**ER/LA Opioids REMS Knowledge Test**

Print name and email legibly to be listed as a 'completer'.

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Provide only one answer per question.

1. Among the risk factors contained in screening tools for predicting aberrant drug-related behavior in patients receiving opioids for chronic pain are family and personal history of substance abuse, legal problems, history of preadolescent sexual abuse, psychological problems and
   - A. 12 to 15 years of age
   - B. 16 to 45 years of age
   - C. 46 to 75 years of age
   - D. 76 years of age or older
   - E. Risk is even across age

2. Which of the following is most important to consider when determining a starting dosage of an extended-release/long-acting opioid?
   - A. Results of urine drug test
   - B. Patient preference
   - C. Cost of the medications
   - D. Assessment of individual needs
   - E. Starting dosage listed in the package insert

3. A 55-year-old man who is being treated for chronic low back pain after undergoing laminectomy comes for follow-up evaluation. A trial of oxycodone ER therapy is planned. Completion of which of the following is the most appropriate step before initiation of therapy?
   - A. Oswestry Disability Index
   - B. Roland Morris Disability Questionnaire
   - C. Patient-Prescriber Agreement
   - D. MRI of the lumbar spine
   - E. Routine blood tests

4. A 63-year-old woman with a history of spinal stenosis and peripheral neuropathy secondary to breast cancer treatment comes for evaluation because of increasingly severe back pain. She reports that the pain started two weeks ago after doing yard work. She underwent chemotherapy 12 years ago. Medications include an opioid. Which of the following is the most appropriate next step?
   - A. Assure the patient that the heightened sensitivity to pain is to be expected
   - B. Reevaluate the underlying medical condition
   - C. Refer the patient to physical therapy and administer a short-acting opioid as necessary
   - D. Increase extended-release/long-acting opioid therapy dosage for up to one month
   - E. Consider adding an adjuvant analgesic for neuropathic pain

5. Use of ER/LA opioids in pediatric patients <18 years of age deserves special consideration because
   - A. Safety & effectiveness of most ER/LA opioids has not been established in this population
   - B. Many children experience chronic pain conditions with indications for ER/LA opioids
   - C. Starting doses of opioids are reduced by one-third to one-half that in adults
   - D. Opioid risk screening tools have not been validated in this population
   - E. Many state laws require consultation with a pediatric pain specialist or pain clinic

6. A 20-year-old woman is brought to the emergency department because of the sudden onset of anxiety and confusion after taking her mother’s tapentadol for a severe toothache earlier that evening. The patient has a history of atypical depression treated with selegiline, a MAO inhibitor. She appears agitated and flushed. Temperature is 37.9°C (100.3°F), pulse rate is 103/min, respiratory rate is 24/min, and blood pressure is 117/76 mm Hg. Vision examination shows ocular clonus. Physical examination shows mild hyperreflexia throughout but more noticeable on the lower extremities, and bilateral ankle clonus. Which of the following is the most likely diagnosis?
   - A. Anticholinergic delirium
   - B. Neuroleptic malignant syndrome
   - C. Serotonin syndrome
   - D. Sympathomimetic toxicity
   - E. Torsades de pointes

7. An **inappropriate** method to dispose of opioid medication is:
   - A. Return the medication to a pharmacy
   - B. DEA drug take-back event
   - C. Mix into cat litter before putting in the regular trash
   - D. Dispose of medication in the regular trash
   - E. Flush down the toilet
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<td>8. The most important reason a patient should be counseled to never break, cut, chew, or crush an ER/LA opioid tablet or cut or tear patches is because:</td>
<td>☐ A. The medicine will expire &lt;br&gt; ☐ B. It is against the law &lt;br&gt; ☐ C. The dose will be less than prescribed &lt;br&gt; ☐ D. The patient may die</td>
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<td>9. To avoid inadvertent overdose and death a patient should be counseled to avoid co-administration of an extended-release/long-acting opioid with which of the following?</td>
<td>☐ A. Alcohol &lt;br&gt; ☐ B. Diphenhydramine &lt;br&gt; ☐ C. St John's Wort &lt;br&gt; ☐ D. Aspirin &lt;br&gt; ☐ E. Methamphetamine</td>
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<td>10. Which of the following extended-release/long-acting opioids is most likely to induce a peak respiratory depression that occurs later and persists longer than the analgesic effect?</td>
<td>☐ A. Fentanyl transdermal patch &lt;br&gt; ☐ B. Hydromorphone ER &lt;br&gt; ☐ C. Methadone &lt;br&gt; ☐ D. Oxycodone CR &lt;br&gt; ☐ E. Tapentadol ER</td>
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<td>11. When using an equianalgesic table to rotate opioids, an important step to account for incomplete cross-tolerance among mu opioids includes:</td>
<td>☐ A. Initiate the new opioid at the calculated equianalgesic dose &lt;br&gt; ☐ B. Increase the calculated equianalgesic dose by 10%-30% &lt;br&gt; ☐ C. Reduce calculated equianalgesic dose by 25%-75% &lt;br&gt; ☐ D. Convert and total all opioids to oral morphine equivalents &lt;br&gt; ☐ E. Refer to the package insert for appropriate supplemental rescue dose</td>
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<td>12. Which of the following most accurately reflects the potency of certain oral opioid analgesics?</td>
<td>☐ A. Hydromorphone ER &gt; oxycodone &lt;br&gt; ☐ B. Morphine &gt; oxycodone &lt;br&gt; ☐ C. Morphine &gt; hydromorphone ER &lt;br&gt; ☐ D. Oxymorphone ER &gt; hydromorphone ER</td>
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<td>13. A 35-year-old man with chronic pain is beginning a trial therapy with morphine extended-release-naltrexone. Which of the following is the minimum interval for dose titration?</td>
<td>☐ A. One day &lt;br&gt; ☐ B. Three days &lt;br&gt; ☐ C. Five days &lt;br&gt; ☐ D. Seven days &lt;br&gt; ☐ E. Nine days</td>
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<td>14. A positive result of hydromorphone of a urine drug toxicology test for a patient on prescribed morphine can be interpreted as</td>
<td>☐ A. Use of heroin in past month &lt;br&gt; ☐ B. Proof of supplemental hydromorphone &lt;br&gt; ☐ C. Presence of the oxycodone metabolite &lt;br&gt; ☐ D. Presence of the morphine metabolite &lt;br&gt; ☐ E. Presence of semisynthetic opioids</td>
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<td>15. Please select your profession:</td>
<td>☐ A. Physician &lt;br&gt; ☐ B. Advanced Practice Nurse &lt;br&gt; ☐ C. Pharmacist &lt;br&gt; ☐ D. Dentist &lt;br&gt; ☐ E. Optometrist &lt;br&gt; ☐ F. Physician Assistant &lt;br&gt; ☐ G. Podiatrist &lt;br&gt; ☐ H. Other</td>
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<td>16. Please indicate the nature of your main clinical practice: (Physician, APN, Dentist, PA only)</td>
<td>☐ A. Primary care &lt;br&gt; ☐ B. Pain specialist</td>
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<td>17. Are you licensed by the DEA to prescribe schedule 2 and/or schedule 3 drugs?</td>
<td>☐ A. Yes &lt;br&gt; ☐ B. No</td>
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<td>18. Have you prescribed ER/LA opioids within the past year?</td>
<td>☐ A. Yes &lt;br&gt; ☐ B. No</td>
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