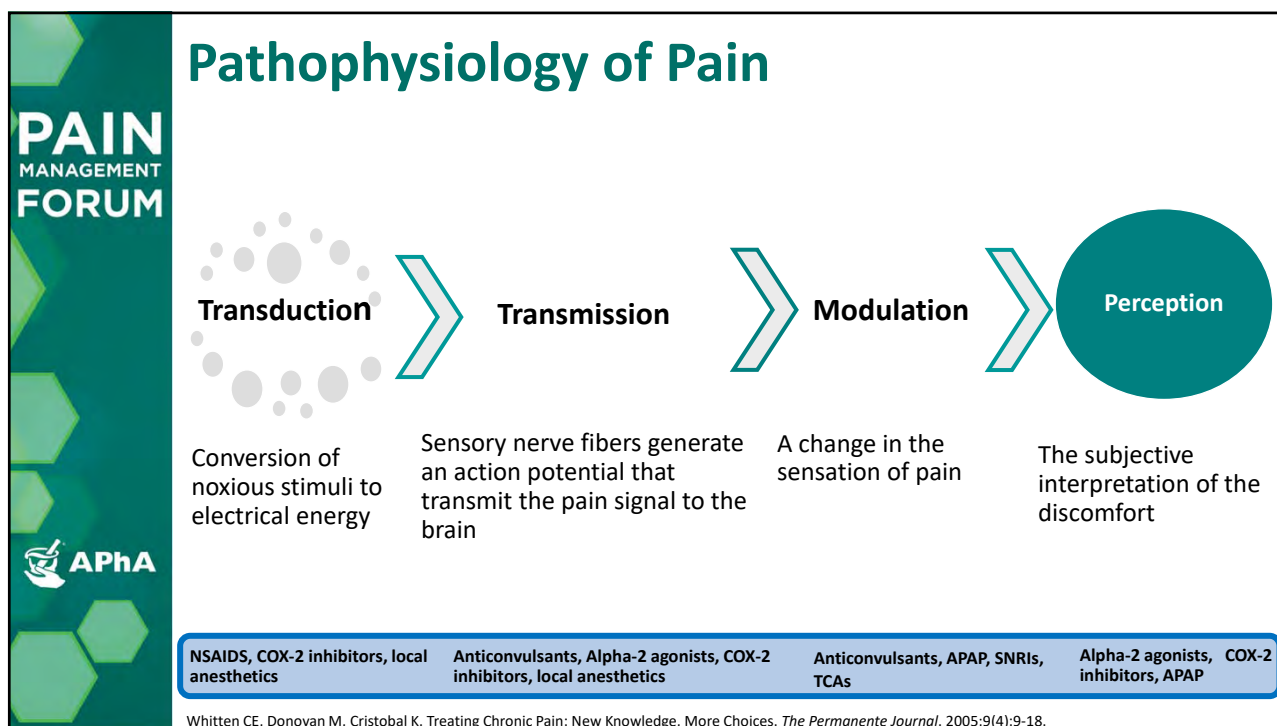
Dowell et al. CDC Guideline for Prescribing Opioids for Chronic Pain.

9

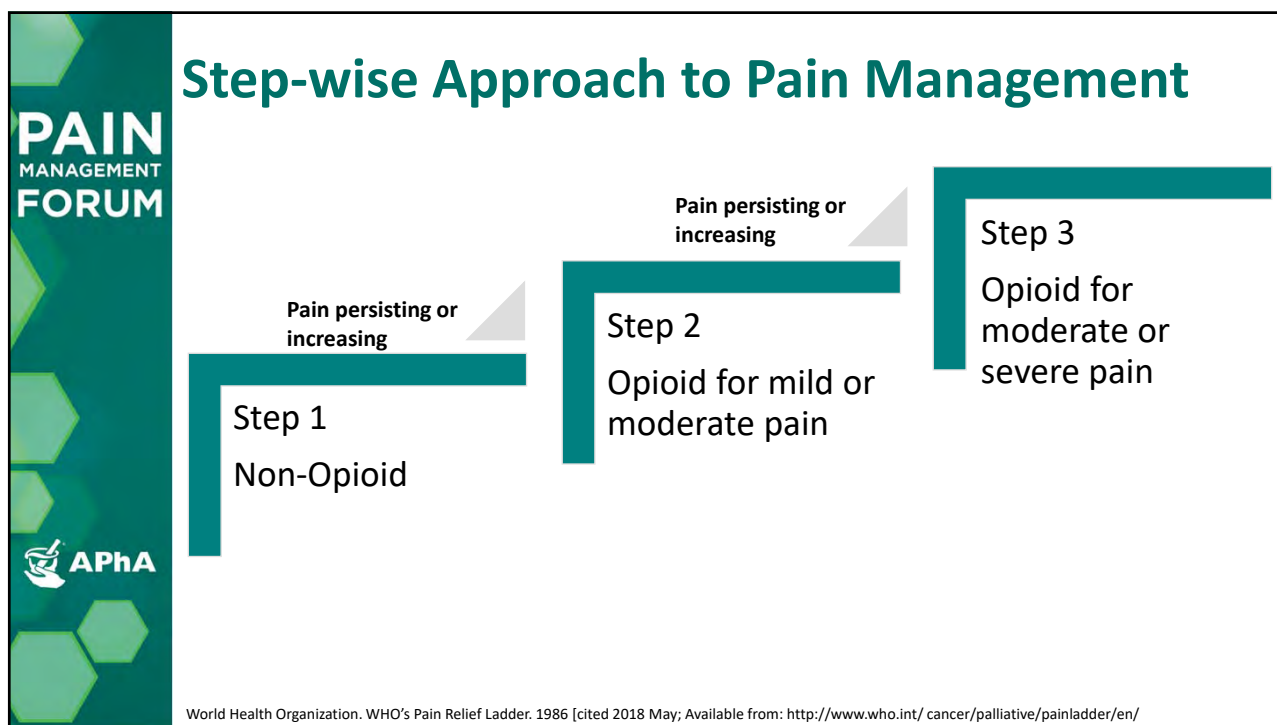
## What is Pain?



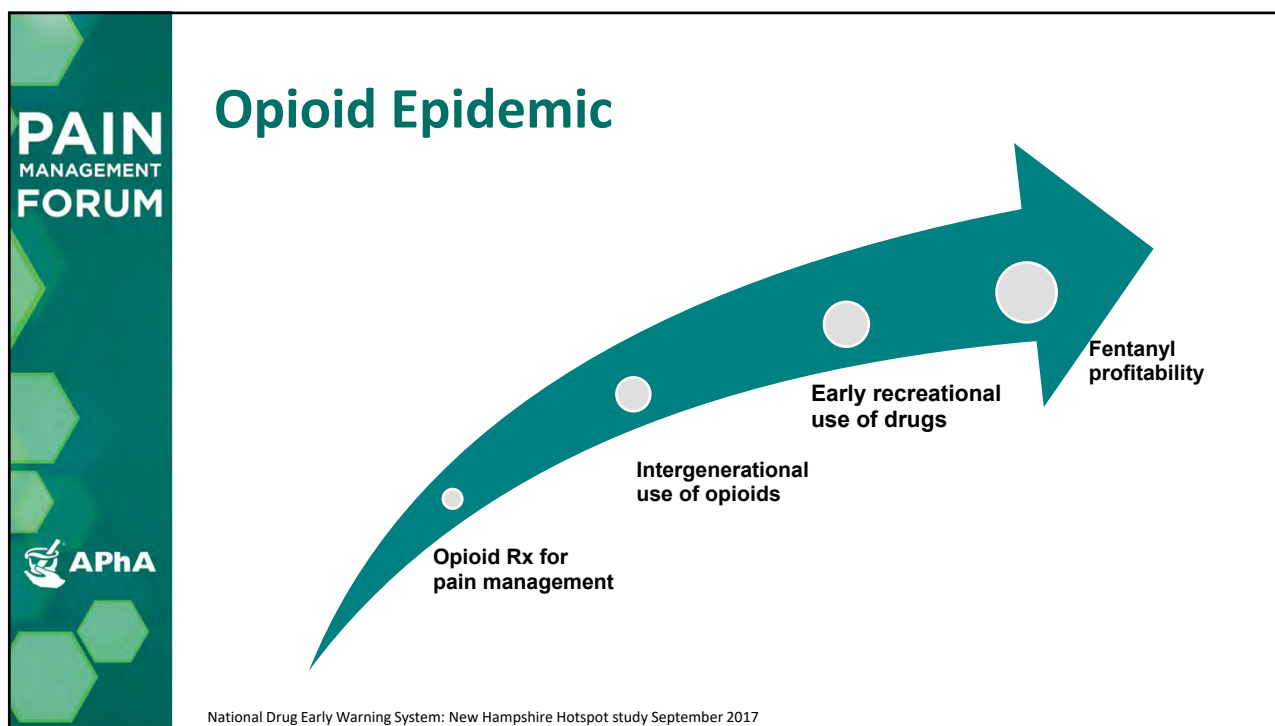
10



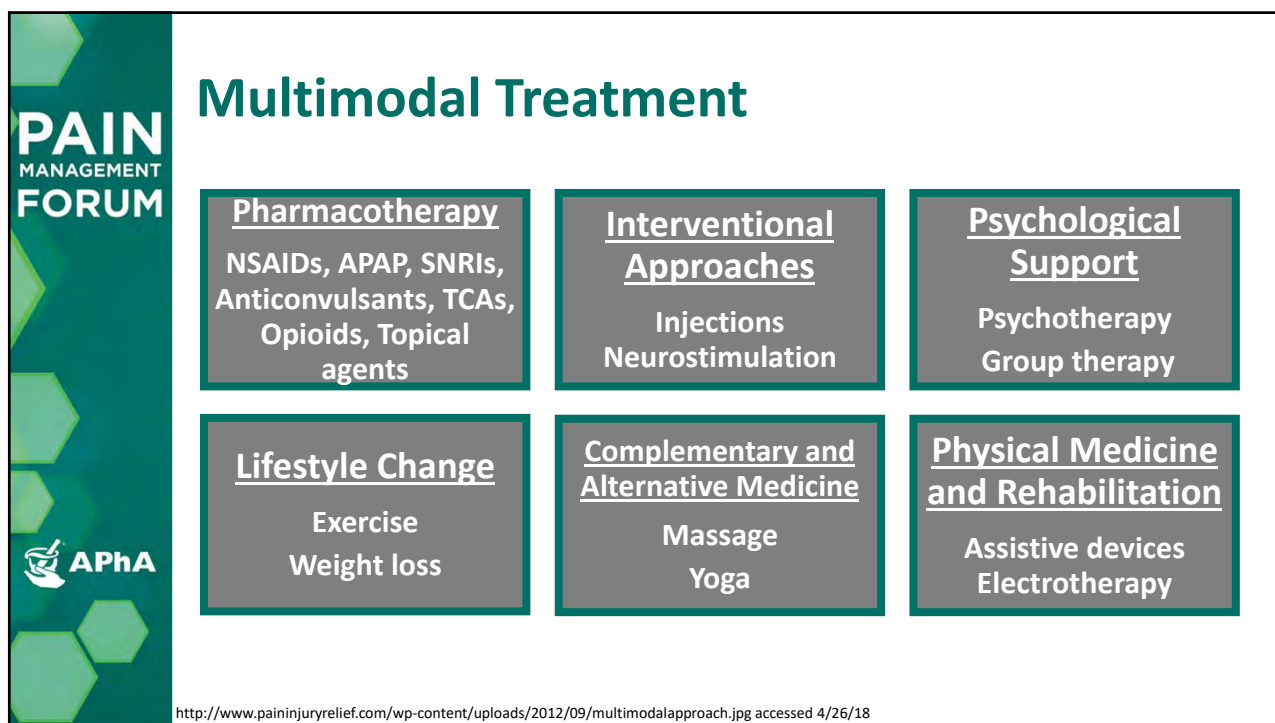
11




12



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14


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**FORUM**  
  


## Physiologic Classification of Pain

Inflammatory/Nociceptive Pain	Neuropathic Pain
<ul style="list-style-type: none"> <li><b>Somatic Pain</b> <ul style="list-style-type: none"> <li>Muscle, soft tissue, bone, joint, skin</li> <li>Well localized</li> <li>Deep, aching, worse with movement, throbbing, stabbing</li> </ul> </li> <li><b>Visceral Pain</b> <ul style="list-style-type: none"> <li>Internal organs or surrounding viscera</li> <li>Diffuse, not localized, possibly referred</li> <li>Cramping, gnawing, squeezing, varying in intensity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Burning, Electric, Tingling, Shooting</b></li> <li><b>Centrally Generated</b> <ul style="list-style-type: none"> <li>Central sensitization</li> </ul> </li> <li><b>Peripherally Generated Pain</b> <ul style="list-style-type: none"> <li>Polyneuropathy: DPN, Alcohol-nutritional neuropathy</li> <li>Mononeuropathy: Nerve root compression, trigeminal neuralgia</li> </ul> </li> </ul>
Acetaminophen, NSAIDs, SNRIs	Tricyclic Antidepressants, SNRIs/Atypical Antidepressants, Anticonvulsants, Topical Anesthetics

Pasero C, McCaffery M Pain Assessment and Pharmacologic Management 2011 St Louis, MO page 11

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## Multimodal Pharmacotherapy

NSAIDs

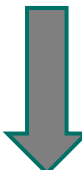




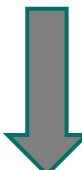
TCAs

APAP

Anticonvulsants

Opioids

SNRIs

### Improvement in Pain and Function

Pasero C, McCaffery M Pain Assessment and Pharmacologic Management 2011 St Louis, MO page 11

16

## Tricyclic Antidepressants

### Tertiary Amines

- Amitriptyline
- Imipramine
- Clomipramine
- Doxepin
- Trimipramine
- Amoxapine

### Secondary Amines

- Desipramine
- Nortriptyline
- Protriptyline

### Counseling Points

- ❖ Use caution when rising quickly
- ❖ Don't use alcohol
- ❖ Avoid in elderly

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017

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## Acetaminophen

- Considered first-line treatment
- Analgesic and antipyretic effects
- No anti-inflammatory properties
- Max dose 4000 mg

### Counseling Points

- ❖ Do not exceed the maximum dose
- ❖ Avoid alcohol

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017

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## Anticonvulsants

### Gabapentin

- 1200-3600 mg/day
- NNT 4-6

### Pregabalin

- 300-600 mg/day
- NNT 4-5

### Carbamazepine/Oxcarbazepine

- Trigeminal neuralgia
- NNT 1-4

### Counseling Points

- ❖ Sedation
- ❖ Weight gain
- ❖ Edema
- ❖ Change in mood
- ❖ Start low and titrate
- ❖ Abuse potential

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Treatment of Neuropathic Pain: Antiepileptic and Antidepressant Drug Ian Gilron, Pain 2014: Refresher Courses, 15th World Congress on Pain

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## Serotonin-Norepinephrine Reuptake Inhibitors

### Venlafaxine

- Off Label
- 75-225 mg/day

### Duloxetine

- Fibromyalgia, neuropathic and somatic pain
- 60 mg/day

### Milnacipran

- Fibromyalgia
- Titrate to 200 mg/day

### Counseling Points

- ❖ Monitor for change in mood or SI
- ❖ Don't use alcohol
- ❖ Taper off

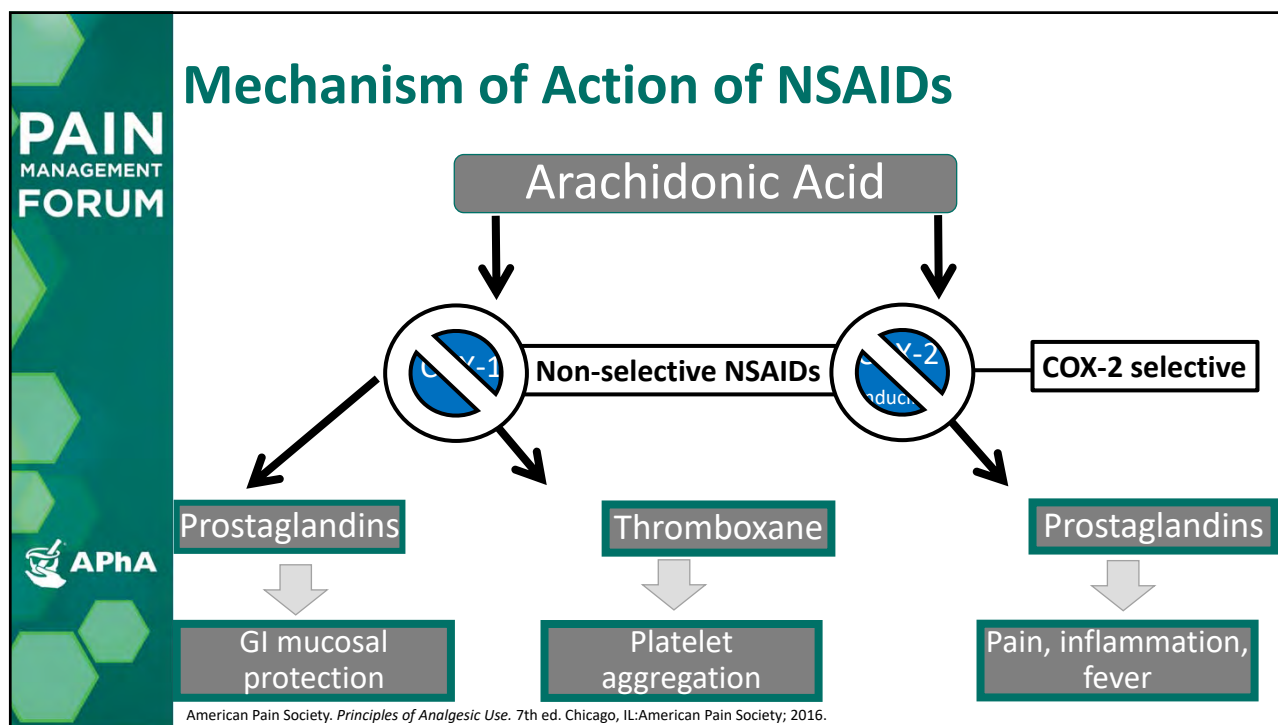
Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Treatment of Neuropathic Pain: Antiepileptic and Antidepressant Drug Ian Gilron, Pain 2014: Refresher Courses, 15th World Congress on Pain

20

Summary of Recommendations for the Treatment of Osteoarthritis from the American College of Rheumatology			
Recommendations	Knee OA	Hip OA	Hand OA
Acetaminophen	Yes	Yes	Not mentioned
Oral NSAIDs	Yes	Yes	Yes
Topical NSAIDs	Yes	No recommendation	Yes
Tramadol	Yes	Yes	Yes
Opioids	No recommendation	No recommendation	No
Topical capsaicin	No	Not mentioned	Yes
Joint protection	Yes	Yes	Yes
Weight loss	Yes	Yes	Not mentioned
Aerobic exercise	Yes	Yes	Not mentioned
Tai chi/acupuncture	Yes	No recommendation	Not mentioned
Intra-articular therapies	Yes	Yes	No
TENS	Yes	Not mentioned	Not mentioned

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017

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## Effects of NSAIDs

Desirable

- Decreased inflammation
- Decreased fever
- Decreased pain

Undesirable

- Bleeding
- Gastrointestinal ulcers
- Increased sodium retention
- Decreased renal function
- Decreased vasodilation

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017

23

## Classes of NSAIDs

Propionic Acids	Dosage	Max Dose
Ibuprofen	400-800 mg three times daily	3,200 mg/day
Naproxen	250-500 mg three times daily	1,500 mg/day
Ketoprofen	75 mg twice daily	300 mg/day
Fenoprofen	400-600 mg three times daily	3200 mg/day
Flurbiprofen	100 mg three times daily	300 mg/day
Oxaprozin	1200 mg daily	1800 mg/day

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Clinical Pharmacology [website]. [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed May 7, 2018.

24

## Classes of NSAIDs

Nonacetylated Salicylates	Dosage	Max Dose
Diflunisal	250-500 mg twice daily	1500 mg/day
Magnesium Salicylate	545-1200 mg three times daily	4800 mg/day
Choline Magnesium Trisalicylate	1000 mg three times daily	3000 mg/day
Salsalate	1500 mg twice daily	Not available

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Clinical Pharmacology [website]. [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed May 7, 2018.

25

## Classes of NSAIDs

Enolic Acids	Dosage	Max Dose
Meloxicam	7.5-15 mg daily	15 mg/day
Piroxicam	20 mg daily	20 mg/day

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Clinical Pharmacology [website]. [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed May 7, 2018.

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## Classes of NSAIDs

Acetic Acids	Dosage	Max Dose
Diclofenac	75 mg twice daily	150 mg/day
Etodolac	200-400 mg three times daily	1200 mg/day
Tolmetin	400 mg three times daily	1800 mg/day
Sulindac	150-200 mg twice daily	400 mg/day
Indomethacin	50 mg three times daily	200 mg/day
Ketorolac	10 mg four times daily	40 mg/day <b>Max 5 days</b>

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Clinical Pharmacology [website]. [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed May 7, 2018.

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## Classes of NSAIDs

Others	Dosage	Max Dose
Meclofenamate	100 mg three times daily	400 mg/day
Nabumetone	500 mg twice daily	2000 mg/day
Celecoxib	100-200 mg twice daily	800 mg/day

Nonopioid Pain Medications: Dosage, Adverse Effects, and More. American Pharmacists Association 2017  
Clinical Pharmacology [website]. [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed May 7, 2018.

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## NSAID Indications

Acute Pain	Chronic Pain
<ul style="list-style-type: none"> <li>• Toothache</li> <li>• Headache</li> <li>• Backache</li> <li>• Pain due to cold, flu, fever</li> <li>• Sinus pain</li> <li>• Muscular pains</li> <li>• Bursitis</li> <li>• Tendonitis</li> <li>• Primary dysmenorrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> <li>• Osteoarthritis</li> <li>• Ankylosing spondylitis</li> <li>• Gout</li> </ul>
	<h3>Onset of Action</h3> <ul style="list-style-type: none"> <li>• Usually work within a few hours</li> <li>• Max anti-inflammatory and analgesic benefits may take 2-4 weeks</li> </ul>

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

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Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

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## Gastrointestinal Complications



### Dyspepsia, GI discomfort, Abdominal pain

- Combine NSAID with a PPI or histamine H2 blocker



### GI Bleeding

- Avoid NSAIDs in persons with history of NSAID associated upper GI tract bleeding
- Celecoxib with a PPI or misoprostol

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

31

### Gastrointestinal safety of celecoxib versus naproxen in patients with cardiothrombotic diseases and arthritis after upper gastrointestinal bleeding (CONCERN): an industry-independent, double-blind, double-dummy, randomised trial

#### • Treatment

- Celecoxib 100 mg BID, esomeprazole 20 mg daily, ASA 80 mg daily
- Naproxen 500 mg BID, esomeprazole 20 mg daily, ASA 80 mg daily

#### • Primary endpoint

- Recurrent upper gastrointestinal bleeding within 18 months

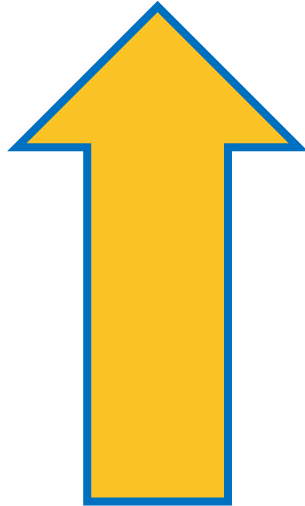
#### • Results

- Celecoxib group = recurrent bleeding 5.6% (95% CI 3.3–9.2)
- Naproxen group = recurrent bleeding 12.3% (95% CI 8.8–17.1)

Francis K L Chan, Jessica Y L Ching, Yee Kit Tse, Kelvin Lam, Grace L H Wong, Siew C Ng, Vivian Lee, Kim W L Au, Pui Kuan Cheong, Bing Y Suen, Heyson Chan, Ka Man Kee, Angeline Lo, Vincent W S Wong, Justin C Y Wu, Moe H Kyaw, Gastrointestinal safety of celecoxib versus naproxen in patients with cardiothrombotic diseases and arthritis after upper gastrointestinal bleeding (CONCERN): an industry-independent, double-blind, double-dummy, randomised trial, *The Lancet*, Volume 389, Issue 10087, 2017, Pages 2375-2382

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## Risks of Gastrointestinal Bleeding



>65 years of age

Previous stomach or duodenal ulcer

Smoking

Alcohol

### Medications

Warfarin  
Corticosteroid  
Antiplatelet  
SSRI

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	DUR Conflict Description
	Toxic effects may be increased with the concurrent administration of Meloxicam Oral Tablet 7.5 MG and Sertraline HCL Oral Tablet 50 MG. The risk of upper gastrointestinal bleeding may be increased. Patients taking both drugs concurrently should be educated about the signs and symptoms if GI bleeding.

### Signs and Symptoms:

- Blood in the stool or dark tarry stools
- Vomiting blood or what looks like coffee grounds
- Abdominal cramping or diarrhea
- Fatigue
- Paleness
- Syncope

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## Cardiovascular Complications



### Myocardial Infarction

- Avoid Cox-2 Inhibitors in patients at risk?



### Worsening Hypertension

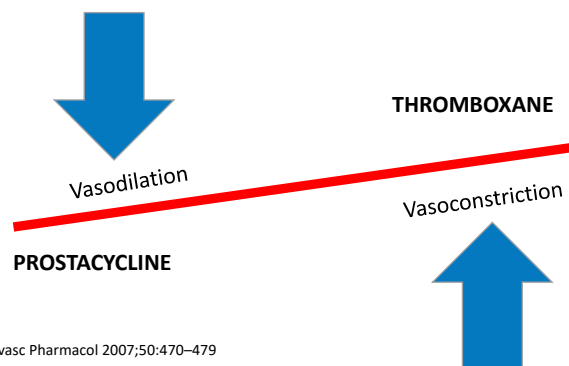
- Avoid in patients with congestive heart failure
- Use caution in patients with hypertension
  - Mean blood pressure increase of 5mmHg

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

35

## Impact of COX-2 on Cardiovascular Homeostasis

- Thromboxane / prostacyclin balance
  - Loss of vascular prostacyclin synthesis without alterations in platelet thromboxane synthesis enhances thrombotic risk, hypertension, and atherosclerosis



Funk CD et al. *J Cardiovasc Pharmacol* 2007;50:470-479

36

## COX-2 Inhibitors and CV Risks

- VIGOR: Rofecoxib vs Naproxen
- APPROVe: Rofecoxib vs Placebo
- APC: Celecoxib vs Placebo
- CABG I: Parecoxib or Valdecoxib
- CABG II: Parecoxib or Valdecoxib



Bombardier C, et al. N Engl J Med. 2000; 343:1520-8  
 Bresalier RS, et al. N Engl J Med. 2005; 352:1092-102  
 Solomon SD, et al. N Engl J Med. 2005; 352:1071-80  
 Ott E, et al. J Thorac Cardiovasc Surg. 2003; 125:1481-92  
 Nussmeier NA, et al. N Engl J Med. 2005; 352:1081-91

37

Do selective cyclo-oxygenase-2 inhibitors and traditional non-steroidal anti-inflammatory drugs increase the risk of atherothrombosis? Meta-analysis of randomised trials

“This meta-analysis has shown that selective COX 2 inhibitors are associated with a moderate increase in the risk of vascular events, as are high dose regimens of ibuprofen and diclofenac, but that high dose naproxen is not associated with such an excess.”

Kearney Patricia M, Baigent Colin, Godwin Jon, Halls Heather, Emberson Jonathan R, Patrono Carlo et al. Do selective cyclo-oxygenase-2 inhibitors and traditional non-steroidal anti-inflammatory drugs increase the risk of atherothrombosis? Meta-analysis of randomised trials BMJ 2006; 332 :1302

38

### Cardiovascular safety of non-steroidal anti-inflammatory drugs: network meta-analysis

NSAID	MI	Stroke	CV Death	Death from any cause
Celecoxib	1.35 (0.71-2.39)	1.12 (0.6-2.06)	2.07 (0.98-4.55)	1.5 (0.96-2.54)
Naproxen	0.82 (0.37-1.67)	1.76 (0.91-3.33)	0.98 (0.41-2.73)	1.23 (0.71- 2.12)
Ibuprofen	1.61 (0.5-5.55)	<b>3.36 (1-11.6)</b>	2.39 (0.69-8.64)	1.77 (0.73-4.3)
Diclofenac	0.82 (0.29-2.20)	<b>2.86 (1.09-8.36)</b>	<b>3.98 (1.48-12.7)</b>	<b>2.31 (1-4.95)</b>

#### Author conclusions

- Naproxen seemed least harmful for cardiovascular safety
- “we are confident that several other drugs—ibuprofen, diclofenac, etoricoxib, and lumiracoxib—are associated with a risk increase of more than 30% on several cardiovascular outcomes.”

TrelleS et al. Cardiovascular safety of non-steroidal anti-inflammatory drugs: network meta-analysis. *BMJ*. 2011; 342:c7086.

39

#### Review Article

### Non-steroidal anti-inflammatory drug-induced cardiovascular adverse events: a meta-analysis

“The findings of this meta-analysis suggest that CV adverse effects of NSAIDs may not be based on the COX-2 selectivity of NSAIDs. Rofecoxib was the only NSAID to show an increase in CV adverse effect”

Gunter, B. R., Butler, K. A., Wallace, R. L., Smith, S. M. and Harirforoosh, S. (2017), Non-steroidal anti-inflammatory drug-induced cardiovascular adverse events: a meta-analysis. *J Clin Pharm Ther*, 42: 27–38. doi:10.1111/jcpt.12484

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*The* **NEW ENGLAND**  
**JOURNAL of MEDICINE**

ESTABLISHED IN 1812

DECEMBER 29, 2016

VOL. 375 NO. 26

Cardiovascular Safety of Celecoxib, Naproxen, or Ibuprofen  
for Arthritis

“In summary, the PRECISION trial showed the non-inferiority of moderate doses of celecoxib, as compared with naproxen or ibuprofen, with regard to the primary APTC cardiovascular outcome. Celecoxib treatment also resulted in lower rates of gastrointestinal events than did either comparator drug and in lower rates of renal adverse events than did ibuprofen.”

Nissen S, et al. Cardiovascular Safety of Celecoxib, Naproxen, or Ibuprofen for Arthritis. *N Engl J Med* 2016; :2519-2529

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## Low Dose Aspirin and NSAIDs

The beneficial effects of low dose aspirin on platelet function may be counteracted by NSAIDs

### INHIBITION OF ASPIRIN EFFICACY

Probably	Possibly	Probably Not	Unknown
Ibuprofen	Celecoxib Indomethacin Naproxen	Diclofenac Meloxicam Sulindac	All other NSAIDs

If taking low-dose aspirin and ibuprofen, separate doses with ibuprofen being avoided for at least 4 hours before or 2 hours after aspirin administration

Horn J, Hansten P. Antiplatelet Effects of Aspirin: Which NSAIDs Interact. *Pharmacy Times* May 2013

42

## Renal Complications



### Impaired Renal Function

- Avoid in patients with renal dysfunction
- Use with caution when combining with other medications that potentially decrease renal function, such as angiotensin-converting enzyme inhibitors

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

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	DUR Conflict Description
	Coadministration of a angiotensin antagonists, thiazide-type diuretics and NSAIDs may be associated with an increased risk of renal toxicity

### Signs and Symptoms:

- Decreased urine output
- Swelling in your legs, ankles or feet
- Drowsiness
- Shortness of breath
- Fatigue
- Confusion
- Nausea
- Chest pain or pressure

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## Bleeding Complications



### Coagulation Problems

- Avoid in patients with platelet defects or thrombocytopenia
- Avoid with anticoagulants
  - If used expect an increase in INR

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

45

	DUR Conflict Description
	Use of Ibuprofen Oral Tablet 800 MG with Brilinta Oral Tablet 90mg may increase the risk of bleeding

### Signs and Symptoms:

- Blood in the stool or dark tarry stools
- Vomiting blood or what looks like coffee grounds
- Abdominal cramping or diarrhea
- Fatigue
- Paleness
- Syncope

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## Hepatic Complications



### Transaminitis, Synthetic Impairment

- Avoid in patients with cirrhosis because of the potential for hematologic and renal complication
- Avoid sulindac and diclofenac due to more potential for hepatic problems

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

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## Respiratory Complications



### Aspirin-Exacerbated Respiratory Disease

- Use with caution in persons with asthma

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician*. 2009;80(12):1371-1378.

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## Topical NSAIDs

- Indicated for arthritic joints or soft tissue injuries
- First line for hand and knee OA in the elderly
- **Watch Polypharmacy**
  - Topical solution in combination with oral diclofenac vs. oral diclofenac alone
    - Increased rectal hemorrhage
    - More abnormal creatinine

Formulation	Cmax (ng/ml)
Diclofenac 50mg tablet	1298
Diclofenac 75mg tablet	2367
Diclofenac gel 1%	15
Diclofenac gel 3%	4
Diclofenac 1.5% solution	19.4
Diclofenac 1.3% patch	8.8

Hochberg MC, Altman RD, April KT et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res.* 2012;64(4):465-474.  
Pennsaid® [package insert]. Deerfield, IL: Horizon Pharma USA Inc.; 2015

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## Special Populations



### Geriatrics

- Avoid chronic use unless other alternatives are not effective and patient can take gastro-protective agent



### Pregnancy

- Generally considered safe in pregnancy as long as it is in low doses, is intermittent, and is discontinued six to eight weeks before term

Risser A, Donovan D, Heintzman J, Page, T. NSAID Prescribing Precautions *Am Fam Physician.* 2009;80(12):1371-1378.

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	DUR Conflict Description
	Administration of Ibuprofen Oral Tablet 600 MG should be used with extreme caution in Geriatric Patients, especially in Alcoholism, Cardiac Disorder, Gastrointestinal Disease, and Tobacco Smokers

### **Counseling:**

- Signs and symptoms of bleeding
- Signs and symptoms of renal dysfunction
- Take as needed only, avoid daily use
- Suggest gastro-protective agent

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## **Patterns of Use and Public Perception of Over-the-Counter Pain Relievers: Focus on Nonsteroidal Antiinflammatory Drugs**

### **OTC NSAID Use:**

- 27% used on a daily basis
- 26% used more then recommended
- 60% not aware of potential side effects of NSAIDs
- 22% believed warning symptoms would precede any complications

Patterns of use and public perception of over-the-counter pain relievers: focus on nonsteroidal antiinflammatory drugs.  
Mel Wilcox, Byron Cryer, George Triadafilopoulos. The Journal of Rheumatology Nov 2005, 32 (11) 2218-2224

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## Patient Case

A middle aged male arrives to the patient counseling window with a package of ibuprofen. He asks “is this ok to take for my knee pain?”

Carvedilol 25mg 1 po BID  
Furosemide 40mg 2 po bid  
Nitroglycerin 0.4mg SL prn  
Pravastatin 40mg 1 po HS  
Pregabalin 200mg 1 po BID  
Sacubitril-valsartan 49-51mg 1 po bid  
Spironolactone 25mg 1 po daily  
Trazodone 50mg 1 po hs

### Counseling Points

- ❖ NSAIDs may worsen HF
- ❖ NSAIDs may increase BP
- ❖ Use only for a short period

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## Patient Counseling

Patients should be referred to their doctor for assessment if

Symptoms develop rapidly

Symptoms affect same joints on both sides of body

Symptoms are not localized to affected joint

Joint warmth, swelling, loss of function

Severe pain

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**APhA**

## Patient Counseling

- Look for signs of bleeding
- May increase blood pressure
- Separate from low-dose aspirin
- Take with food
- Avoid in elderly or pregnancy

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**PAIN**  
MANAGEMENT  
FORUM

**APhA**

## Summary

- Non-opioid treatment options are critical in appropriate pain management
- Understanding the risks is important when dispensing or recommending NSAIDs
- Education is essential in helping patients make informed decisions on the risks vs benefits of NSAID therapy

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## Assessment Question

Which is not a common side effect associated with using anticonvulsants for pain?

- A. Sedation
- B. Weight gain
- C. Gastrointestinal bleeding
- D. Edema

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## Assessment Question

The goal of multimodal pharmacotherapy is?

- A. Decreased pain rating
- B. Increased sedation
- C. Improvement in pain and function
- D. Improvement in pain

58

## Assessment Question

Toxicity associated with NSAIDS can be minimized by which one of the following?

- A. Using the lowest dose for the shortest duration
- B. Taking on an empty stomach
- C. Using ibuprofen and topical diclofenac gel together to decrease pain
- D. Taking meloxicam 15mg 1 po BID for 1 year

# Using Brief Interventions in a Busy Pharmacy Setting

**Jake Nichols, PharmD, MBA**

Owner & Chief Executive Officer

Strategic Recovery Resources

Boston, MA

1

## Learning Objectives

At the completion of this activity, the pharmacist will be able to:

- Describe the screening, brief intervention, and referral to treatment approach for patients with substance abuse disorders
- Describe the impact of brief interventions from health care providers on whether patients seek treatment for addiction
- Implement the use of brief interventions in pharmacy practice

2

## Pharmacy Profession – Infamous Quotes

- “You’re just substituting one habit for another”
- “I don’t stock those products because I don’t believe that addiction is a disease”
- “We don’t have any in stock and I don’t think we will be getting any more”
- “We don’t like dealing with those folks so we just don’t carry the stuff”
- “Doctor I can’t fill your prescriptions anymore because I think you are seeing too many patients”

3

## Aberrant Behaviors

- Behaviors More Suggestive of an Addiction Disorder:
  - Selling prescription drugs
  - Prescription forgery
  - Stealing or “borrowing” drugs from others
  - Injecting/snorting oral formulations
  - Obtaining prescription drugs from nonmedical sources
  - Concurrent abuse of alcohol or illicit drugs
  - Multiple dose escalations or other noncompliance with therapy despite warning

4

## Aberrant Behaviors

- Multiple episodes of prescription “loss”
- Repeatedly seeking prescriptions from other clinicians or from emergency rooms without informing prescriber or after warnings to desist
- Evidence of deterioration in the ability to function at work, in the family, or socially that appear to be related to drug use
- Repeated resistance to changes in therapy despite clear evidence of adverse physical or psychological effects from the drug

5

## Aberrant Behaviors

- Behaviors Less Suggestive of an Addiction Disorder:
  - Aggressive complaining about the need for more drug
  - Drug hoarding during periods of reduced symptoms
  - Requesting specific drugs
  - Openly acquiring similar drugs from other medical sources
  - Unsanctioned dose escalation or other noncompliance with therapy on one or two occasions
  - Unapproved use of the drug to treat another symptom
  - Reporting psychic effects not intended by the clinician
  - Resistance to a change in therapy

6



## Counseling

- Lose the judgement
  - Talk to and guide patients just as we do in other disease states
  - Show concern and provide support
    - Lists of local 12 step meetings
    - Lists of addiction docs, therapists, and treatment centers in the area
    - Educational information about addiction

7

## Using Appropriate Language

Terms to Avoid	Why	Preferred Terminology
<b>Addict, Abuser, Junkie, User</b>	These terms are demeaning because they label a person solely by his/her illness or behavior and imply a permanency to the condition	Person with a substance use disorder
<b>Clean or Dirty</b>	These words associate symptoms (i.e. positive drug tests) with judgement statements about cleanliness.	Negative, positive, abstinent, substance-free, actively using
<b>Habit or Drug Habit</b>	These terms deny the medical nature of the condition and imply that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior	Substance use disorder, regular substance use
<b>Opioid Replacement or Methadone Maintenance</b>	These words imply that treatment medications are equal to street drugs and suggests a lateral move from illegal to legal addiction	Medication-assisted treatment, medication-assisted recovery

8

## Motivational Interviewing

- Motivational interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change
- The method differs from more “coercive” or externally driven methods for motivating change as it does not impose change that may be inconsistent with the person’s own values, beliefs, or wishes; but rather supports change in a manner congruent with the person’s own values and concerns
- “Motivational interviewing is a collaborative, person centered form of guiding to elicit and strengthen motivation for change.”

9

## Motivational Interviewing

### DARN

- *Desire* – “What do you like, wish, hope, etc.?”
- *Ability* – “What is possible? What can or could you do? What are you able to do?”
- *Reasons* – “Why would you make this change? What would be some specific benefits? What risks would you like to decrease?”
- *Need* – How important is this change? How much do you need to do it?”

### OARS

- *Open Questions* – the client should do most of the talking
- *Affirmation* – build rapport and reinforce open exploration
- *Reflective Listening* – a way of checking, rather than assuming that you already know what the patient meant.
- *Summarize* – Periodic summaries reinforce what has been said, show that you have been listening carefully, and prepare the patient to elaborate further.

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## Employing MI Techniques

- “Your patient record shows you’ve been getting this prescription too frequently. I can’t fill this.”

**Result =**  
**End of discussion or**  
**defensive reply**

- “The state’s PMP requires (encourages) me to check how frequently you receive this medication. Can you help me understand why you’re getting so much from many different doctors?”

**Result =**  
**Conversation**

11

## Prescriber/Clinic Collaboration & Communication

- Build relationships
  - Get to know your docs personally
    - Meet and discuss their prescribing habits, expectations of their patients, as well as how you can assist/augment their efforts
  - Know the treatment providers in your area and establish referral networks
  - Display empathy
- Enhanced clinical evaluation
  - Expanded use of prescription drug monitoring programs
  - Know the data before making recommendations to physicians

12

## SBIRT (Screening, Brief Intervention & Referral to Treatment)

- Goal: Improve community health by reducing the prevalence of adverse consequences of substance misuse...<sup>1</sup>
- Screening Tools: MAST/DAST (lengthy >20 questions). CAGE, CRAFFT, AUDIT, ASSIST (short ≤ 10 questions).
- Flexible – can be delivered in many clinical care settings.
- Brief intervention can be delivered as a statement: “As your healthcare provider I am advising you to quit smoking as a way to improve your health” or in the form of a motivational interviewing interaction.
- Referral to treatment should be specific, accompanied by contact information, and perhaps an offer to follow up with the patient after an agreed upon interval of time

13

## The CAGE Screen: a Validated Tool

### Questions

- Have you ever felt the need to **Cut Down** on your drinking
- Have you ever been **Annoyed** by criticism of your drinking
- Have you ever felt **Guilty** about your drinking
- Have you ever needed an **Eye Opener** to get going in the morning.

### Scoring

- 2 or more “yes” replies is a positive screen
- Scores of 2 or higher had a 93% sensitivity /76% specificity for the identification of 'excessive drinking' and a 91% sensitivity/77% specificity for the identification of alcoholism

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## Goals of Chronic Disease Management

- Reduce or control symptoms
- Prevent or slow progression
- Sustain or improve quality of life
- Promote treatment engagement
- Motivate patient to internalize the locus of control
- Strive for medication adherence even during asymptomatic periods

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## Medication Therapy for Alcoholism

- Medical taper using a benzodiazepine at appropriate doses
- Oral Disulfiram (ALDH inhibitor) 250 - 500mg/day x 1-2 weeks then 125 -250mg/day
- Oral Naltrexone (Opioid antagonist) 25 - 50mg/day
- Oral Acamprosate (GABA analogue) 666mg/TID
- IM depot Naltrexone 380mg/q 4wks

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## Medication Therapy for Opioid Dependence

- Medical taper using methadone or buprenorphine then abstinence support with
  - Naltrexone oral 50mg/day
  - Naltrexone depot 380mg/IM once per month
- Transition to maintenance therapy using
  - Oral Methadone 40 to 160 mg/day
  - Sublingual Buprenorphine tablet up to 24mg/day
  - Sublingual buprenorphine and naloxone tablet or film or buccal film, up to 24mg/day or bioequivalent dose

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## Case #1

- A patient who has been a customer of yours has been displaying behaviors that are different to his typical demeanor. Over the past 3-6 months, she has increasingly been confrontational with you and your staff regarding refilling her medication early (usually 7-10 days too soon). She had lower back surgery about a year ago and has since been receiving the following prescriptions:

Oxycodone ER 20mg TID

Oxycodone 5mg 1-2 q 4-6h PRN breakthrough pain

- She denies taking more than prescribed and states she tries to get them refilled early because she is afraid of running out. On occasion she purchases syringes but states they are for her cat's insulin.

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## Case #1

- She also frequently picks up her prescriptions with her “friend” who seems just as interested and invested in her getting her Rx as she is.
- The PDMP shows an Rx for oxycodone 30mg QID #120 written and dispensed 3 days ago from a physician she had not seen in the past.

Working in small groups with the people around you, address the following:

1. How do you approach relaying your concern with your patient?
2. How do you approach relaying your concern with her prescribers?

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## Case #2

- TT is a 38 year old male with a history of chronic pain, anxiety, depression, and hypertension. His current med list includes the following:

Buprenorphine/Naloxone 8mg tablet SL BID #60

Alprazolam 1mg QID PRN

Sertraline 100mg QD

Lisinopril 20mg QD

- TT is a new patient to your pharmacy and got the above Rx filled for the first time last month. He does not appear intoxicated and has an overall pleasant demeanor.

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## Case #2

- Upon getting his prescriptions filled this month, he asks to speak to the pharmacist privately. He tells you that he is new to taking the buprenorphine/naloxone and alprazolam and wants to know if there are any issues taking them together.

Working in groups with the people around you, address the following:

1. How do you address TT's medication-related issues?
2. What methods can you use in your communication to support his recovery?
3. What resources could you offer beyond what he is currently utilizing (seeing an addiction psychiatrist only)

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## Case #3

- MS is a 32 year old male who picks up the following prescriptions each month:

Fluoxetine 20mg QD

Wellbutrin XL 300mg QD

- You have gotten to know MS relatively well over the past 5 years. He comes in to pick up his Rx's one night ten minutes before closing and he is clearly inebriated (slurring words, swaying, slow walking) and there is a strong smell of alcohol.

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## Case #3

- You ask MS if he is OK and he immediately breaks down and starts crying, telling you he has had an alcohol problem for the past few years that began when his wife left him.

Working in small groups with the people around you, address the following:

1. How do you respond?
2. What medical/behavioral interventions can you help facilitate?

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## Case #4

- MN is a 42 year-old male who has been visiting your pharmacy for as long as you've been employed there (~ 5 years). Each month, he picks up the following prescriptions:

Oxycodone ER 80mg TID

Oxycodone 5mg 2-4 tablets QID PRN

Gabapentin 600mg BID

Clonazepam 1mg BID

- MN has never been particularly friendly, but he has become confrontational with you and your staff over the past few months. He is requesting early refills, sometimes calling 3-4 times a day to see if it will "go through" his insurance.

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## Case #4

- You notice that MN is sweating profusely and he has pinpoint pupils. This is the second time that you have observed this. He is yelling at the technician as he once again attempts to get his Rxs filled early.
- You decide to confront MN and discuss the possibility of a substance use disorder.

Working in small groups with the people around you, address the following:

1. How do you initiate conversation?
2. What would you recommend for MN?

25

## References

- Portenoy RK, Payne R. Acute and chronic pain. In Lowinson JH, Ruiz P, Millman RB (eds): Comprehensive Textbook of Substance Abuse, 3rd Edition. Baltimore: Williams and Wilkins; 1997: Table 57.1, Page 564.
- <http://www.bchumanservices.net/2016/06/the-words-we-use-matter-reducing-stigma-through-language/>
- [https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational Interviewing Definition Principles Approach.pdf](https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational%20Interviewing%20Definition%20Principles%20Approach.pdf)
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- Agerwala SM & McCance-Katz J. Psychoactive Drugs 44(4), 307-17; 2012.
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- Kitchens JM (1994). "Does this patient have an alcohol problem?". *JAMA* 272 (22): 1782-7

# Naloxone: Understanding Its Role and Expanding Access in Community Pharmacies

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1

## Learning Objectives

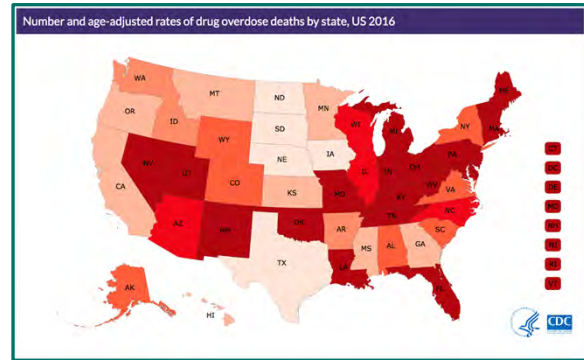
At the completion of this activity, participants will be able to:

- Describe validated tools and practice-based methods to assess the risk for opioid-induced respiratory depression.
- Identify models for overdose education and naloxone distribution that are applicable to various practice settings
- Describe strategies to overcome some of the barriers to implementing overdose education and naloxone distribution.
- Summarize and demonstrate essential patient/caregiver overdose education elements for community health care settings.
- Explain evolving state laws regarding options for pharmacists to prescribe and/or dispense naloxone under collaborative practice agreements, protocols and standing orders.

2

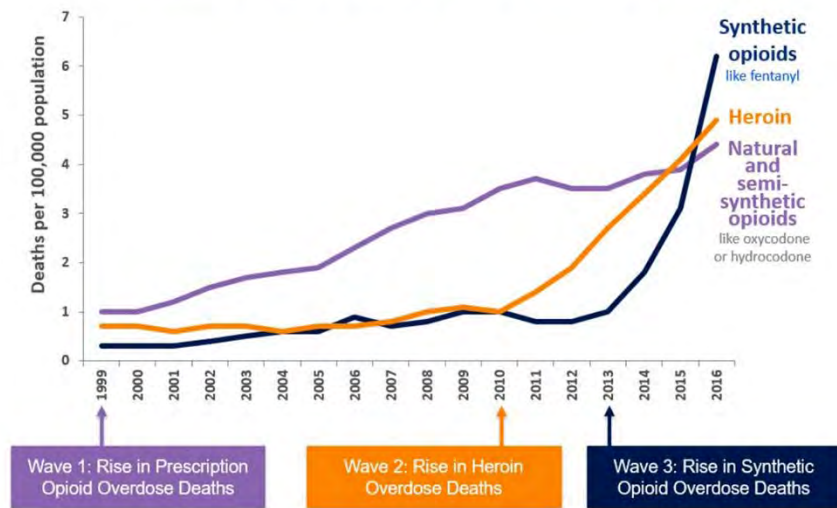
## Opioid Overdose Deaths

- Drug overdose is the leading cause of death for persons under the age of 50
- Prescription opioids responsible for 46 deaths per day (40%)
- Heroin-related overdose deaths increased fivefold from 2010 to 2016



3

### 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

4

## Understanding Opioid Use Disorder

- How do people move from use of prescription opioids to heroin?
- What percent of people are at risk for developing an OUD with exposure to opioids?
- What is the driving factor for continued opioid misuse?



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## Recognizing an Opioid Overdose

- Symptoms of opioid overdose
  - Overdose triad
- Intoxication versus overdose
- Important to act right away!
- Don't just let someone "sleep it off"



<https://www.flickr.com/photos/hackny/5605024451>

6

Describe validated tools and practice-based methods to assess the risk for opioid-induced respiratory depression.

7

## Overdose Risk and Patient History

- Review medications
- Take a substance use history
- Check the prescription monitoring program
- Take an overdose history – *Ask your patient whether they have:*
  - Overdosed or had a bad reaction to taking opioid medications?
  - Witnessed an overdose?
  - Received training to prevent, recognize, or respond to an overdose or medication-related over-sedation?

8



## Identifying Patients at Risk for Opioid Overdose

- Screening tools
- Prescription Drug Monitoring Program
- Patient-related factors
- Medication-related factors
- Condition-related factors

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)		
Description	Y/N	Score
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:		
Opioid dependence?		15
Chronic hepatitis or cirrhosis?		9
Bipolar disorder or schizophrenia?		7
Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)		5
Chronic kidney disease with clinically significant renal impairment?		5
Active traumatic injury, excluding burns? (e.g., fracture, dislocation, contusion, laceration, wound)		4
Sleep apnea?		3
Does the patient consume:		
An extended-release or long-acting (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 write Y for "ER/LA formulation")		9
Oxycodone? (if it has an ER/LA formulation [e.g., OxyContin], also write Y 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:		
>100 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
<b>Total Score</b>		<b>116</b>
Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index		
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	

Adapted from: Jaffer B, Van L, Wang J, et al. Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose. *Journal of General Internal Medicine*. 2015;30(10):1155-1162. <http://paindr.com/wp-content/uploads/2015/09/RIOSORD-tool.pdf>

9

## Case Study: Calculate the RIOSORD Score

- A 45-year-old patient presents to the pharmacy with a prescription for oxycodone ER 80 mg every 12 hours with 10 mg oxycodone IR every 6 hours for breakthrough pain for chronic hip disorder (200 morphine milligram equivalents/day – has been on this dose for past 8 months)
- 40-pack-year history of smoking
- MEDS: paroxetine 10 mg at bedtime, alprazolam 1 mg twice daily as needed for anxiety, and tiotropium 18 mcg handihaler once daily
- PMH: chronic obstructive pulmonary disease (COPD), depression, anxiety
- 3 Emergency Department visits in past year for hip pain, kidney stones, and pneumonia

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Risk Factor (Yes/No?)	RIOSORD Score
<b>Does the patient have any of the following conditions?</b>	
Opioid Dependence	15
Chronic hepatitis or cirrhosis	9
Bipolar or schizophrenia	7
Chronic pulmonary disease (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)	5
Chronic kidney disease with clinically significant renal impairment	5
An active traumatic injury, excluding burns (e.g., fracture, dislocation, contusion, laceration, wound)	4
Sleep apnea	3
<b>Does the patient consume the following medications?</b>	
An extended-release or long acting (ER/LA) formulations of any prescription opioid or opioid with long and/or variable half-life (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch)	9
Methadone	9
Oxycodone	3
A prescription anti-depressant	4
A prescription benzodiazepine	7
<b>What is the patient's current maximum prescribed opioid dose (Oral Morphine Equiv.)</b>	
≥ 100 mg	16
50 – 99 mg	9
20-49 mg	5
<b>In the past 6 months, has the patient:</b>	
Had one or more emergency department visits	11
Been hospitalized for one or more days	8

Zedler B,  
Xie L,  
Wang L, et  
al. Pain  
Med. 2015  
Aug;16(8):  
1566-79.

11

<b>Evaluate the Score</b>	
<b>Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index</b>	
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

Adapted from: Zedler B, Xie L, Wang L et al. Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose in Veterans' Health Administration Patients. Pain Medicine. Jun 2015. 16;1566-1579.

12

Identify models for overdose education and naloxone distribution that are applicable to various practice settings.

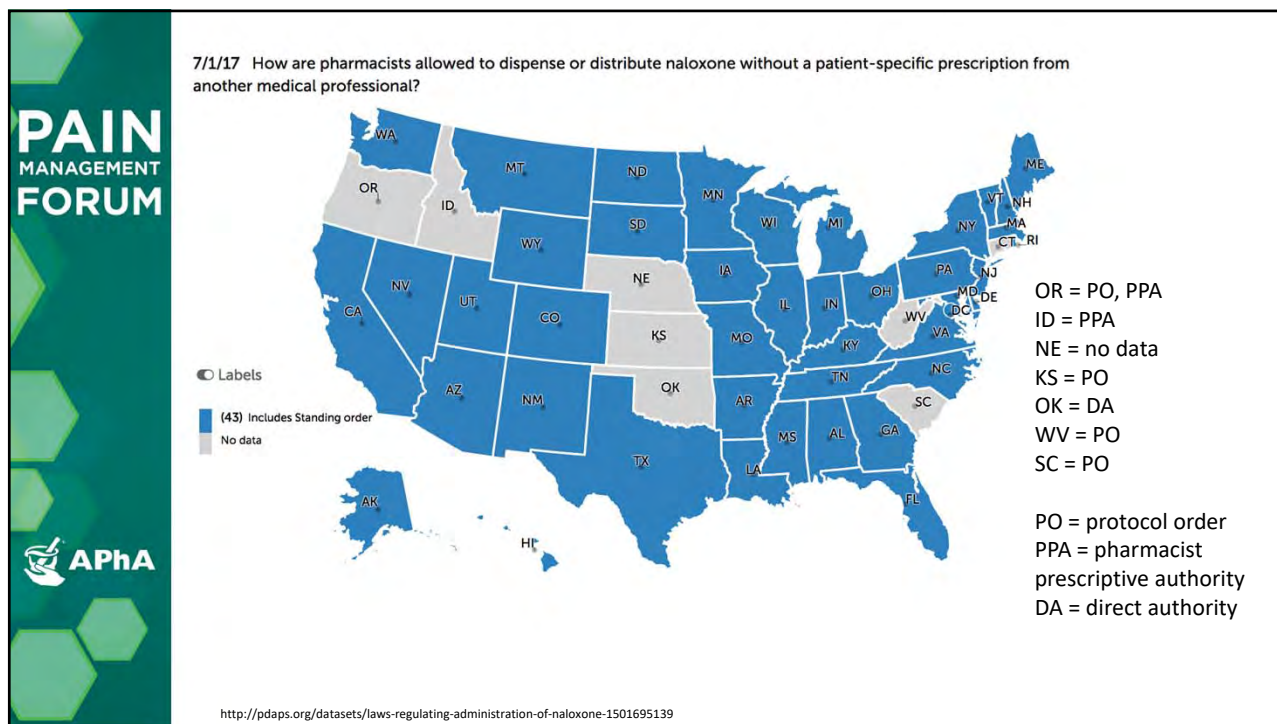
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## Non-Patient Specific Models of Naloxone Prescribing

- **Standing orders.** Written by prescribers, these orders authorize pharmacies to dispense naloxone to patients without a prescription from a provider.
- **Protocol orders.** These are similar to a standing order except the authorization to dispense naloxone comes from a state board of health or pharmacy licensing board instead of a licensed prescriber.
- **Collaborative practice agreements.** These are another type of formal agreement between prescribers and specific pharmacies or pharmacy chains within a state.
- **Pharmacist prescriptive authority.** This approach allows pharmacists to prescribe naloxone without an order or agreement from a physician, pharmaceutical board, or board of health.

<https://www.samhsa.gov/capt/sites/default/files/resources/naloxone-access-laws-tool.pdf>

14



15

**PAIN MANAGEMENT FORUM**

**APhA**

Describe strategies to overcome some of the barriers to implementing overdose education and naloxone distribution

16

## Myths Surrounding Opioid Use Disorder

Use is voluntary

People need to hit "rock bottom"

Lack of willpower or character flaw

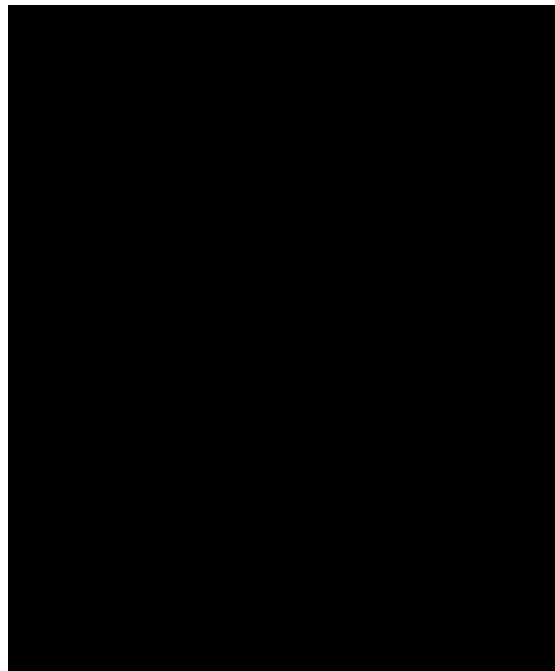
Treatment is not effective

Relapse indicates failure



<https://pixabay.com/en/desperate-sad-depressed-cry-2100307/>

17



18

## Response to Myths

- Chemical and physical changes in the brain occur with use in susceptible individuals.
- People seek treatment for a variety of reasons, including self-motivation and a desire to protect family and career.
- Genetic and environmental components account for more than half of a person's inherent risk of substance use disorder.



<https://pixabay.com/en/dna-string-biology-3d-1811955/>

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## Response to Myths

- Most people who quit using drugs successfully received assistance through treatment programs.
- Myths may prevent individuals from seeking or staying in treatment with methadone or buprenorphine long-term
- Substance use disorder is a chronic condition and successful cessation of use frequently requires multiple attempts.

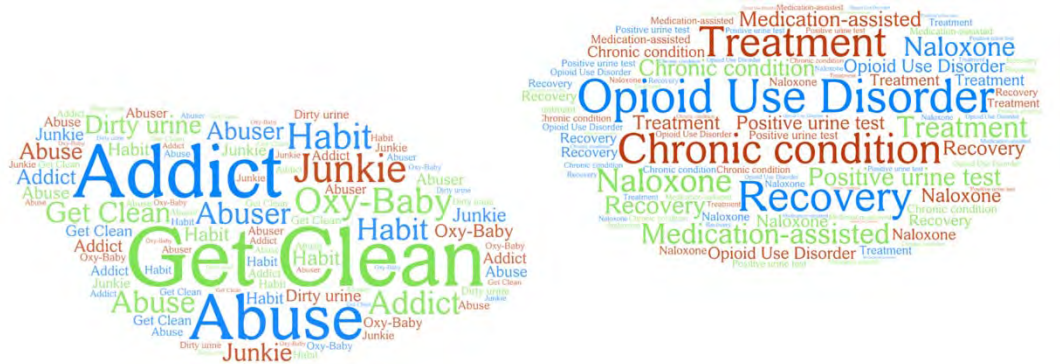


<http://maxpixel.freepresspicture.com/Career-Ladder-Upgrade-Head-Career-Challenge-2930441>

20



## Change the Language to Reduce Stigma



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## Identifying Barriers and Finding Solutions

### Barriers

- Out of pocket cost of naloxone
- Stigma
- Liability concern
- Work flow and logistical issues

### Solutions

- Federal and state grants, patient assistance program
- Social media campaigns, education of prescribers and law enforcement; contact-based education
- Good Samaritan protection and education about provisions
- Invested team members develop protocols that integrate in work flow and staff and personnel are trained
  - Integration in electronic medical record
  - Site champions

Bakhireva LN, Bautista A, Cano S, et al. Subst Abus. 2017 Oct 18:1-11.  
Winstanley EL, Clark A, Feinberg J, Wilder CM. Subst Abus. 2016;37(1):42-6.  
Drainoni ML, Koppelman EA, Feldman JA, et al. BMC Res Notes. 2016 Oct 18;9(1):465.

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Summarize and demonstrate essential patient/caregiver overdose education elements for community health care settings

23



## Using Naloxone to Reverse Opioid Overdose

- Formulations
  - IN versus IM formulations
  - Concentration
  - Comparative efficacy
- First responder data
- Transportation to hospital



- Steps
  - Call for help (Call/Text 9-1-1)
  - Identify opioid overdose
  - Administer naloxone
  - Rescue breaths/CPR
  - Monitor response



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## Call or Text 9-1-1

- People are often scared to call or text 9-1-1
  - Police notified of a 9-1-1 call involving an overdose often come to the scene
  - People may be hesitant to call if they are on parole or have outstanding arrest warrants
  - Some Good Samaritan laws only provide immunity for minor crimes
  - Bystanders may use home remedies instead of calling 9-1-1 or using naloxone
- Calling 9-1-1 is estimated to occur only 10-56% of the time
- Key part of education to ensure definitive medical care and access to treatment and recovery services

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## Naloxone Basics

Takes effect in 2-3 minutes

Shelf-life is 12-24 months

If person is not responding in this time, a second dose may need be administered

Store at room temperature to minimize degradation

Wears off in 30-90 minutes

People can go back into overdose if long acting opioids were taken (fentanyl patch, methadone, extended release morphine, extended release oxycodone)

People should avoid taking more opioids after naloxone administration so they do not go back into overdose after naloxone wears off

People may want to take more opioids during this time because they may feel withdrawal symptoms

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## Counseling on Naloxone: Teach the Do's and Don'ts

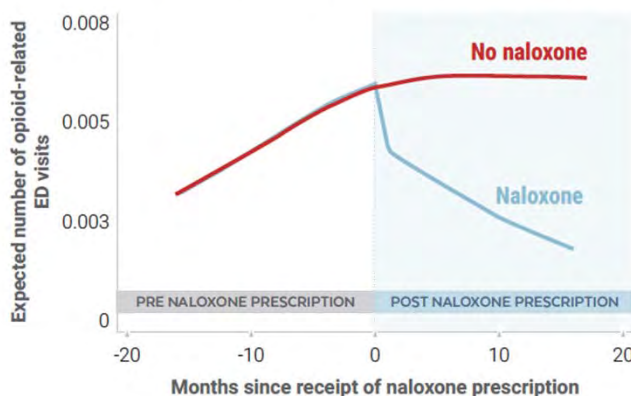
- DO support the person's breathing by administering oxygen or performing rescue breathing.
- DO administer naloxone.
- DO put the person in the "recovery position" on their side, if he or she is breathing independently.
- DO stay with the person and keep him/ her warm.
- DON'T slap or try to forcefully stimulate the person
- DON'T put the person into a cold bath or shower.
- DON'T inject the person with any substance (salt water, milk, "speed," heroin, etc.).
- DON'T try to make the person vomit drugs that he or she may have swallowed.

[https://www.integration.samhsa.gov/medication\\_toolkit\\_firstresponders.pdf](https://www.integration.samhsa.gov/medication_toolkit_firstresponders.pdf)

27

### NALOXONE MAY REDUCE OPIOID RELATED ADVERSE EVENTS<sup>19</sup>

OPIOID RELATED EMERGENCY DEPARTMENT VISITS BY RECIPIENT OF NALOXONE PRESCRIPTION AMONG PRIMARY CARE PATIENTS ON OPIOID THERAPY FOR CHRONIC PAIN\*





Prescribing naloxone to 29 patients averted 1 opioid-related emergency department visit in the following year.

\*In a population with a rate of opioid-related emergency department visits of 7/1000 person years.

San Francisco Department of Public Health. Opioid Stewardship and Chronic Pain: A Guide for Primary Care Providers. San Francisco, CA. October 2017.

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# Naloxone Conversation- Example 1

## Opioids Conversation 1

Discussion: What did you think went well? Could have been better?

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### COMMUNICATING WITH PATIENTS ABOUT NALOXONE

The word “overdose” may have negative connotations and prescription opioid users may not relate to it.

**Some patients have overdosed and don't realize it.**

Out of 60 patients on opioid therapy for pain, 22 (37%) had stopped breathing or required help to be woken up due to opioids.<sup>20</sup>

45%

of these patients denied overdosing, calling it a bad reaction

San Francisco Department of Public Health. Opioid Stewardship and Chronic Pain: A Guide for Primary Care Providers. San Francisco, CA. October 2017.

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## Naloxone Conversation – Example 2

### Opioids Conversation 2

Discussion: What did you think went well? Could have been better?

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## Navigating Difficult Naloxone Conversations: Key Points

- Explain in enough detail for people to really understand their condition/risk
  - “Your \_\_\_\_\_ (medications/alcohol use/conditions/other factors) significantly increase your risk of a breathing emergency”
- Use analogies that are visceral and understandable
  - “Naloxone as a ‘fire extinguisher’, it does not cause you to start a fire, but is there if the fire starts accidentally”



Seth Jacobson Photography

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Explain evolving state laws regarding options for pharmacists to prescribe or dispense naloxone under collaborative practice agreements, protocols or standing orders.

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## Evolving State Laws Regarding Naloxone Distribution




**PDAPS**

Prescription Drug  
Abuse Policy System



A source of rigorous legal data for researchers and detailed policy information for the public.

PDAPS is funded by the National Institute on Drug Abuse to track key state laws related to prescription drug abuse. Click on any topic area to reach an interactive page where you can investigate the history and features of the law, or download data and other documentation for research.

 Latest topics



### Expanded Access to Naloxone

State laws authorizing third-party prescribing and lay administration of the standard antidote to opioid overdose.

[Naloxone Overdose Prevention Laws](#)



### Good Samaritan 911 Immunity

State laws providing protection from criminal sanctions to overdose victims or witnesses who seek emergency services.

[Good Samaritan Overdose Prevention Laws](#)

<http://pdaps.org>

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## PDAPS Prevention Laws

### Naloxone Overdose Prevention Laws

FOCUS EXPLORE

UPDATED THROUGH: July 1, 2017

Unintentional drug overdose is a leading cause of preventable death in the United States. Administering naloxone hydrochloride ("naloxone") can reverse an opioid overdose and prevent these unintentional deaths. This dataset focuses on state laws that provide civil or criminal immunity to licensed healthcare providers or lay responders for opioid antagonist administration. This is a longitudinal dataset displaying laws from January 1, 2001 through July 1, 2017.



#### Explore Policy

Explore and filter by policy questions



EXPLORE	FILTER	RESET
1. Does the jurisdiction have a naloxone access law?	<input type="checkbox"/> Explore	<input type="checkbox"/>
2. Do prescribers have immunity from criminal prosecution for prescribing, dispensing or distributing naloxone to a layperson?	<input type="checkbox"/> Explore	<input type="checkbox"/>
2.1. Is participation in a naloxone administration program required as a condition of immunity?	<input type="checkbox"/> Explore	<input type="checkbox"/>
2.2. Are prescribers required to act with reasonable care?	<input type="checkbox"/> Explore	<input type="checkbox"/>
3. Do prescribers have immunity from civil liability for prescribing, dispensing or distributing naloxone to a layperson?	<input type="checkbox"/> Explore	<input type="checkbox"/>
3.1. Is participation in a naloxone administration program required as a	<input type="checkbox"/> Explore	<input type="checkbox"/>



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