1. **A risk associated with chronic opioid therapy (COT) is:**
   A. Decreased renal function
   B. Medication-induced hepatitis
   C. Upper gastrointestinal bleed
   D. Constipation***

   **Correct Answer: D**
   Physiologically opioid medication is well-tolerated. Decreased renal function, medication-induced hepatitis, and upper gastrointestinal bleeds are all adverse events of nonsteroidal anti-inflammatory drugs (NSAIDs). However, constipation is one adverse event to which tolerance does not develop.

2. **Multimodal therapy is best described as:**
   A. A strategy to decrease central sensitization in chronic pain
   B. A strategy to decrease addiction in acute postoperative pain
   C. A strategy to decrease central sensitization in acute postoperative pain***
   D. A strategy to decrease addiction in chronic pain

   **Correct Answer: C**
   The theory behind multimodal therapy or analgesia is to utilize medications with different mechanisms of action to help decrease central sensitization to postoperative pain so it does not develop into chronic postoperative pain. Multimodal therapy has nothing to do with addiction.

3. **A role that a community pharmacist fills is:**
   A. The development of prior authorization (PA) protocols
   B. The development of patient-provider controlled-substance agreements
   C. The last line of defense before a patient receives their medication***
   D. The implementation of multimodal protocols

   **Correct Answer: C**
   The community pharmacist generally does not participate in the Patient-Provider Agreement, PAs, or multimodal therapy. They are, however, the last line of defense before a patient is given a prescribed medication, which is an often underappreciated role.

4. **Components of multimodal analgesia are:**
   A. Transversus abdominis plane (TAP), gabapentin, nonsteroidal anti-inflammatory drugs (NSAIDs)***
   B. Ketamine, TAP, selective norepinephrine reuptake inhibitor (SNRI)
   C. Lidocaine, pregabalin, potassium
   D. TAP, pregabalin, beta-blocker
Correct Answer: A
Of the medications and procedures listed, the following are not in multimodal protocols: SNRI, potassium, beta-blocker. By the process of elimination, the only correct answer is “A.”

5. The place for opioids in the treatment of chronic pain is:
   A. After an unsuccessful trial of gabapentin
   B. After an unsuccessful trial of NSAIDs
   C. After an unsuccessful trial of tricyclic antidepressants
   D. After an unsuccessful trial of multiple nonopioid medications***
   Correct Answer: D
   Universally, every chronic pain guideline endorses the use of opioids for chronic pain only after all opioid medications have been tried.

6. Best practices for prescribing COT does NOT include which of the following:
   A. A review of the state’s Prescription Monitoring Program reports
   B. A patient-provider controlled substance agreement
   C. Routine use of urine drug monitoring
   D. A patient’s criminal background check***
   Correct Answer: D
   The first 3 answers are endorsed by the U.S. Food and Drug Administration Risk Evaluation and Mitigation Strategy guidelines and most state medical and pharmacy regulations. The first 3 answers all relate to the safe use of opioids, while a criminal background check does neither.

7. Which one of the following is FALSE regarding COT:
   A. COT can decrease testosterone levels
   B. COT can decrease hepatic function***
   C. COT can worsen sleep apnea
   D. COT can lead to opioid-induced hyperalgesia
   Correct Answer: B
   COT is well-documented to decrease testosterone levels, worsen sleep apnea, and lead to opioid-induced hyperalgesia. COT, however, does not affect hepatic function.

8. When implementing a multimodal pain service, it is important to
   A. Know who is coding for your visits and become allies with them***
   B. Know how the chief executive officer of your organization feels about multimodal pain services
   C. Be careful to not encroach on the anesthesiologist’s territory
   D. Make sure the pharmacy department controls every step of the process
Correct Answer: A

Every new service is driven by finances. The finances are driven by those who code for the service. Therefore, the most important action to take is to know and become allies with those who code for your service.

9. Magnesium appears to work in a multimodal protocol by:
   A. Preventing $K^+$ from moving intracellularly
   B. Noncompetitive NMDA antagonism***
   C. Preventing $Ca^{++}$ from moving intracellularly
   D. Noncompetitive mu-opioid receptor antagonism

Correct Answer: B

Magnesium appears to act as noncompetitive NMDA antagonism. It does not interact with mu-opioid receptors, nor prevent $K^+$ from moving intracellularly, and does not affect $Ca^{++}$ moving intracellularly.

10. Safe prescribing of COT includes all of the following, except:
    A. Having opioid prescriptions filled at multiple pharmacies***
    B. A discussion about the risks and benefits of COT
    C. The use of screening tools to assess the risk of opioid misuse
    D. A diagnosis for the use of COT

Correct Answer: A

Almost universally, the use of a single pharmacy is endorsed, not multiple pharmacies. In fact, the use of multiple pharmacies is often a harbinger of bad news.