2025 | CANDIDATE HANDBOOK

COUNCIL ON PHARMACY STANDARDS

Certification Examination

CPSUD

Certified Pharmacist in Substance Use Disorders

THE COUNCIL ON PHARMACY STANDARDS

Council on Pharmacy Standards

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

Recognition, Value, Expertise...

It is what certification is all about!

ABOUT CERTIFICATION

Competency-based certification allows pharmacists to demonstrate validated, practice-relevant knowledge in a defined specialty. Through CPS certification, candidates attest to professional accountability, lifelong learning, and safe, effective practice.

The Certification Commission for the Council on Pharmacy Standards (CC-CPS) is the independent body that designs, governs, and maintains CPS certification and recertification programs. CC-CPS operates at arm's length from CPS education and operations, with formal conflict-of-interest controls, documented firewalls, and term limits to preserve independence.

CC-CPS follows recognized best-practice frameworks, including ISO/IEC 17024, the Standards for Educational and Psychological Testing (AERA/APA/NCME), and guidance from ICE and NCCA.

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ELIGIBILITY CRITERIA

All eligibility criteria must be met at the time of application

CURRENT LICENSURE

Candidates must hold a Doctor of Pharmacy (Pharm.D.) or Bachelor of Science in Pharmacy (B.S. Pharm.) degree from a program accredited by the Accreditation Council for Pharmacy Education (ACPE). Graduates of programs outside of the U.S. must hold a degree deemed equivalent and/or possess a Foreign Pharmacy Graduate Examination Committee® (FPGEC) Certificate.

PRACTICE EXPERIENCE

Current/active unrestricted licensure as a pharmacist is required. An "unrestricted" license is not currently subject to any limitations, probation, or disciplinary action.

- **U.S. Licensed Pharmacists**: Must possess an active, unrestricted license to practice pharmacy in at least one U.S. state or territory.
- **International Pharmacists**: Must hold an active and unrestricted license in their country of practice. A certified English translation must be provided if the original license is not in English.

Candidates will need to upload their license or a printout of the verification that includes their name, license number, licensing state or country, and the date the license expires.

SPECIALTY QUALIFICATION

To ensure candidates have foundational knowledge in the specialty, one of the following two pathways must be met:

1. **Standard Pathway**: Completion of one year (12 months) of experience comprised of at least 2000 hours of practice time as a licensed pharmacist in one of the above exam specialties must be documented. **This is not an either/or requirement – both time and hours must be met.**
2. **Certificate Pathway**: The specialty experience requirement is met for candidates who hold an active certificate of completion from a nationally recognized provider in a related subject matter. This includes, but is not limited to, the completion of a relevant PGY residency, fellowship, certificate/training program, or a relevant graduate degree. Recognized providers include:
    - American Society of Health-System Pharmacists (ASHP)
    - American Pharmacists Association (APhA)
    - American College of Clinical Pharmacy (ACCP)
    - American Society of Consultant Pharmacists (ASCP)

RESOURCES

CPS Exam Candidates

Use the Study Guides & Preview Tests page as the official and most current source for all exam materials.

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How to find your materials

1. Visit pharmacystandards.org/study-guides.
2. Search by certification name or acronym (e.g., CPOM).
3. Open the items under your credential:
   - **Outline** – Exam content outline & competencies
   - **Guide** – Candidate Guide with policies, sample items, and study tips
   - **Case Study** – Scenario-based practice
   - **Preview** – Short preview quiz
   - **Practice Exam** – Practice test with scoring

Before you register

- Read your Candidate Guide and Testing Guide (remote proctoring rules, ID requirements, system check, reschedule/cancel windows).
- Confirm your name on the account **matches your government ID.**
- Run the **system check** on the device and network you will use on test day.

Need help?

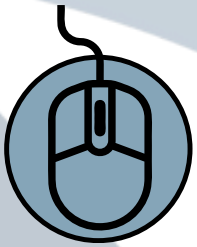
See FAQs or Contact Us from the Study Guides page.

FEES

All fees are non-refundable

Examination Fees

- The total exam fee is $395 (=$50 Application + $345 Examination).
- The $50 application fee is non-refundable.
- If you are found ineligible, CPS refunds the $345 examination portion automatically.
- After you schedule an appointment, reschedule/cancel windows and fees apply (see Administrative Policies, pp. 9–11).
- Payments are online only by Visa, Mastercard, or American Express (U.S. dollars).
- If paid by a third party (e.g., employer), any permitted refund is issued to that payer.
- Applications are not accepted by mail, phone, or fax.



$395

TOTAL EXAM FEE

Application + Examination
Includes a **non-refundable $50 application fee**.

Note: If an applicant is determined ineligible, CPS refunds the $345 examination portion. The $50 application fee is non-refundable.

Group Fee Payments

CPS will accept group payments for certification exams from institutions. Details are on the CPS website.

Other Non-refundable Payment Related Fees

Incomplete Application Fee >
All incomplete applications are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation. See page 9 for more information.

License Verification >
If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the $50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

Credit Card Chargeback >
Assessed only if a credit-card dispute is resolved in CPS's favor. Future registrations may be blocked until balances are cleared.

FEES

All fees are non-refundable

Computer exam candidates can change their scheduled testing date to a **$50 non-refundable fee**.

Candidates may do this from within their CPS account.

Refer to CPS Testing Guide for details.

Other Exam Related Fees

Reschedule (date/time) — $50 >

Allowed ≥ **48 hours** before your appointment via your CPS account. Changes inside 48 hours are not permitted; the **no-show** policy applies.

Exam Change — $125 >

Administrative change to switch to a different exam (before an appointment is scheduled). May require re-review of eligibility.

Withdrawal — $165 >

Cancel your exam before scheduling or ≥ 7 days before your appointment to withdraw. CPS refunds the examination portion ($345) minus $165. Within 7 days, or after a no-show, the examination portion is forfeited. See Administrative Policies (pp. 9–11) for full timelines.

Retest — $395 >

Retest candidates must pay the full application ($50) and examination ($345) fees and must observe a 45-day wait before reapplying.
See Retest Policy (p. 9).

Refunds

Ineligible Computer Testing Applicants will receive a refund of the $345 examination portion (the **$50 application fee is non-refundable**) minus any outstanding charges.

No refunds

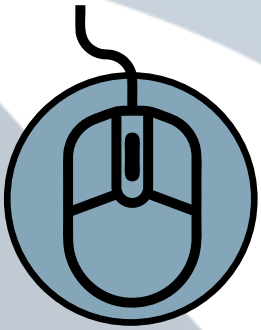
will be issued for the following circumstances:

- Candidates who are not successful in achieving certification.
- No-shows or candidates who fail to test.
- Candidates who are unable to schedule within the eligibility period and do not withdraw per policy.
- Once an exam session has started.

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

STEPS TO REGISTER



HOW TO REGISTER FOR A CPS EXAM (REMOTE, COMPUTER-BASED)

STEP 1

Confirm eligibility

Review the **Eligibility Criteria** for your credential (link to section).

STEP 2

Submit your application

Submit your application online at the CPS website **PharmacyStandards.org**. Applications can only be submitted online. You cannot submit an application by mail, telephone or fax. Payment must be made online by credit card. Individual or group payments can be made.

STEP 3

Prepare your documents

To get prepared to complete the application - *see the application checklist on the next page*. It is a handy listing of all the information you will need to supply.

STEP 4

Email confirmation of your registration

After completing and submitting the application, you will receive an email confirmation within 30 minutes. **This will be the ONLY confirmation notice you will receive for your application. If you do not receive it, please make sure the email in your profile is accurate and check your email folders.**

STEP 5

Application approval procedure

The application will be reviewed to determine qualification to take the examination. This process can take up to two weeks, depending on the volume of applications received at the time of submission. If the application is incomplete, *see page 10* to learn how to resubmit the application and what fees will need to be paid.

STEP 6

Notification of eligibility to take the exam

If approved, an Eligibility Letter will be emailed and posted in your CPS account with instructions to schedule your exam.

Before scheduling:

- Run the system check on the device/network you will use.
- If you need accommodations, submit your request before booking.
- Ensure your account name matches your government ID.

Eligibility period: You must schedule and test within your 365-day eligibility period (see your letter).

CPS is not responsible for lost or misdirected email. ***Please make sure the email in your profile is accurate and check your account 5-7 days after you have registered*** to ensure your application was complete and additional information is not needed. If you do not receive your examination eligibility letter within 2 weeks of your examination application submission confirmation, use the "Contact Us"link on **PharmacyStandards.org** and select "Application I already submitted" from the drop down menu, to inform CPS.

APPLICATION CHECK LIST

Before filing your application look over the below checklist and gather the information needed to complete it.

PERSONAL INFORMATION:

You have complete contact details (name as it appears on your government ID, address, phone, email). Your CPS profile email is current and monitored.

ELIGIBILITY:

You reviewed the eligibility requirements and meet one pathway (Standard or Certificate/Training)

LICENSURE:

You have your pharmacist license or primary-source verification showing name, license number, jurisdiction, type, and expiration date ready to upload. If not in English, include a certified English translation. Non-US grads include FPGEC® Certification (as applicable). Your license name matches your government ID or you have legal name-change proof.

EMPLOYMENT:

You know your current employer contact info (address, phone, email) and have 5-year work history (titles, dates, specialty area, supervisor/contact). Include gaps/unemployment where applicable.

SPECIALTY QUALIFICATION DOCUMENTS:

You have documentation for your pathway:

- Standard: summary of qualifying duties and estimated 2,000 hours/12 months within the stated window (verifiable).
- Certificate/Training: certificate of completion (or PGY/residency/fellowship/degree) plus syllabus/competency summary.

APPLICATION AGREEMENT:

You will check the agreement box to e-sign the statements below. Applications cannot be submitted without consent.

I have read and agree to abide by CPS policies in the Candidate Guide and Testing Guide, including fees, reschedule/withdrawal timelines, and conduct rules. I understand and consent to remote proctoring, including room scan, screen share, and audio/video recording for security and audit. I certify the information provided is true and complete; I understand that false or misleading statements may result in denial, invalidation, or revocation. I understand my application is subject to audit and authorize CPS to contact employers, licensing boards, and education providers to verify information. I acknowledge the $50 application fee is non-refundable and that other refunds are governed by the published policy.

ADMINISTRATIVE POLICIES

Incomplete Application Processing

An application is **incomplete** if any of the following apply:

- Missing or incorrect information.
- Licensure proof missing required data (name, license number, jurisdiction, type, expiration date) or is not in English without a certified translation.
- Payment not authorized or reversed (declined card, return, or chargeback).
- Any issue that prevents CPS from determining eligibility.

Process:

Incomplete applications are returned with instructions to upload the missing items and pay a **non-refundable $30 reprocessing fee**. All filing deadlines continue to apply. If the resubmission does not fully resolve deficiencies, the application is declared ineligible (the **$50 application fee is not refundable**).

Retest Policy

Candidates who wish to retake a CPS exam must submit a **new application**, meet the then-current eligibility criteria, and pay the **full application ($50) and examination ($345) fees**. CPS does not limit lifetime attempts, but the maximum number of attempts in a calendar year is **three (3)**. Each retest uses a different form of the exam.

Mandatory waiting period

- A **45-day wait is required from the date/time of the last attempt before submitting a retest application or scheduling a new appointment.**
- The wait applies to all delivery modes of testing and all exam forms.
- Applications submitted before the 45-day mark are **not accepted**. If submitted in error, the **application fee remains non-refundable**.

Interruption / invalid attempt rules

- If an exam session experiences **candidate-side** failure (device, internet, environment, refusal of proctoring/ID), the attempt is **invalid** and a retest after 45 days is required; fees follow the **No-Refunds** policy.
- If CPS or the test vendor causes the outage, CPS will provide a no-cost reschedule of the same attempt (no 45-day wait) or, if the attempt cannot be restored, a retest after 45 days without additional fees beyond the original exam fee.

Result notice

- The 45-day date is shown on the candidate's **results/attempt notice** and in the CPS account.

All timelines and fees are governed by the most current online policy at pharmacystandards.org; online versions supersede print.

All policies and procedures are subject to change without notice

ADMINISTRATIVE POLICIES

CANDIDATE HANDBOOK

Changes & Withdrawals

Reschedule (date/time) — $50 non-refundable

For the same exam, you may change your appointment ≥ 48 hours before the start time via your CPS account.

- Must remain within your 365-day eligibility period.
- Limit: 1 reschedule per registration (additional changes require a withdrawal + new registration).
- No changes allowed < 48 hours before the appointment or on exam day.
- See Fees for no-show rules.

Exam or Eligibility-Window Change — $125 non-refundable

Use this to switch to a different CPS exam or to adjust your eligibility period (no appointment scheduled yet).

- Re-establish eligibility for the new exam; CPS may request additional documentation.
- Any approved change uses the original 365-day period (no reset).
- Request must be submitted ≥ 30 days before the end of your eligibility period.
- Limit: 1 exam/window change per registration.
- No refunds of original fees or the change fee.

Rescheduling (same exam): $50 | Exam change: $125

All candidates requesting a change MUST:

- Submit the change request within one calendar year from the first date of their original assigned eligibility period.
- Cancel their exam date (if they have one scheduled), before submitting a change. Scheduled exams may also be canceled using the "Schedule" link in your account.
- Use the CPS website online Change Request Form.
- Submit a non-refundable fee of $125 with the Change Request Form.

Not permitted

- Changes on exam day or after the appointment start time.
- Switching exams after check-in begins.
- Only CPS pharmacy credentials may be selected.

To change examination category:

- Eligibility must be re-established for the new exam category, and additional documentation and fees may be required.
- The time to consider eligibility for the new category will count toward the original assigned computer testing window.
- ***Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day***. If a candidate knowingly or unknowingly takes an examination other than they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.
- Candidates must submit their request at least 30 days prior to the end of their 365-day eligibility period.

ADMINISTRATIVE POLICIES

Withdrawal Policy - Computer Testing

- Only the applicant/candidate may request a withdrawal.
- When you may withdraw:
  - Before scheduling an appointment, or
  - ≥ 7 days before your scheduled appointment time (withdrawal cancels the appointment).
- Refund: CPS refunds the examination portion ($345) minus a $165 withdrawal fee → $180. The $50 application fee is not refundable. Any outstanding charges are deducted from the refund.
- Requests < 7 days before the appointment or after a no-show are not eligible for any refund.

Withdrawal Policy - Bulk Purchase Voucher

Withdrawals are not allowed after eligibility is determined. Refunds are governed by the bulk purchase agreement; CPS does not issue refunds for redeemed codes. (Institutions manage reassignment within their terms.)

Substitution Policy

Candidate substitutions are not allowed. The name on the registration must match the government ID presented on test day. Name changes require legal documentation before scheduling.

Score Cancellation

CPS may cancel scores and/or invalidate an attempt for irregularities (e.g., identity mismatch, prohibited items, coaching, tampering, exam content disclosure, policy violations) with or without proof of intent. Fees are not refunded. CPS may impose waiting periods or bar future testing per policy.

Auditing Applications

Applications are subject to audit. Candidates must provide requested documentation (e.g., licensure, employment verification, training certificates) within 14 days. Failure to respond or verify may result in denial or revocation. By submitting an application, you authorize CPS to contact employers, licensing boards, and education providers for verification.

All policies and procedures are subject to change without notice

GENERAL POLICIES

How Exams are Scored

CPS exams are **criterion-referenced**: your outcome is compared to a predefined performance standard, **not** to other candidates. The passing standard is set through periodic **standard-setting studies** (e.g., Angoff/Bookmark) conducted with subject-matter experts and approved by the CPS Board.

CPS uses **item response theory (IRT)** and **test equating** to place different forms of the exam on a common scale. Because some forms may be slightly harder or easier, equating ensures fairness—candidates meeting the standard on any form receive the **same pass/fail decision**.

Score reports provide:

- Your **overall result** (Pass/Fail).
- **Content-area diagnostics** to guide study. These diagnostics are **not percent correct** and are **not comparable** across candidates or attempts. Labels indicate performance **relative to the standard** (e.g., **Below Target / Near Target / At Target / Above Target**).

The passing standard may be reviewed periodically to reflect current practice and blueprint updates.

Retention of Computer Answer Strings

CPS retains computer answer strings and operational testing data for a minimum of 3 years and may retain longer for quality assurance and legal/regulatory purposes. Identity verification media (e.g., audio/video from remote proctoring) are retained per the CPS Privacy & Data Retention Policy.

Test Disclosure

CPS does not release live test questions, answer keys, or full forms. Using, sharing, soliciting, or possessing exam content—before or after testing—is a security violation and may result in score invalidation, revocation, and suspension of testing privileges.

All policies and procedures are subject to change without notice

GENERAL POLICIES

ADA and Nondiscrimination Policies

CPS does not discriminate on the basis of **age, sex, pregnancy, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity or expression, military/veteran status, or genetic information**.
Testing accommodations. CPS provides **reasonable accommodations** consistent with the Americans with Disabilities Act (ADA) for qualified candidates. Requests must be **submitted with the application and before scheduling** an appointment, using the CPS Accommodation Request Form (see **pharmacystandards.org/accommodations**). Documentation must be **current** and signed by a qualified clinician describing the functional limitations and recommended accommodations. CPS will acknowledge requests within **5 business days** and issue a determination within **15 business days** of receiving complete documentation. Information is **confidential** and used only for accommodation determinations. Denials may be **appealed** per the Appeals Procedure below.

Appeals Procedure

Candidates may appeal eligibility determinations, accommodation decisions, exam administration irregularities, or policy applications. Appeals must be **submitted in writing within 60 days** of the decision or event and should include relevant facts and supporting documents. CPS will acknowledge receipt within **5 business days** and render a written decision within **30 days** (or notify if additional time is required). Appeals are reviewed by the **CPS Policy Review Committee**, independent of the original decision maker, and may be escalated to the **Board of Directors**.
CPS does **not** release exam content or answer keys; score verification involves **administrative/technical re-scoring only**.

Revocation

Certification may be denied, suspended, or revoked for: falsification or misrepresentation; **exam security violations** (cheating, proxy testing, item disclosure); misuse of CPS names, logos, or marks; failure to meet or maintain eligibility/recertification requirements; **loss or restriction of the license to practice pharmacy**; nonpayment of required fees; or other material policy violations.
Prior to action, CPS will provide **written notice** of the allegations and an opportunity to **respond**. A written decision (which may include sanctions and eligibility to reapply after a specified period) will be issued and may be **appealed** under this policy.

Designation Authorization

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation, subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of CPS certification marks and/or logos without the prior written permission of the CPS is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized CPS certificate, CPS designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

All policies and procedures are subject to change without notice

GENERAL POLICIES

Renew Your Certification

CPS requires **recertification every three (3) years** to verify ongoing competence in each credential's core knowledge areas.

Recertification Steps

Earn the required credit using either:

1. Continuing Education (CE) that fits your topics, or
2. Approved professional activities (e.g., teaching, publications, precepting, quality-improvement/projects, committee work).
3. Finish within 3 years, upload documentation, and keep records for audit.

Lapse & Reinstatement

If requirements are **not met by the deadline**, the credential **expires**. Expired credentials may be regained only through **re-examination**, subject to the then-current eligibility criteria. CE completed **after** expiration cannot be applied retroactively.

Audits & Recordkeeping

CPS randomly audits recertification applications. If selected, you must provide CE certificates and short activity descriptions within the requested timeframe. Maintain CE documentation **throughout the cycle and until approval**.

For further details, visit the CPS website **PharmacyStandards.org** and download the recertification catalog for a full description of the recertification process. Click on **Renew your Certification** on the home page.

Verification of Your Credential

CPS provides **third-party verification** of active credentials on request.

- **When available:** After official results post to your CPS account and your digital certificate is issued.
- **What is verified:** Credential name and ID (if applicable), **status** (active/expired), **original certification date**, and **current expiration date**.
- **How to request:** From the CPS website (see **pharmacystandards.org/verification**), select **Request a Verification**, enter the recipient's email, and submit payment.
- **Fee & delivery: $30 per request.** Verifications are sent by email to the designated party.
- **Notes:** CPS cannot verify until certification is achieved. Ensure your name and profile information are accurate before submitting a request.

All policies and procedures are subject to change without notice

EXAM CONTENT OUTLINE

How to Study

CPS does not provide review courses or study materials for the examination. CPS views the examinations as an evaluative process. Eligibility criteria have been established to identify minimum levels of preparation for the examinations. CPS believes your practice experience is your best preparation. Candidates can review detailed test outlines and suggested resources in the Candidate Guides.

Domain 1: Foundational Principles and Patient Assessment (20%)

Task 1: Apply knowledge of the neurobiology of addiction.

Describe the key neural pathways involved in reward and reinforcement.

Explain the neuroadaptive changes that occur with chronic substance use.

Define concepts such as tolerance, dependence, withdrawal, and craving.

Explain how medications for addiction treatment (MAT) work to normalize brain chemistry.

Task 2: Evaluate a patient's social and cultural context.

Assess for social determinants of health (SDOH) that impact care.

Apply trauma-informed and culturally responsive approaches to SUD assessment and care planning.

Use person-first, non-stigmatizing language to build a therapeutic alliance.

Implement strategies to provide culturally humble and equitable care.

Task 3: Implement patient screening and assessment using validated tools.

Utilize validated screening tools (e.g., AUDIT-C, DAST-10, ASSIST) in various practice settings.

Employ a universal screening approach (Screening, Brief Intervention, and Referral to Treatment - SBIRT).

Assess the severity of an SUD (mild, moderate, severe) based on DSM-5 criteria.

Assess the patient's readiness to change using models like the Transtheoretical Model.

Task 4: Assess withdrawal syndromes.

Assess the severity of opioid withdrawal using a validated scale (e.g., COWS).

Assess the severity of alcohol withdrawal using a validated scale (e.g., CIWA-Ar).

Recognize the signs and symptoms of benzodiazepine and stimulant withdrawal.

Differentiate between managing withdrawal in an inpatient versus an outpatient setting.

Task 5: Interpret toxicology and laboratory test results.

Differentiate between various types of toxicology tests and their windows of detection.

Interpret qualitative and quantitative toxicology screen results, including common false positives.

Use toxicology testing to monitor for adherence and abstinence.

Interpret lab values relevant to substance use, such as liver function tests.

Task 6: Conduct a comprehensive substance use history.

Obtain a detailed history of all substances used, including routes of administration and patterns of use.

Assess the quantity and frequency of use for each substance.

Elicit a history of past treatment attempts, including medications and psychosocial interventions.

Assess for a history of high-risk behaviors, such as injection drug use.

Domain 2: Pharmacotherapy and Withdrawal Management (20%)

EXAM CONTENT OUTLINE

Task 1: Manage pharmacotherapy for Opioid Use Disorder (OUD).

Compare and contrast the pharmacology of buprenorphine, methadone, and naltrexone.

Initiate, titrate, and maintain patients on all formulations of buprenorphine and naltrexone, including long-acting injectables.

Manage the transition from illicit opioids to buprenorphine, including conducting a proper induction.

Manage common clinical challenges, such as precipitated withdrawal and managing pain in patients on MOUD.

Task 2: Manage pharmacotherapy for Alcohol Use Disorder (AUD).

Compare and contrast the mechanisms and efficacy of naltrexone, acamprosate, and disulfiram.

Select the most appropriate medication for AUD based on patient goals and comorbidities.

Evaluate the evidence for and clinical use of second-line agents like topiramate and gabapentin.

Develop a patient-centered treatment plan that combines pharmacotherapy with psychosocial support.

Task 3: Manage pharmacotherapy for Tobacco Use Disorder (TUD).

Compare and contrast the efficacy and mechanisms of nicotine replacement therapy (NRT), varenicline, and bupropion.

Design a patient-specific treatment plan, including selection of medication and behavioral counseling.

Develop combination therapy regimens for highly dependent smokers.

Understand the role of e-cigarettes and other harm reduction strategies in TUD.

Task 4: Manage withdrawal syndromes.

Develop a symptom-triggered protocol for managing opioid withdrawal with agents like clonidine.

Develop a symptom-triggered or fixed-dose protocol for managing acute alcohol withdrawal with benzodiazepines.

Develop a safe and effective tapering plan for patients with Benzodiazepine Use Disorder.

Ensure appropriate supportive care during withdrawal, including administration of thiamine.

Task 5: Manage poly-substance use.

Assess for the use of multiple substances and prioritize treatment based on risk.

Manage the treatment of co-occurring opioid and stimulant use disorders.

Manage the treatment of co-occurring opioid and benzodiazepine use disorders.

Understand the increased risk of overdose and other complications associated with poly-substance use.

Task 6: Evaluate emerging pharmacotherapies.

Critically appraise the emerging evidence for psychedelic-assisted therapies (e.g., psilocybin, MDMA).

Evaluate the role of ketamine in the management of AUD and other SUDs.

Assess the evidence for cannabinoids as both a risk factor for and potential treatment of SUDs.

Stay current with the evolving landscape of novel treatments for addiction.

Domain 3: Harm Reduction and Overdose Prevention (15%)

Task 1: Implement naloxone education and dispensing.

Identify patients, family members, and community members who should be offered naloxone.

Provide clear, step-by-step instructions on how to recognize an overdose and administer naloxone.

Understand and apply state-specific laws, such as standing orders and Good Samaritan laws.

Develop a workflow to proactively offer and dispense naloxone in a pharmacy or clinic setting.

EXAM CONTENT OUTLINE

Task 2: Implement safer use and managed use strategies.

Provide non-judgmental counseling to people who use drugs on safer use practices to prevent infection and overdose.

Educate patients on the risks of mixing substances, particularly opioids with other sedatives.

Advise patients to "start low and go slow" when using drugs from an unknown source.

Encourage patients to never use drugs alone and to have naloxone present.

Task 3: Implement services for people who inject drugs.

Describe the core services provided by a syringe service program (SSP) and their role in public health.

Collaborate with local SSPs to provide referrals and integrated services.

Counsel on safer injection techniques to prevent skin and soft tissue infections.

Manage the prevention and treatment of infectious diseases, such as HIV and viral hepatitis.

Task 4: Implement drug checking and adulterant screening.

Explain the purpose and proper use of fentanyl test strips to detect the presence of fentanyl in other drugs.

Provide counseling on how to respond to a positive fentanyl test strip result.

Describe the risks associated with xylazine as an adulterant in the illicit drug supply.

Integrate drug checking education into broader harm reduction counseling.

Task 5: Manage post-overdose follow-up and linkage to care.

Understand the importance of initiating MOUD in the emergency department after an overdose.

Develop workflows to facilitate a warm handoff from the hospital to an outpatient treatment provider.

Collaborate with peer support specialists to engage patients after an overdose event.

Provide intensive patient and family education on overdose prevention after a non-fatal overdose.

Task 6: Evaluate digital and innovative harm reduction tools.

Assess the role of mobile apps and text messaging services in overdose prevention and response.

Evaluate virtual platforms for providing harm reduction counseling and support.

Understand the concept of safe consumption sites and their role in overdose prevention.

Stay current with emerging technologies and strategies in the field of harm reduction.

Domain 4: Co-Occurring Disorders and Special Populations (20%)

Task 1: Manage co-occurring mental health disorders.

Recognize the high prevalence of co-occurring psychiatric disorders in patients with SUDs.

Screen patients for common mental health conditions like depression, anxiety, and PTSD.

Collaborate with mental health providers to develop an integrated treatment plan.

Manage complex drug interactions between SUD medications and psychiatric medications.

Task 2: Manage substance use disorders in patients with chronic pain.

Differentiate between physical dependence, tolerance, and opioid use disorder in patients on chronic opioid therapy.

Develop strategies to treat OUD in patients with co-occurring chronic pain.

Utilize multimodal approaches to pain management to reduce reliance on opioids.

Manage acute pain in patients who are on MOUD.

EXAM CONTENT OUTLINE

Task 3: Manage substance use in pregnant and postpartum individuals.

Develop safe and effective treatment plans for pregnant and postpartum patients with SUDs.

Manage neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS).

Counsel on contraception and reproductive health for patients with SUDs.

Collaborate with obstetric and pediatric providers to ensure coordinated care.

Task 4: Manage substance use in adolescents and young adults.

Address the unique neurodevelopmental needs of adolescents and young adults.

Involve family and caregivers in the treatment process when appropriate.

Adapt communication and engagement strategies for a younger population.

Select pharmacotherapy with consideration for the developing brain.

Task 5: Manage substance use in geriatric populations.

Adapt treatment plans considering age-related pharmacokinetic changes and comorbidities.

Screen for and manage SUDs in older adults, who may present with atypical symptoms.

Address the risks of polypharmacy and drug interactions in this population.

Collaborate with geriatric specialists to provide comprehensive care.

Task 6: Manage care for justice-involved and LGBTQ+ populations.

Address the specific needs of patients who are incarcerated or re-entering the community.

Implement strategies to ensure continuity of MOUD during transitions in the justice system.

Provide care for LGBTQ+ individuals in a gender-affirming and inclusive manner.

Recognize and address the unique access barriers and health disparities faced by these populations.

Domain 5: Healthcare Systems, Law, and Policy (15%)

Task 1: Evaluate federal and state regulations for MOUD.

Understand the history of the DATA 2000 waiver and the current DEA rules for prescribing buprenorphine.

Describe the specific regulations for methadone dispensed through an Opioid Treatment Program (OTP).

Adhere to all state-specific laws and regulations regarding the prescribing and dispensing of MAT.

Understand state-level naloxone standing orders and collaborative practice agreements.

Task 2: Manage billing, reimbursement, and credentialing for SUD services.

Identify and apply appropriate billing codes for pharmacist-led SUD services.

Navigate the reimbursement landscape for SUD treatment across different payers (e.g., Medicaid, Medicare, commercial).

Understand the process for pharmacist credentialing with health plans.

Develop a sustainable business model for pharmacist-led SUD services.

Task 3: Implement interprofessional collaboration.

Serve as the medication expert on a multidisciplinary addiction treatment team.

Communicate effectively with physicians, nurses, counselors, and social workers.

Participate in case conferences and team meetings to develop patient care plans.

Advocate for the integration of pharmacy services into addiction treatment settings.

EXAM CONTENT OUTLINE

Task 4: Advocate for policy change.

Analyze how laws and policies can create barriers to or facilitate access to care.

Advocate for policies that reduce the criminalization of substance use and promote a public health approach.

Engage with professional organizations and policymakers to advance the role of pharmacists in addiction care.

Promote policies that support harm reduction and equitable access to treatment.

Task 5: Implement patient-centered counseling and behavioral techniques.

Utilize motivational interviewing to enhance patient engagement and readiness to change.

Apply principles of trauma-informed care to create a safe and supportive environment.

Use shared decision-making to develop treatment plans that align with patient goals.

Refer patients to evidence-based psychosocial treatments, such as Cognitive Behavioral Therapy (CBT).

Task 6: Manage transitions of care.

Develop protocols to ensure continuity of care as patients move between settings.

Facilitate warm handoffs from inpatient settings to outpatient treatment providers.

Coordinate with community-based organizations and recovery support services.

Implement strategies to prevent relapse during high-risk transition periods.

Domain 6: Quality, Safety, and Innovation in SUD Care (10%)

Task 1: Apply quality improvement principles to SUD care.

Develop and track key performance indicators for an SUD service (e.g., treatment initiation and retention rates).

Use a structured QI methodology (e.g., PDSA) to test and implement improvements to the care delivery process.

Benchmark program performance against national standards where available.

Foster a culture of continuous quality improvement.

Task 2: Leverage health information technology (IT).

Utilize the EHR to document care, track outcomes, and facilitate communication.

Use patient registries and data analytics to manage a population of patients with SUDs.

Integrate Prescription Drug Monitoring Program (PDMP) data into the clinical workflow.

Ensure all use of health IT is compliant with privacy and security regulations (e.g., HIPAA, 42 CFR Part 2).

Task 3: Evaluate and integrate digital therapeutics for SUDs.

Critically appraise the evidence for FDA-cleared digital therapeutics (e.g., reSET, reSET-O).

Integrate digital therapeutics into a comprehensive treatment plan.

Counsel patients on the use of mobile apps and other digital tools that support recovery.

Understand the reimbursement and access pathways for prescription digital therapeutics.

Task 4: Incorporate patient-reported outcomes (PROs) into practice.

Utilize validated PRO tools to assess a patient's progress and quality of life.

Incorporate PRO data into shared decision-making and care plan adjustments.

Use aggregate PRO data to evaluate the effectiveness of a program or intervention.

Empower patients by demonstrating that their self-reported experiences are a valued part of their care.

EXAM CONTENT OUTLINE

Task 5: Implement medication safety strategies for SUD medications.

Develop protocols to ensure the safe initiation of MOUD, such as buprenorphine induction.

Manage the risks of drug interactions with medications used to treat SUDs.

Implement strategies to prevent the diversion of MOUD.

Educate patients on the safe storage and handling of their medications.

Task 6: Manage telehealth and collaborative practice agreements (CPAs).

Utilize telehealth platforms to provide remote SUD care in a compliant manner.

Understand the specific regulations governing the telehealth prescribing of controlled substances.

Develop and practice under a CPA to expand the pharmacist's role in SUD management.

Establish clear communication and referral protocols within a CPA.

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