EXTEMPORANEOUS PRODUCT FORMULATION SHEET

PRODUCT NAME: METHADONE SUPP VARIOUS STRENGTHS

FORMULATION WILL MAKE: 24 SUPP

INGREDIENTS	QUANTITY	MANUFACTURER	LOT NU
METHADONE POWDER	MG		
FATTIBASE	GM		

INSTRUCTIONS FOR MIXING

- *** EACH SUPPOSITORY REQUIRES 2 GM OF FATTIBASE. IN PREPARING A BATCH, CALCULATE THE TOTAL AMOUNT OF E/ INGREDIENT PLU 1 EXTRA SUPPOSITORY FOR EACH BATCH OF 24 OR LESS. FOR EXAMPLE, IF MAKING A BATCH OF 48 -SUPPOSITORIES, USE (48+2) X 2 GM = 100 GM FATTIBASE, AND (48+2) X 10 MG = 500 MG METHADONE POWDER.
- 1. WEIGH OUT METHADONE POWDER.
- 2. WEIGH OUT FATTIBASE IN OINTMENT JAR.

3. MELT FATTIBASE IN MICROWAVE IN 30 SECOND INCREMENTS. MIX AFTER EACH HEATING. WHEN BASE IS APPROXIMAL MELTED, STOP HEATING. DO NOT OVERHEAT, AS THE BASE BECOMES TOO THIN, AND DRUG WILL NOT STAY SUSPENDED SHOULD BE WARM, NOT HOT.

4. ADD METHADONE POWDER TO BASE, AND MIX WELL. CAP THE OINTMENT JAR, AND SHAKE VIGOROUSLY TO SUSPENI

5. CONTINUE MIXING MIXTURE WHILE POURING INTO SUPPOSITORY MOLDS.

6. DRAW MIXTURE INTO A 30 ML SYRINGE, AND SHOOT INTO EMPTY MOLDS. SHAKE SYRINGE PERIODICALLY TO KEEP D SUSPENDED.

7. ALLOW MOLDS TO COOL AT ROOM TEMP FOR 1 HOUR, THEN REFRIGERATE.

8. TRIM TOPS OFF MOLDS, AND LABEL.

EXTEMPORANEOUS PRODUCT FORMULATION SHEET

PRODUCT NAME METHADONE SUPPOSITORY VARIOUS STRENGTHS

FORMULATION WILL MAKE: 24 SUPPOSITORIES

CONTAINER/STORAGE	SAMPLE LABEL	PRODUCT LABEL
	METHADONE SUPPOSITORY MG	(PLACE YOUR LABEL HEF
Glass PlasticX Sterile	FOR RECTAL USE	
RefrigerateX Light Sensitive Expiration	REFRIGERATE LOT #: USER #:	
(Days, Months, Hrs) 6 MOS	EXP:	
Date Mixed (Only if expiration		LOT #: USER #:
cannot be determined:)		EXP:

SPECIAL LABELING (NOT INCLUDED ABOVE AUXILIARY LABELS):

Reference for Formulation: <u>6</u> Reference for Expiration: <u>6</u> Reference for Storage: <u>6</u>

**** REFERENCES ****

 MDA HISTORICAL DATA HANDBOOK OF EXTEMPOR HANDBOOK ON INJECTABL CUTTER AND KING REMINGTON'S PHARMACEU ARTICLE ON FILE PACKAGE INSERT PROFESSIONAL JUDGEMEN OTHER: 	ITICAL SCIENCES		
ORDERING AREA:	_ DATE:		
TECH (S):	PHARMACIST:		
PROCEDURE APPROVED BY: _	DATE LAST REVIEWED:	c.	