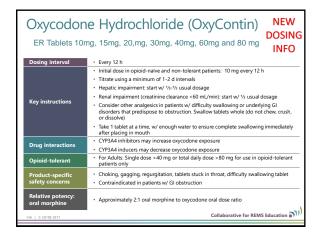
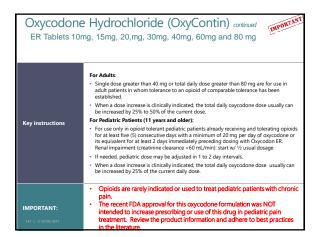
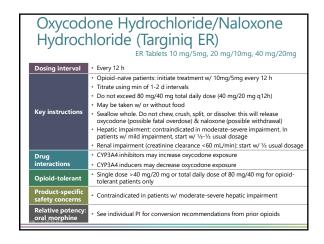
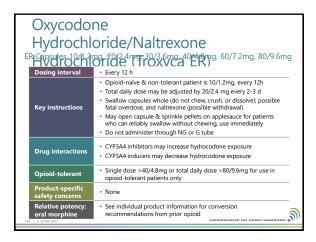


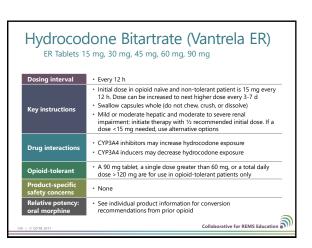
## Oxymorphone Hydrochloride (Opana ER) ER Tablets 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg Every 12 h dosing, some may benefit from asymmetric (different dose given in AM than in PM) dosing Dosing interval Use 5 mg every 12 h as initial dose in opioid non-tolerant patients & patients w/ mild hepatic impairment & renal impairment (creatinine clearance <50 mL/min) & patients >65 yrs Swallow tablets whole (do not chew, crush, or dissolve) **Key instructions** · Take 1 tablet at a time, w/ enough water to ensure complete swallowing immediately after placing in mouth · Titrate in increments of 5-10 mg using a minimum of 3-7 d intervals · Contraindicated in moderate & severe hepatic impairment Alcoholic beverages or medications w/ alcohol may result in Drug interactions absorption of a potentially fatal dose of oxymorphone Opioid-tolerant • No product-specific considerations Use with caution in patients who have difficulty swallowing or underlying GI disorders that may predispose to obstruction (e.g. small gastrointestinal lumen) Approximately 3:1 oral morphine to oxymorphone oral dose ratio Collaborative for REMS Education (3)

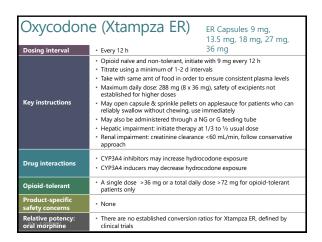


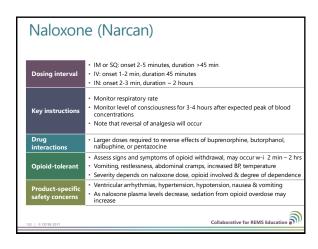


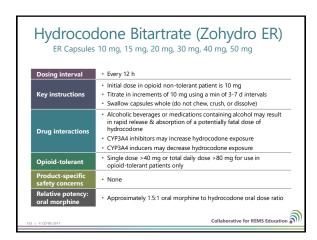


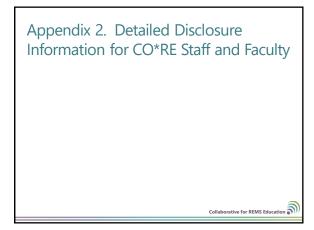


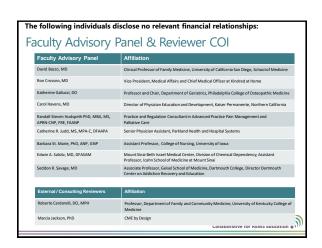




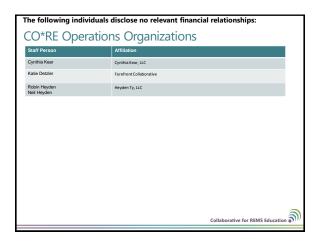


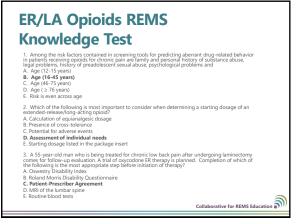




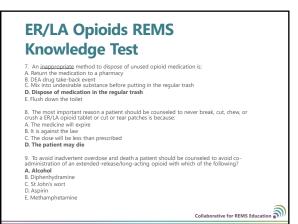








## **ER/LA Opioids REMS Knowledge Test** 4. A 63-year-old woman with a history of spinal stenosis and peripheral neuropathy secondary to breast cancer treatment comes for evaluation because of increasingly severe back pain. She reports that the pain started two weeks ago after doing yard work. She underwent chemotherapy 12 years ago. Medications include an opicid. Which of the following is the most yard work. She underwent chemotherapy 12-years ago. Medications include an opind. Wh A. Assure the puller that the helpithered 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 opind as necessary D. Increase extended-release, from yearing opind therapy disage for up to one month E. Consider administration and adjust an adjust and supplies for neuropatric light. 5. Use of BR/LA opioids in pediatric patients < 18 years of age deserves special consideration because. A. Safety & effectiveness of most BR/LA opioids has not been established in this population. B. Many children experience chronic pain conditions with indicators for ER/LA opioids. C. Satring doses of opioids are reduced by one-third but one-half that in adultations. C. Satring doses of opioids are reduced by one-third but one-half that in adultation. E. Many state laws require consultation with a pediatric pain specialist or pain clinic. 6. A 59 year-old with long-standing hypertension and Stage 3 chronic kidney disease continues treatment with disease-modifying anti-the-unatoid drugs (DMA/Ds) for he-unatoid arthrist 60A). Recently she has exhibited increasing pain and determined to remain as functional as possible and participates in Aquatherapy and yoga classes. Which of the following pharmaceutical options is the best next step for addressing this patient's pain? A Acterninopher SSD gray to talk 9 A Hours prin Collaborative for REMS Education



## **ER/LA Opioids REMS Knowledge Test**

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?

- A. Fentanyl transdermal patch B. Hydromorphone ER
- C Methadone
- D. Oxycodone CR
- E. Tapentadol ER
- When using an equianalgesic table to rotate opioids (other than methadone), an important step to account for incomplete cross-tolerance among mu opioids includes:
   Initiatie the new opioid at the calculated equianalgesic dose
- B. Increase the calculated equianalgesic dose by 10%-30%
  C. Reduce calculated equianalgesic dose by 25-50%

- D. Convert and total all opioids to oral morphine equivalents

  E. Refer to the package insert for appropriate supplemental rescue dose

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## **ER/LA Opioids REMS Knowledge Test**

2. A 72 year-old gandfather with severe persistent abdominal pain from colon cancer has been taking an immediate release opioid every four hours around the clock. He and his wife care for their two young gandchildren, and he states that he can no longer help with their care due to his pain level. He wants to increase the dose of his medication and sake what else he might do to control the pain. Which of the following supports the addition of an ERVLA opioid as treatment A. More consistent plasma concentrations

B. Fewer adverse events

C. Less risk for respiratory depression with the addition of the ERVLA opioid

D. Less need for ongoing monitoring

13. A 67 year-old female with severe knee osteoarthritis has recently been converted from an immediate release opioid to an extended release opioid for pain control. She has chronic obstructive pulmonary disease that has made her a por suggical candidate. In addition to extended release opioid, which second prescription would be the most appropriate to dispense to her?
A nallowone

- interpreted as
  A. Use of heroin in past month
  B. Proof of supplemental hydromorphone
  C. Presence of the oxycodone metabolite
  D. Presence of the morphine metabolite
  E. Presence of semisynthetic opioids

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