## Analgesics Drug Lists

<table>
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<tr>
<th>Generic name “Pronunciation”</th>
<th>Trade name</th>
<th>Indications/Notes</th>
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| **Morphine** “MOR feen”      | **MS Contin** | • C-II; Opioid analgesic for severe trauma pain, pain associated with MI and cancer pain  
• PO, IV, IM, PR, Intrathecal, epidural, etc.  
• T ½ is from 1.5 – 7 hours (short, but highly variable) |
| **Hydrocodone + APAP** “hye droe KOE dohn” | **Vicodin** | • C-II; Analgesic for mild to moderate pain; anti-tussive  
• PO  
• T ½ is around 4 hours |
| **Diphenoxylate + atropine** “DYE fen OX i late” | **Lomotil** | • C-V; Anti diarrheal at low doses (compound with atropine to prevent high dose abuse)  
• PO  
• T ½ is 12-14 hours |
| **Meperidine** “meh PER ih deen” | **Demerol** | • C-II; Analgesic for acute pain; obstetric or post-surgical analgesia  
• AKA Pethidine  
• PO, IV, IM – avoid SC, it causes irritation  
• TOXIC METABOLITE (risk of seizures), can’t use >12 weeks.  
• T ½ is 3-4 hours |
| **Fentanyl** “FEN tah nil” | **Duragesic** | • C-II; Chronic pain, MI & cancer pain, break-through pain associated with injuries and cancer, surgical anesthetic and analgesic.  
• PO, Sublingual, Buccal, TD, IM, IV, etc.  
• T ½ is about 7 hours |
| **Dextromethorphan** “dex troe meth OR fan” | **Robitussin** | • Anti-tussive  
• PO, Non-narcotic, not controlled  
• T ½ is 1.5-4 hours |
| **Methadone** “METH ah dohn” | **Dolophine, Methadose** | • C-II; Chronic pain, anti-tussive, anti addictive for opioid addicts  
• PO, IV, IM, SC  
• T ½ is up to 60 hours, usually 24-36 hours (long duration, highly variable)  
• Avoid use in asthmatics and COPD patients  
• NO MAOIs within 12 weeks of use  
• Boxed warnings: (1) death possible at initiation; (2) fatal respiratory depression; (3) long QT interval; (4) dispensing regulations. |
| **Tramadol** “TRAM ah dol” | **Ultram** | • Non narcotic opioid analgesic for moderate to severe pain  
• PO, SC, IV, IM, PR, Sublingual, Buccal  
• C-IV, increased risk of suicide and seizures  
• T ½ is 5-7 hours |
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| **Buprenorphine** “byoo PREH nor feen” | Buprenex, Suboxone | • C-III; analgesic for moderate to severe chronic pain; peri-op analgesia; opioid drug dependence  
• Used off label for treatment-resistant depression  
• PO (high 1st pass), Sublingual, IV, IM, TD  
• T ½ = 20-70 hours, mean 37 hours (highly variable) |
| **Pentazocine** “pen TAZ oh seen” | Talwin | • C-IV; analgesic for mild to moderate pain, pre-anesthetic or supplement to surgical anesthesia  
• PO (contains naloxone), IM, IV, SC (SC can cause severe tissue damage – rotate injection sites).  
• Mild antagonist can cause withdrawal in patient taking chronic opioid like methadone.  
• T ½ is 2-3 hours |
| **Naltrexone** “nal-TREX-own” | Revia | • Opioid antagonist for alcohol or narcotic dependence treatment in adults  
• PO, IV, IM  
• T ½ is 4-13 hours  
• Boxed warning: liver damage |

**OPIOID NOTES:**
1. You are considered opioid naïve if you have been taking an opioid for less than five (5) days.
2. Patients with liver disease have an increased sensitivity to opioids.
3. Tolerance means you need more of the drug to get the same effect, it also means, that with opioids, as you become tolerant, you can take increasingly high doses without additional adverse effects.
4. Some side effects can be controlled using other drugs. For instance, co-administration of fexofenadine (or another antihistamine) may control Mast cell degranulation reactions caused by opioids and co-administration of an antiemetic, like Ondansetron, may alleviate vomiting. All patients taking opioids chronically will need to take a laxative, or alter their diet to increase fiber in order to alleviate the constipation opioids cause.
5. The morphine-like µ agonists are: fentanyl, hydrocodone, hydromorphone, meperidine, methadone, oxycodone and the discontinued drug, propoxyphene.
6. Intrathecal opioids always lead to decreased Lutinizing Hormone and Follicle Stimulating Hormone, which leads to sexual dysfunction (and in men, especially, decreased levels of testosterone which also leads to bone weakening).
7. There are four main centers in the brainstem to regulate the respiration: 1. Inspiratory center 2. Expiratory center 3. Pneumotaxic center and 4. Apneustic center. The first two centers are present in the medulla oblongata whereas the last two centers are in the pons region of brainstem. There are chemoreceptors, located in aortic and carotid bodies, which transmit information via the Vagus and Glossopharyngeal nerves, respectively, to the midbrain. Respiratory depression with opioids is due to complete blockage of respiratory centers to signals conveying elevations in the partial pressure of carbon dioxide (pCO₂) in blood.

*All opioids require individualization due to significant (genetic) differences in metabolism, receptor sensitivity and excretion, the effects of kidney and/or liver disease, and previous opioid exposure. Several may need to be tried.*

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### Analgesics Drug Lists

#### Analgesics, Anti Inflammatories, Anti-pyretics, Antiarthritis, Anti gout

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| **Aspirin** Generics | | • NSAID  
|  |  | • Anti pyretic, Anti inflammatory, prevention of MI (antiplatelet anticoagulant)  
|  |  | • PO  |
| **Celecoxib “SELL eh KOX ib”** Celebrex | | • COX2 inhibitor NSAID  
|  |  | • Acute arthritis pain, dysmenorrhea, colorectal polyps  
|  |  | • PO  
|  |  | • Boxed warnings: (1) CV risk; (2) GI bleeding risk  |
| **Ibuprofen “EYE bue PROE fen”** Advil | | • COX inhibitor – Propionic acid-derivative NSAID  
|  |  | • Anti inflammatory, anti pyretic, analgesic – for rheumatoid and osteoarthritis, moderate pain and dysmenorrhea.  
|  |  | • PO, PR  
|  |  | • Boxed warning on RX formulation: (1) CV risk of MI or stroke and are contraindicated for peri-operative analgesia for coronary artery bypass graft surgery; (2) GI bleeding risk  |
| **Acetaminophen** Tylenol | | • Antipyretic Anti inflammatory  
|  |  | • PO, PR  
|  |  | • TOXIC METABOLITE: Do not exceed 4 g/day in normal patients or 2 g/day in alcoholics or kids  |
| **Etanercept “ee TAN er sept”** Enbrel | | • Anti rheumatoid (biologic, tumor necrosis factor, TNF, inhibitor)  
|  |  | • Severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis – other rheumatoid conditions  
|  |  | • SC only (must be refrigerated) – available as prefilled syringe & auto-injector  
|  |  | • Rebound “flare” (an uncontrollable relapse) if suddenly discontinued  
|  |  | • Boxed warnings: risk of serious infections and malignancies  |
| **Hyaluronic Acid** Hyalgan | | • Collagen replacement, used to treat osteoarthritis, promote wound healing and to fill in facial wrinkles.  
|  |  | • Topical, SC, intra articular  

Gout Medications include NSAIDS

| **Colchicine “KOL chi seen”** | | • Mitotic spindle poison for gout & familial Mediterranean fever  
|  |  | • PO  |
| **Allopurinol “al oh PURE i nole”** Zyloprim | | • Blocks urate synthesis, used to treat gout, CIH (see below)  
|  |  | • PO, IV infusion  |
| **Rasburicase “ras BUR ih kase”** Elitek | | • Recombinant form of urate oxidase which makes uric acid water soluble  
|  |  | • IV infusion for chemotherapy-induced hyperuricemia (CIH)  
|  |  | • Boxed warnings: anaphylaxis, hemolysis, methemoglobinemia, uric acid labs  |
| **Probenecid “proe BEN a sid”** Benuryl | | • Blocks the renal reabsorption of weak acids  
|  |  | • PO  |