

The Prudent Prescriber

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Pharm Reps ≠ Rational Prescribing

(PR)



(RP)

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Using Fentanyl Patches: Death by Duragesic

In spite of recent FDA warnings, fentanyl patches continue to be implicated in deaths associated with inappropriate prescription or use.

Guidelines for prescribing transdermal fentanyl:

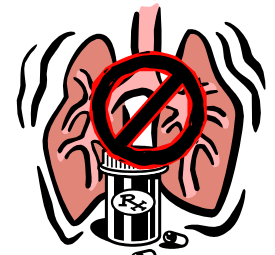
- ※ Persistent, moderate-severe pain, **not post-op or acute pain**
- ※ **Opioid Tolerant:** on at least the equivalent of:
 - 60 mg oral morphine/day **For at least one week!**
 - or
 - 30 mg oxycodone/day **For at least one week!**
 - or
 - 8 mg oral hydromorphone/day **For at least one week!**

Dose Conversion Guidelines

| Current Analgesic | Daily Dosage (mg/d) | | | |
|-----------------------------|---------------------|----------|-----------|-----------|
| Oral morphine | 60-134 | 135-224 | 225-314 | 315-404 |
| IM/IV morphine | 10-22 | 23-37 | 38-52 | 53-67 |
| Oral oxycodone | 30-67 | 67.5-112 | 112.5-157 | 157.5-202 |
| IM/IV oxycodone | 15-33 | 33.1-56 | 56.1-78 | 78.1-101 |
| Oral codeine | 150-447 | 448-747 | 748-1047 | 1048-1347 |
| Oral hydromorphone | 8-17 | 17.1-28 | 28.1-39 | 39.1-51 |
| IV hydromorphone | 1.5-3.4 | 3.5-5.6 | 5.7-7.9 | 8-10 |
| IM meperidine | 75-165 | 166-278 | 279-390 | 391-503 |
| Oral methadone | 20-44 | 45-74 | 75-104 | 105-134 |
| IM methadone | 10-22 | 23-37 | 38-52 | 53-67 |
| | ↓ | ↓ | ↓ | ↓ |
| Recommended DURAGESIC® Dose | 25 mcg/h | 50 mcg/h | 75 mcg/h | 100 mcg/h |

(continued on page two)

Antibiotics do NOT

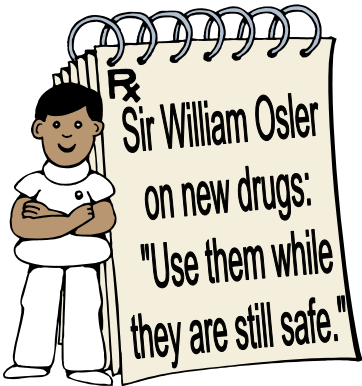


help acute bronchitis

β-blockers in post-MI save lives

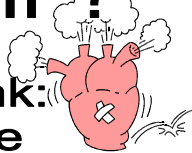


Pill splitters save big



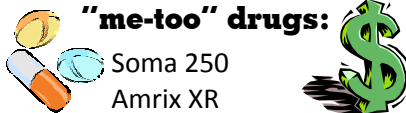
CHF?

Think:



Ace
Aldactone
B-blocker
Dig
Diuretic

Avoid these expensive "me-too" drugs:



Soma 250
Amrix XR
Xyzal
Veramyst
Ultram ER
Ambien CR
Coreg CR

Treat diabetics BP to 130/80



now available
on the
Generic Marquee

Trileptal → oxcarbazepine
Norvasc → amlodipine
Ambien → zolpidem
Zoloft → sertraline
Flonase → fluticasone nasal
Zocor → simvastatin

Using Fentanyl Patches... (continued from page one)

- Remember it may take up to six days after increasing the dose of transdermal fentanyl for patients to experience improved pain relief.
- Dosage increments should be based on the daily dose of supplementary opioids using the ratio of 45mg/24 hrs of oral morphine to a 12.5 ug/hr increase in transdermal fentanyl dose.

※ Patient Education:

- Keep out of reach of kids; don't apply in front of kids (looks like a sticker).
- Avoid exposure to direct heat sources (heating pads, hot tubs, etc.), as heat may increase absorption by as much as one third.
- Remove old patches before applying the new one.
- Never use cut or damaged patches (erratic absorption).
- Dispose by folding the patch in half and flushing down the toilet.



Quiz→What is this device?

- a) Newest Erectile Dysfunction breakthrough
- b) Culex Mosquito Trap used by health departments for West Nile surveillance
- c) James Bond Portable “Shaken, not Stirred” Drink Processor
- d) \$2.8 Billion Disaster
- e) 2007 copy of the original authentic 1944 pump action, sure shot Red Ryder air gun

The answer is d. Pfizer, frustrated with Exubera's (first inhaled insulin) lackluster sales, is writing off \$2.8 Billion and is stopping selling it. They will make the product available for 3 months so clinicians may transition patients to other meds.

Me Too!!!

The William Shakespeare “Much Ado about Nothing” Award for this month goes to two pharma companies trying to massage the value out of two old, generically available muscle relaxants.

- **Soma 250** (carisoprodol) approved for painful musculoskeletal conditions, touted as less drowsiness {12.2% vs 16.1% (350mg)}. NNT to avoid one drowsy patient=26. Cost is \$9.60/day vs. \$1/day for generic carisoprodol.
- **Amrix XR** (cyclobenzaprine) 15 or 30mg Q day, approved for muscle spasms for 2-3 weeks; should not be used in elderly or hepatically impaired. Somnolence: 100% in 1 dose finding study in healthy volunteers. Cost: \$8/tab vs. \$0.25/cyclobenzaprine 10mg.

The “Drug Doctor” — How Do Patients Like to be Greeted by Their Physician?

- Population based telephone survey ([Arch Int Med](#) 2007; 167:1172-1176) of 415 adults (mean age 48, 63% women, 93% high school graduates) closed-ended questions.
- 78% expected to have their physician shake their hands.
- ~50% of patients wanted to be addressed by their first name.
- 24% wanted both their first and last names used.
- 1 in 6 wanted to be addressed by their last name.
- 56% of the patients wanted their physicians to introduce themselves with both their first and last names.
- Only 7% wanted their doc to use only her first name.

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