

Effective May 19, 2017

Section [40-43-130](#)(B) of the 1976 Code is amended to read:

"(B) Each licensed pharmacist, as a condition of an active status license renewal, shall complete fifteen hours (1.5 CEU's) of American Council on Pharmaceutical Education (ACPE) accredited continuing pharmacy education or continuing medical education (CME), Category I, or both, each license year. Of the fifteen hours, a minimum of six hours must be obtained through attendance at lectures, seminars, or workshops. At least fifty percent of the total number of hours required must be in drug therapy or patient management and at least one hour must be related to approved procedures for monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections [44-53-210](#), [44-53-230](#), and [44-53-250](#)."

Listed below are examples on continuing education programs that would meet this requirement. **This is a sample list and is not inclusive.**

<https://www.pharmacytimes.org/landing/787->

## **Naloxone Rescue: The Emerging Role of Pharmacists in Preventing Opioid Overdose**

### **Educational Objectives**

At the completion of this activity, participants will be able to:

- Examine the prevalence of opioid overdose and its implications for society.
- Explore strategies and legislation aimed at reducing the growth of opioid-related overdoses and identify at-risk patients to ensure these strategies are aimed at the right audience.
- Explain the mechanism of action of naloxone, its role as an opiate antagonist, and its safety and efficacy profile.
- Distinguish the differences between the intravenous, intramuscular/subcutaneous, and intranasal routes of administration for naloxone.
- Illustrate the pharmacist's role in educating patients about naloxone, including the role of the pharmacist in dispensing naloxone without a prescription.

## **SCPhA Convention June 17, 2017**

### **Pain Management**

- Describe current trends in the epidemiology of opioid deaths.
- Define "designer opioids" and give examples.
- Describe the risks associated with designer opioid use.
- List the signs and symptoms of opioid overdose.
- Discuss the role of naloxone rescue therapy in the opioid overdose.
- Review the use, concerns, and challenges associated with naloxone rescue therapy in the community practice setting.

<https://www.powerpak.com/course/preamble/114158>

## **Opioid Analgesics: Best Practices for Prescribing, Dispensing, and Preventing Diversion**

### **EDUCATIONAL OBJECTIVES**

Upon completion of this activity, participants should be better able to:

1. Using data from West Virginia, describe the epidemiology of chronic pain, demographics of patients who abuse opioids, addiction/abuse risk factors, and opioids' abuse potential
2. Describe opioids' characteristics (including toxicities and drug interactions), associated use disorders, and behavioral responses to prescribed opioids
3. Describe best practices for prescribing of opioid analgesics and management of patients with pain
4. Discuss the complete range of legal requirements for controlled substance prescriptions, identification of fraudulent prescriptions, drug-seeking behaviors, and drug diversion
5. Describe risk reduction approaches, including FDA risk evaluation and mitigation strategies (REMS), and the West Virginia Controlled Substance Monitoring Program
6. Using a case study, apply best practices for opioid analgesics in ways that deal with known and potential abusers effectively, efficiently, and safely
7. Educate patients on appropriate drug administration of naloxone rescue therapy and other overdose prevention strategies

## **Abuse-Deterrent Formulations: Clinical Applications and Utility in Chronic Pain**

### **EDUCATIONAL OBJECTIVES**

Upon completion of this activity, participants should be better able to:

1. Identify the characteristics that make various opioids desirable among abusers;
2. Understand how oral formulations of opioids are abused;
3. Describe and differentiate among the various abuse-deterrent formulations (ADFs) and how they can deter opioid abuse;
4. Review the regulatory status of abuse-deterrent products in the United States; and
5. Describe validated risk assessment tool applicability for employing universal precautions and how this could apply to ADF preference.

## **Legal Obligations and Implications of Prescription Opioid Abuse: *Pharmacists' Role and Responsibilities***

### **LEARNING OBJECTIVES**

The University of Tennessee College of Pharmacy takes responsibility for the content, quality, and scientific integrity of this CPE activity. At the conclusion of this activity, the participant should be able to:

- **Identify** strategies for pharmacists to detect prescription opioid abuse.
- **Describe** pharmacists' legal and ethical obligations when confronted with known or suspected drug abuse and diversion.
- **Summarize** regulatory actions and best practices to promote the effective use of Prescription Drug Monitoring Programs (PDMPs).

## **Opioids: Addiction, Overdose Prevention, and Patient Education**

### **EDUCATIONAL OBJECTIVES**

Upon completion of this activity, participants should be better able to:

1. Discuss national trends specific to opioid use and overdose.
2. Describe the neurobiology of opioid use disorder and addiction.
3. Understand the signs and symptoms of opioid use disorder, intoxication, and withdrawal.
4. Identify patients who are at risk for opioid use disorder and opioid overdose.
5. Recognize how to educate patients on appropriate drug administration of naloxone rescue therapy and other overdose prevention strategies.

### **Tools for Validating Prescriptions for Controlled Substances –2 hour webcast**

1. Describe the new Florida laws regarding the dispensing of controlled substances
2. Describe how to use a prescription drug monitoring program database
3. Describe how to assess prescriptions for appropriate therapeutic value
4. Describe the concept of legitimate medical purpose and its assessment in dispensing controlled substances
5. Identify common red flags of drug diversion
6. Describe methods to ensure patients with a valid prescription have access to controlled substances
7. Identify common laws and rules regarding the dispensing of controlled substances

### **A Guide to Preventing Prescription Drug Diversion –2 hour webcast**

1. Describe common trends in prescription drug diversion
2. Describe corresponding responsibility and the role of the pharmacist
3. Describe ways pharmacists can help identify prescription drug diversion in practice
4. Describe common prescribing patterns used to hide prescription drug abuse and diversion

### **Tips to Help Pharmacists Detect Prescription Drug Diversion –1 hour webcast**

1. Describe the pharmacist's responsibility regarding corresponding liability in controlled substance dispensing
2. Describe identification and assessment techniques in finding drug diversion/drug abuse with controlled substance prescriptions
3. Describe common prescribing patterns of physicians used to hid prescription drug abuse and diversion in patients.

### **PRS 104.4: Compliance with Drug Abuse Prevention Mandates – 1 hour monograph**

1. Discuss the challenges presented to pharmacists by the problem of prescription drug abuse
2. List the factors to consider in evaluating a prescription for legitimacy
3. Describe the approach pharmacists should take to patients in meeting legal responsibilities

### **Legal Responsibility for Drug Abuse Prevention –1 hour monograph**

1. Discuss legal responsibility to screen controlled substance prescriptions
2. List the factors that may indicate a prescription has been issued for other than a legitimate medical purpose
3. Describe strategies to reduce drug diversion while meeting the needs of patients in pain

### **Proper Use of Opioids: Red Flags for the Detection of Misuse and Abuse During a Nationwide Epidemic –2 hour monograph**

1. Review the use of data from the Prescription Drug Monitoring Program's (PDMP) database to support the use of opioids
2. Describe ways to detect illegitimate opioid prescription via red flag warning signs.
3. Recognize the importance of ensuring access to patients with valid controlled substance prescriptions.

### **Pain Management, Drug Diversion & Controlled Substance Best Practices –2 hour monograph**

1. Describe the etiology and epidemiology of chronic pain.
2. Identify non-pharmacological and pharmacological (both opioid and non-opioid) pain treatments.
3. Describe when and how to initiation, continue, or discontinue opioid medications for the management of patients experiencing pain based on available pain management guidelines including the CDC Chronic Pain Opioid Guidelines. Concepts will include a review of patient evaluation and risk assessment tools; pain treatment objectives; patient and provider(s) agreements; urine screenings; pill counts; patient education on the safe use, storage and disposal of controlled substances; drug interactions; toxicities; & discontinuation and tapering of opioids.

4. Explain the best practices for the supply of, and education on, naloxone as an opioid overdose reversal treatment.
5. Describe the best practices for identifying 'red flag' patient drug seeking & diversion behaviors, and ultimately working with patients, prescribers, law enforcement, and others as appropriate, concerning patients suspected of drug seeking behavior and diversion.
6. Explain how to be compliant with federal and state controlled substances laws.

### **Rx Abuse: The Scope of the Problem –1 hour webcast**

1. Identify the top prescription drugs of abuse.
2. Recognize how abuse deterrent formulations aim to reduce drug abuse
3. Identify ways to safeguard and deter robbers from targeting a pharmacy