



Pharmacy Resources

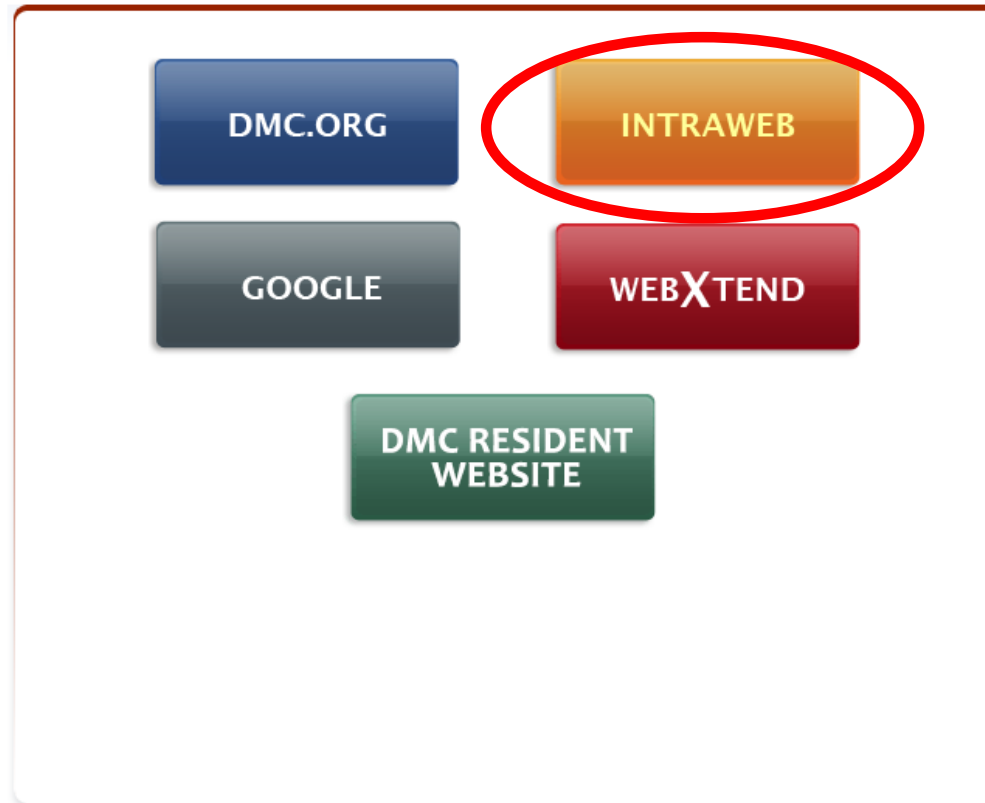
Lea Monday MD, PharmD

Chief Resident: Quality + Safety

Pharmacy Resources

- eTenet “Pharmacy TPP”
 - Stands for Pharmacy Tenet Physician Portal
 - Only visible to physicians, it has the most of the things you might need but some information is missing
 - <https://portal.etenet.com/sites/DMC/Departments/Pages/PharmacyTPP.aspx>
- eTenet DMC site Pharmacy page * Recommended*
 - How to see a 2nd way which is what pharmacist's see
 - THESE DIRECTIONS START ON SLIDE 9
 - <https://portal.etenet.com/sites/DMC/Departments/Pharmacy/Pages/default.aspx>
- I have included directions for both just in case there is variation for different users

1) Open internet explorer





eTenet User ID:

Password:

Log In

Forgot your password? [Reset it here.](#)

User Account Locked? [Unlock it here.](#)

New User? [Register here.](#)

New Credentialed Physician? [Register here.](#)

-
- Looking for a physician or a hospital? [Search here](#)
 - [Search for a Career with Tenet](#)
 - [Find investor information for Tenet](#)

For help, contact the Tenet Service Desk at 800-639-7575, Option 9, Option 1.


National Site: Home page has no visible useful DMC specific information


First I will show you how to see the physician portal (Pharmacy TPP)
Have to use search box "Pharmacy TPP" with quotes


Welcome Monday, Lea ▾

SHAR


eTenet More Sites My Site Benefits Support Portal Team Sites Connect

 LearnShare WebMail .edu Jobs ? Help


SEARCH  Advanced


PEOPLE SEARCH 

My Perks Departments Policies & Procedures Apps Training Initiatives

 Monday, Lea
O: (313) 745-8216
Complete your profile and start networking!
7%
[Update my profile](#)


Attention – Pending Tasks
Click to update outdated manager name on your profile.





SEE WHAT MAKES TENET
A COMMUNITY BUILT ON CARE 


[Pause](#) [Previous](#) [Next](#) 1 2 3 4 5 6


Need to Report a Concern?
If you need guidance or want to report concerns, you may contact our Ethics Action Line at 1-800-8-ETHICS

 How to Create







 Wayne State Physician Group

Have to use "Pharmacy TPP" with quotes

The screenshot displays the Tenet corporate website. At the top, a navigation bar includes links for eTenet, More Sites, My Site, Benefits, Support Portal, Team Sites, and Connect. Below this, a secondary navigation bar features icons and links for LearnShare, WebMail, .edu, Jobs, and Help. The main content area has a search bar on the left where "Pharmacy TPP" is entered and circled in red. To the right of the search bar are links for My Perks, Departments, Policies & Procedures, Apps, Training, and Initiatives. A large banner for Cybersecurity is visible, with the text "Click to read the latest Cybersecurity Awareness communication" and a "Cybersecurity" logo. Below the banner, there are four icons: a red icon with a crossed wrench and screwdriver, a purple icon with a phone and a speech bubble containing "24", a green icon with the word "Ask", and an orange icon with a person at a whiteboard. At the bottom, there is a section titled "Need to Report a Concern?" with a text box and a link to the Ethics Action Line at 1-800-8-ETHICS.

[My Perks](#)[Departments ▾](#)[Policies & Procedures](#)[Apps](#)[Training](#)[Initiatives](#)[All Sites](#)[People](#)[Corporate Departments](#)[Offices](#)[Hospitals](#)[Video](#)[Conversation](#)[Advanced Preferences](#)

We don't have any
refiners to show
you

Nothing here matches your search

Suggestions

- Make sure all words are spelled correctly
- Try different search terms
- Try more general search terms
- Try fewer search terms
- Try these [tips for searching](#)

Hospital Results

Pharmacy TPP

This page contains a small portion of pharmacy-related materials ... Contact pharmacy (ryost@dmc.org) to add needed documents ... Argatroban and other DTI Dosing Guideline ...

<portal.tenet.com/sites/DMC/Departments/>



University
Physician Group

Welcome to Pharmacy TPP

Drug information database: Lexicomp

Pharmacy TPP

This page contains a small portion of pharmacy-related materials. Contact pharmacy (ryost@dmc.org) to add needed documents.

LexiComp	MAPS	P&T Website
Anticoagulants Anticoagulation Reversal Guideline Argatroban and Other DTT Dosing Guideline Conversion Between Anticoagulants Enoxaparin and Fondaparinux Monitoring Guide Heparin Nomogram Heparin High Dose Nomogram Heparin Hypothermia Nomogram Heparin induced thrombocytopenia HIT Guide LVAD Anticoagulation Guideline Neuraxial Intervention and Anticoagulant Guide Oral Anticoagulant Therapeutic Use Guideline Peri-op Bridge Therapy Guideline Prevention of Venous Thromboembolism Guide Thrombolytics Dosing/Reversal Guideline Use of Parenteral Anticoagulants Warfarin Dosing Nomogram . . .	Infectious Diseases and Antimicrobials 2017 Antibigram Antimicrobial Formulary & Criteria Antimicrobial Renal Dosing Guidelines Bacterial Identification Carbapenem Resistant <i>Enterobacteriaceae</i> Guideline Community/Nosocomial Infxns for Inpts Community Acquired Pneumonia (algorithm) HAP/VAP Guideline Febrile Neutropenia Skin & Soft Tissue Infection (SSTI) Surgical Prophylaxis Sexually Transmitted Infection Guideline Staphylococcus aureus Bacteremia C Difficile Guideline HIV Renal Dose Adjustments DMC Influenza Page	Critical Care and ICU AFib/AFlutter Pharm Conversion Albumin Use Guideline Alcohol Withdrawal Guidelines (ICU only) Analgesia, Delirium, Sedation Guideline Hypertensive Crisis Agents Hypertensive Crisis Management Adult Guide Hypertonic Saline Storage and Dispensing Guide Insulin Infusion Adjustment Table Insulin Infusion Titration Guide Insulin Nomogram Algorithm Paralytics (NMBA) Guideline Severe Sepsis Protocol Standard IV Infusions/Titration Guideline . . . Diabetic ketoacidosis (DKA) Guideline . . Adult ICU Electrolyte Protocol Adult non-ICU Electrolyte Replacement GL

Three main categories
AntiCoag, ID, and Critical care / electrolytes

Currently opiate conversion is missing, I requested it to be added

NOTE:

- The following slides are how I suggest you access the information
 - Reason: only a fraction of the pharmacy resources are on “Pharmacy TPP”
 - Most is the same but some important things are missing (ex: opiate conversion)
- follow these directions from the etenet home page



eTene

More Sites

My Site

Benefits

Support Portal

Team Sites

Connect



LearnShare



WebMail



.edu



Jobs



Help

"Pharmacy TPP"



Advanced



My Perks

Departments

Policies & Procedures

Apps

Training

Initiatives

PEOPLE SEARCH



Monday, Lea

O: (313) 745-8216

Complete your profile
and start networking!

7%

[Update my profile](#)

Attention – Pending Tasks

Click to update outdated manager
name on your profile.

Need to
Report a
Concern?

If you need guidance or want to
report concerns, you may contact our
Ethics Action Line at 1-800-8-ETHICS

Click to read

the latest Cybersecurity Awareness communication



Cybersecurity

Cybersecurity

[more >>](#)

[Pause](#) [Previous](#) [Next](#)

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#)



University
Physician Group

[Advanced](#)[My Perks](#)[Departments](#)

Lists

[AllActiveAlerts](#)

Surveys

Policies & Procedures

[Accounts Payable](#)[Administrative](#)[Clinical Operations](#)[Clinical Research](#)[Compliance](#)[Corporate Finance](#)[Corporate Security](#)[CorporateSourcing-MRM](#)[Government Programs](#)[Human Resources](#)

All other Tenet sites are listed here.

Alphabetical list of Acute Care Hospitals

Items marked with an * will be available on the Tenet website.

Internal (Intranet) Hospital Sites

Only sites published through the Tenet system are available.

Public (Internet) Hospital Sites *

Public (Internet) Corporate Site *

Other Tenet Sites *

Select a Hospital/Facility

[Abrazo Community Health Network](#)[Baylor Scott & White Medical Center - Sunnyvale](#)[BHS San Antonio Corporate](#)[Brookwood Baptist Med Ctr](#)[Carondelet Health Network](#)[Coastal Carolina Hospital](#)[Coral Gables Hospital](#)[Delray Medical Center](#)[Desert Regional Medical Center](#)[DMC Market Corporate](#)[Doctors Hospital of Manatee](#)[Doctors Medical Center of Modesto](#)[East Cooper Medical Center](#)[Florida Medical Center](#)[Fountain Valley Regional Hospital and Medical Center](#)[Good Samaritan Medical Center](#)[HDMC Holdings, LLC DBA Hi-Desert Medical Center](#)[Hialeah Hospital](#)[Hilton Head Hospital](#)[John F. Kennedy Memorial Hospital](#)[Lakewood Regional Medical Center](#)[Los Alamitos Medical Center](#)[Nacogdoches Medical Center](#)[North Shore Medical Center](#)[Palm Beach Gardens Medical Center](#)[Palmetto General Hospital](#)[Piedmont Medical Center](#)[Placentia-Linda Hospital](#)[Saint Francis Hospital](#)[Initiatives](#)

DMC page within eTenet

Click to update outdated manager name on your profile.



IS Customer Service Portal

We welcome your feedback on how we are meeting your IS Service delivery needs!

[Human Resources](#)

[Finance & Payroll](#)

[Quality & Safety](#)

[Nursing](#)

[Training](#)

[Pharmacy](#)

Physician Portal	Directory Search - Xtend
Midas Incident Reporting System	Pager Backup Information
Parking and Badges Site	Tool Time
HI and TPP FAQ	Tips to navigate Policies and Procedures
Department Leaders for HI Content	DMC Commonly Used Abbreviations
DMC EAC Content	



Tool Time

[\(online service request\)](#)

Ethics & Compliance

- > [Quality, Compliance & Ethics](#)
- > [Standards of Conduct](#)
- > [The Eight Areas of Compliance](#)
- > [Ethics Action Line](#)

HR & Payroll

- > [HR Forms](#)
- > [Payroll Forms](#)
- > [Employee Handbook](#)
- > [Verification of Employment](#)

Education & Training

- > [Saba Login](#)
- > [Tenet Learning & Development](#)
- > [Cerner Train Domain Access](#)
- > [.edu Login Problems](#)
- > [UPTIC Learning Journey](#)



University
Physician Group

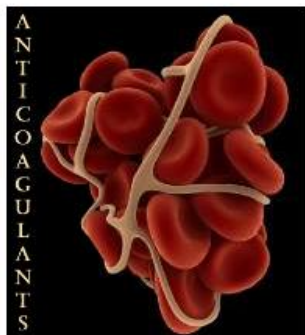


Lexicomp®

STAT!Ref
The premier healthcare e-source

MAPS

PubMed



Heparin Nomogram (Hypothermia, High dose)

HIT Guidelines

Anticoagulation REVERSAL Guidelines

Oral Anticoagulant Therapeutic Use Guidelines



PK Dosing Calculator

Antimicrobial Renal Dosing Guidelines

Vancomycin Pocketguide



Adult ICU Electrolyte Protocol

Adult non-ICU Electrolyte Replacement Guideline

Albumin Use Guidelines

Has pictures, Has more information including pain and anesthesia section and other sections not part of the etenet physician portal



University
Physician Group

Few examples: converting anticoagulation

DMC Adult Safety Guidelines for the Conversion Between Anticoagulant Agents

General Considerations:

- Patients should **NEVER** be administered more than one of the following: heparin, enoxaparin, fondaparinux, apixaban, edoxaban, rivaroxaban, or dabigatran due to the potential adverse interactions between these agents.
- Precautions using anticoagulation in patients with epidural catheters or undergoing spinal procedures:
 - Refer to [Neuraxial Guidelines for Adult Patients on Anticoagulant and Antiplatelet Medications](#)
- If a patient is admitted for a new venous or arterial thromboembolism and has received apixaban, dabigatran, enoxaparin within 12 hours or edoxaban, rivaroxaban, or fondaparinux within 24 hours prior to admission:
 - Consider contacting hematology immediately for a recommendation.
 - If heparin is deemed necessary, start IV heparin infusion **WITHOUT** a bolus dose, and considering lower initial dose if aPTT elevated.

Table 1: Converting from Parenteral to Oral

To →		Apixaban	Dabigatran	Rivaroxaban	Edoxaban	Warfarin
From	Argatroban IV	Start oral anticoagulant upon discontinuation of continuous infusion				Refer to DMC algorithm for management of HIT
	Enoxaparin Subcut	Start oral anticoagulant 0-2 hours before next scheduled dose of SQ agent			Start edoxaban at the time of the next scheduled dose parenteral anticoagulant	Start warfarin immediately. Discontinue parenteral agent when INR ≥ 2 for at least 2 days.
	Fondaparinux Subcut					
	Heparin IV	Start oral anticoagulant upon discontinuation of continuous infusion			Start edoxaban 4 hours after discontinuation of continuous infusion	

Table 2: Converting from Parenteral to Parenteral (treatment doses)

To →		Argatroban IV	Enoxaparin Subcut Q12h or Daily	Fondaparinux Subcut Daily	Heparin IV
From	Argatroban IV		Discontinue argatroban and give 1 st SQ parenteral dose immediately		Discontinue argatroban and start IV heparin immediately
	Enoxaparin Subcut Q12h	Refer to DMC algorithm for management of HIT		Start fondaparinux 12 hrs after last enoxaparin dose	Start IV heparin 12 hrs after last enoxaparin dose (no heparin bolus)
	Enoxaparin Subcut Daily			Start fondaparinux 24 hrs after last enoxaparin dose	Start IV heparin 24 hrs after last enoxaparin dose (no heparin bolus)
	Fondaparinux Subcut Daily		Start enoxaparin 24 hrs after last fondaparinux dose		
	Heparin IV		Discontinue heparin and give 1 st SQ parenteral dose immediately		

Few Examples: Renal Dosing

MEDICATION	INDICATION	CrCl ≥ 50 mL/min	CrCl 30-49 mL/min	CrCl 10-29 mL/min	CrCl <10 mL/min or HD
ANTIBACTERIALS					
Cefepime I.V. <i>Comment: Extended infusion (3 hour) protocol</i>		2 gm Q8hr	2 gm Q12hr	1 gm Q12hr	1 gm Q24hr or 2 gm post HD
Cefixime P.O.		400 mg q24hr	400 mg q24hr	200 mg q24hr	200 mg Q24hr
Cefotaxime I.V.	Standard Endocarditis/CNS Infection	1 gm Q8hr 2 gm Q4hr	1 gm Q8hr 2 gm Q4hr	1 gm Q8hr 2 gm Q8hr	1 gm Q24hr 2 gm Q24hr
Cefoxitin I.V.		2 gm Q8hr	2 gm Q8hr	2 gm Q12hr	1 gm Q24hr
Ceftaroline I.V.	Standard MRSA Infection (non-skin, non urine)	600 mg Q12hr 600 mg Q8hr	400 mg Q12hr 400 mg Q8hr	300 mg Q12hr 300 mg Q8hr	200 mg Q12hr 200 mg Q8hr
Ceftazidime I.V.		2 gm Q8hr	2 gm Q12hr	1 gm Q12hr	1 gm Q24hr or 2 gm post HD
Ceftazidime/Avibactam I.V.		2.5 gm Q8hr	1.25 gm Q8hr	1 gm Q12hr	1 gm Q24hr if not on HD or 1 gm Q48 if on HD
Ceftolozane/Tazobactam I.V.	Standard Pneumonia	1500 mg Q8hr 3000 mg Q8hr	750 mg Q8hr 1500 mg Q8hr	375 mg Q8hr 750 mg Q8hr	750 mg x1, then 150 mg Q8hr 1500 mg x1, then 300 mg Q8hr
Ceftriaxone I.V.	CAP or UTI CNS Infection Other Systemic Infections	1 gm Q24hr 2 gm Q12hr 2 gm Q24hr	SAME SAME SAME	SAME SAME SAME	SAME SAME SAME
Cephalexin P.O.		500 mg Q8hr	500 mg Q8hr	500 mg Q8hr	500 mg Q12hr
Ciprofloxacin I.V.	Non-Pseudomonal Infection Pseudomonal Infection	400 mg Q12hr 400 mg Q8hr	400 mg Q12hr 400 mg Q8hr	400 mg Q24hr 400 mg Q24hr	400 mg Q24hr 400 mg Q24hr
<i>Comment: Give P.O. if pt has functioning GI tract</i>					
Ciprofloxacin P.O.	Non-Pseudomonal Infection Pseudomonal Infection	500 mg Q12hr 750 mg Q12hr	500 mg Q12hr 750 mg Q12hr	500 mg Q24hr 750 mg Q24hr	250 mg Q24hr 500 mg Q24hr
Clarithromycin P.O.		500 mg Q12hr	500 mg Q12hr	500 mg Q24hr	500 mg Q24hr
Clarithromycin XL P.O.		1000 mg Q24hr	1000 mg Q24hr	500 mg Q24hr	500 mg Q24hr
Clindamycin I.V.	Standard	600 mg Q8hr	SAME	SAME	SAME

Few Examples: electrolyte replacement

Insulin Bicarbonate Adrenergic agents Mineralocorticoids	Hyperaldosteronism	Increased renal amniogeneses Sodium retention Neuromuscular (myopathy, Weakness, paralysis, ileus) Poor catecholamine response
---	--------------------	--

Hypokalemic myocardial effects are exacerbated by Digoxin or Antiarrhythmic therapy; Target Goal: 4-4.8.

Symptomatic hypokalemia or prophylaxis in high risk patient:

Potassium (PO) - Oral Replacement Preferred when Possible/Tolerated

KCL LEVEL (MMOL/L)	REPLACEMENT
3.7 – 3.9 mmol/L	KCL 20 mEq PO x 1
3.3 – 3.6 mmol/L	KCl 20 mEq PO q2h x 2
3 – 3.2 mmol/L	KCl 20 mEq PO q2h x3
< 3 mmol/L	KCl 20 mEq PO q2h x4; may use combination of PO and IV if desired. Check level 1-2 hours after last dose is administered.
If both magnesium and potassium low, need to replace magnesium to effectively replace potassium.	

Potassium (IV) – Intravenous Replacement

Peripheral administration: Maximum rate = 10 mEq/hr; Central line administration: Maximum rate = 20 mEq/hr

KCL LEVEL (MMOL/L)	REPLACEMENT
3.7 – 3.9 mmol/L	KCL 20 mEq IV over 2 hours
3.3 – 3.6 mmol/L	KCl 20 mEq IV x 2, each dose over 2 hours
3 – 3.2 mmol/L	KCl 20 mEq IV x3, each dose over 2 hours
< 3 mmol/L	KCl 20 mEq IV x 4, each dose over 2 hours. Check level 0.5 to 1 hour after end of infusion.
If both magnesium and potassium low, need to replace magnesium to effectively replace potassium.	

** Use of **enteral** replacement is potentially suboptimal due to questionable absorption (ie. GI surgery or severe hypotension with poor GI perfusion)

* **Recheck serum potassium after 80 mEq of potassium is administered 1 to 4 hours after IV or oral administration is complete and prior to additional supplementation.**

Determine serum potassium prior to ordering additional potassium IVPB



Antibiograms

STAPHYLOCOCCUS 2017			CLINDAMYCIN ⁶	ERYTHROMYCIN	LINEZOLID	OXACILLIN ^{1,2}	RIFAMPIN	DAPTOMYCIN	VANCOMYCIN ³	TRIMETH/SULFA ⁵	TETRACYCLINE
ORGANISM											
STAPHYLOCOCCUS AUREUS	MIC ≤ mcg/ml	0.5	0.5	4	2	1	1	2	2 / 38	4	
	NUMBER OF ISOLATES ⁴	PERCENT SUSCEPTIBLE									
MRSA ¹											
CH	341	80	19	100	0	100	99	100	98	91	
DR	337	50	15	100	0	99	100	100	96	90	
HUH/HZ	273	56	21	100	0	100	99	100	93	81	
HV/SN	91	50	6	100	0	100	99	100	95	92	
KCI	47	57	26	100	0	100	100	100	98	89	
SN/GR	353	60	21	100	0	100	100	100	92	85	
MSSA											
CH	287	82	60	100	100	100	100	100	97	96	
DR	219	76	58	100	100	100	99	100	98	93	
HUH/HZ	184	72	68	99	100	99	100	100	96	92	
HV/SN	104	73	63	100	100	100	98	100	100	91	
KCI	36	63	60	100	100	100	100	100	97	100	
SN/GR	205	80	61	100	100	100	100	100	99	89	
STAPHYLOCOCCUS, COAG NEGATIVE ⁴	MIC ≤ mcg/ml	0.5	0.5	4	0.25	1	1	4	2 / 38	4	
	NUMBER OF ISOLATES ⁵	PERCENT SUSCEPTIBLE									
CH	73	40	27	100	45	99	100	100	--	94	
DR	433	50	33	99	46	99	100	100	--	81	
HUH/HZ	215	58	36	99	50	100	100	100	--	82	
HV/SN	46	53	40	100	37	91	100	100	--	80	
KCI	39	74	44	100	28	97	100	100	--	94	
SN/GR	420	50	35	99	50	97	100	100	--	87	

1. Staphylococci exhibiting resistance to oxacillin should be considered resistant to other penicillins, cephalosporins, carbacephems, and carbapenems. Infections with oxacillin-resistant staphylococci have not responded favorably to therapy with B-lactam antibiotics, carbapenems, and beta-lactamase inhibitor combinations despite apparent in vitro susceptibility of some strains to the latter.
2. Oxacillin breakpoint is 2.0 for *S. aureus* and *S. lugdenensis* and 0.25 for coagulase negative staphylococci (CLSI M100-S26).
3. Vancomycin breakpoint is 2.0 for *S. aureus* and 4.0 for coagulase negative staphylococci (CLSI M100-S26). In 2015 we had no VISA isolates.
4. Hospitals with less than 30 organisms tested are not included in this report.
5. Trimethoprim/Sulfamethoxazole is not tested on coagulase negative staphylococci.
6. Inducible Clindamycin resistance is included in the %S calculation.

Staphylococcus aureus: % MRSA, ICU vs. NON-ICU

HOSPITAL	% MRSA**	
	NON-ICU	ICU

S. aureus: Vancomycin, Daptomycin, and Linezolid MIC Distr

Drug	Total	% with MIC (S)	
		≤ 0.5 µg/ml	1 µg/ml
Vancomycin		4.2%	93.0%
Number ¹	3776	158	3511



Opiate Conversions



OPIOID ANALGESICS: DOSING GUIDELINES FOR ADULTS

		Dose is for short-acting drug unless otherwise indicated				
		Equianalgesic Dose* See footnotes for cross-tolerance information†		Typical Starting Dose§ See footnotes below		
DMC Formulary Products Note: Not all products are available at all sites	Commonly Used Non-Formulary Products (NF)	Oral	Parenteral IV/IM/ SubQ	Oral	Parenteral IV/IM/ SubQ	Comments
morphine <u>Immediate-release:</u> 2 mg/mL, 20 mg/mL elixir, 15 mg, 30 mg tab <u>Extended-release:</u> Oramorph®SR and MS Contin® 15 mg, 30 mg, 60 mg, 100 mg CRtabs	Avinza® Kadian® rectal suppositories	30 mg	10 mg	15 mg q 4 h	5 mg q 4 h	
codeine 15, 30, 60 mg tab; <u>with acetaminophen</u> 15-300 mg, 30-300 mg, 60-300 mg tabs, 12-120 mg/5 ml elixir.		130 mg	75 mg (NF)	30 mg q 4 h	30 mg (IM/SubQ) q 4 h (NF)	Doses > 65 mg produces constipation and other side effects without improving analgesia.
fentaNYL Duragesic® transdermal patches 12, 25, 50, 75, 100 mcg/hr.	Actiq® (lozenges) Fentora® (buccal)	not available	100 to 200 mcg IV or IM	Not for use in opioid-naïve patient or acute pain (NF)	50 mcg q 1 h	Duragesic® 25 mcg/hr ~ oral morphine 90 mg/day. Patch: onset of action ~16 to 24 hours, applied every 72 hours. Actiq® ≠ Fentora® ≠ Duragesic®; see package insert for dosing conversion
HYDROmorphine Dilaudid® 2, 4 mg tab	Exalgo® ER	7.5 mg	1.5 mg	4 mg q 4 h	0.7 mg q 4 h	DMC P&T Committee has determined that 1 mg of parenteral HYDROmorphine is equivalent to 7 mg of parenteral morphine.
HYDROcodone <u>with acetaminophen</u> Norco® 5-325, 7.5-325, 10-325 mg, Hycet 7.5-325 mg/15 ml elixir	Lortab®, Vicodin®	30 mg	not available	5 mg q 4 h	not available	
meperidine Not approved for pain at the DMC. See DMC Meperidine Criteria for Use	meperidine oral tablets, oral solution	300 mg (NF)	75 mg	not recommended for pain		Avoid use in impaired renal or hepatic function, use of MAOI within the past 14 days, impaired consciousness, or seizure disorder. Contraindicated in sickle cell disease.
methadone Dolophine® 5, 10 mg tab; 1 mg/mL and 10 mg/mL elixir.	40 mg tab restricted to authorized addiction treatment facilities	Contact site pain management service # for dosing recommendations				Methadone for opioid dependence: Outpatient methadone dose should be confirmed with patient's methadone clinic. Refer to 2 MED 608: Methadone use in patients currently enrolled in a methadone maintenance program
oxyCODONE <u>Immediate-release:</u> 5, 15, 20, 30 mg tab, 20 mg/mL elixir; <u>with acetaminophen</u> Percocet®, Endocet® 5-325 mg, 7.5-325, 10-325 mg; <u>with aspirin</u> Percodan® 4.5-325 mg tab <u>Controlled-release:</u> oxyCONTIN® 10, 20, 30, 40, 60, 80 mg CRtabs	Roxicet® oral solution	20 mg	not available	5 mg q 4 h	not available	
	oxymorphone (Opana®, Opana® ER)	10 mg (NF)	1 mg (NF)	NF	NF	
buprenorphine Subutex® 2 mg, 8 mg sublingual tab (not approved as an analgesic) Buprenex® 0.3 mg/mL inj	Butrans® (transdermal) Suboxone®, Zubsolv® (buprenorphine-naloxone)	not available	0.4 mg	not available	0.3 mg IM/IV q 6 h	

NF = Non-Formulary. See page 2 for footnotes.

DMC Pain P&T Subcommittee 7/2008, Revised 3/2014; DMC P&T Committee 4/2014 R. Yafuso

AND MUCH MORE!


Need Help?

- Selecting a drug (antibiotic), dose, or adjusting for renal function?
- 24/7 Clinical Pharmacy Support
- Harper Inpatient Pharmacy
- 313-745-8216
- Detroit Receiving Inpatient Pharmacy
- 313-745-3518

Find this presentation in the Intern Lecture series boot camp area of www.wsumed.com


Free Hotmail Web Slice Gallery Suggested Sites

Problems? Contact Leslie Kao (313) 883-9168 lkao@med.wayne.edu

 **Internal Medicine**
Residents

Home Directory Residents Contact Us

- Schedules and Orientations
- Resident Resources (WSU Login Required)
- Social Determinants
- Resources & Rotation Guides
- QI and Patient Safety
- The Research Corner



Wayne State University Physician Group

