## TMUs in PharmaNet for IIMOAT



To ensure continuity of care and patient safety, healthcare professionals must maintain up-to-date patient medication histories in PharmaNet.

When providing OAT, prescribers should update PharmaNet patient histories by entering TMUs – transaction medication updates.

This is required when:

- An emergency department provides a take-home dose, such as bupe-to-go
- A clinic or ER dispenses clinic (ward) stock
- A patient receives a higher or lower dose than the pharmacy-prepared dose
- A patient misses one or more doses of OAT



The table below shows how to record controlled substance dispenses in TMUs (e.g., for opioids, stimulants or benzodiazepines). Different vendors may have different processes, so consult your PharmaNet software vendor (e.g., Medinet) for more detailed instructions on entering TMUs.

## **PharmaNet entry instructions**

- All entries must be made by end of clinic day or end of emergency department shift during which the action occurred.
- Note that the TMU Directions field has an 80-character maximum.
- Intervention codes are a mandatory field in TMU, please use the following:
  - SA = safer alternative prescribed safer supply every fill/dispense, OR
  - UA = consulted prescriber and filled Rx as written (not prescribed safer supply)

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|                                      | Clinic (ward) stock use  | d: enter PIN in DIN field  | Patient-specific pharmacy-prepared changes: enter PIN in DIN field   |  |   |
|--------------------------------------|--|--|--|--|---|
| Situation                            | To provide dose when there is<br>no pharmacy-dispensed<br>prescription<br>PIN: 66128342 – clinic (ward)<br>stock dose  | Buprenorphine/naloxone<br>induction doses given on<br>site or "to-go" to an<br>outpatient<br>PIN: 66128346 – buprenorphine/<br>naloxone induction doses  | Patient missed all or some<br>doses at the clinic from the<br>pharmacy-prepared<br>prescription<br>PIN: 66128343 – missed dose   | <b>Dose increased</b> at clinic and<br>patient received a dose that<br>was more than the pharmacy-<br>prepared prescription<br><b>PIN: 66128344</b> – dose increased at<br>clinic visit  | <b>Dose decreased</b> at clinic and<br>patient received a dose that<br>was less than the pharmacy-<br>prepared prescription<br><b>PIN: 66128345</b> – dose decreased at<br>clinic visit   |
| Directions for<br>PharmaNet<br>entry | <ul> <li>PIN: 66128342</li> <li>Directions: drug, dose and directions, time</li> <li>Quantity: # of tablets / capsules / patches, volume of injection (mL)</li> <li>Days' supply: 1</li> <li>Intervention code: UA or SA</li> <li>*Please do an entry for each molecule/drug provided by clinic stock (excluding bup/nlx - see below)</li> </ul> | <ul> <li>PIN: 66128346</li> <li>Directions: standard dosing, microdosing or total dose taken/provided</li> <li>Days' supply: as appropriate</li> <li>Intervention code: UA</li> </ul>              | PIN: 66128343<br>Directions: drug, which<br>dose(s) missed<br>Days' supply: as appropriate<br>Intervention code: UA  | <ul> <li>PIN: 66128344</li> <li>Directions: drug name, total dose taken</li> <li>Days' supply: as appropriate</li> <li>Intervention code: UA</li> <li>*Only use this one PIN, even if providing with clinic stock</li> </ul>   | <ul> <li>PIN: 66128345</li> <li>Directions: drug name, total dose taken</li> <li>Days' supply: as appropriate</li> <li>Intervention code: UA</li> </ul>   |
| Example                              | <ul> <li>Example:</li> <li>PIN: 66128342</li> <li>Directions: Fentanyl patches 100 mcg, apply to skin and replace every 3 days</li> <li>Quantity: 1</li> <li>Days' supply: 3</li> <li>Intervention code: SA</li> <li>Prescriber name: Dr. Bond</li> </ul>  | <ul> <li>Example:</li> <li>PIN: 66128346</li> <li>Directions: Microdosing regimen, take home</li> <li>Days' supply: 5</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Tran</li> </ul> | <ul> <li>Example 1: Patient has<br/>pharmacy-prepared<br/>diacetylmorphine iOAT three<br/>times daily</li> <li>PIN: 66128343</li> <li>Directions:<br/>diacetylmorphine injectable,<br/>100 mg dose 1 and<br/>150 mg dose 2</li> <li>Days' supply: 1</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Bond</li> <li>Example 2:</li> <li>PIN: 66128343</li> <li>Directions: Kadian, 700mg,<br/>daily</li> <li>Days' supply: 1</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Pate</li> </ul> | <ul> <li>Example 1: Patient has<br/>pharmacy-prepared</li> <li>Fentora 400 mcg qid</li> <li>PIN: 66128344</li> <li>Directions: Fentora<br/>600 mcg, 3rd and 4th doses</li> <li>Days' supply: 1</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Da</li> <li>Example 2: Patient has<br/>pharmacy-prepared<br/>suboxone 8mg / 2mg</li> <li>PIN: 66128344</li> <li>Directions: Suboxone<br/>16mg / 4mg</li> <li>Days' supply: 1</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Fleur</li> </ul> | <ul> <li>Example: Patient has<br/>pharmacy-prepared sufentanil<br/>1000 mcg five times per day<br/>prn</li> <li>PIN: 66128345</li> <li>Directions: sufentanil,<br/>900 mcg 5th dose, new Rx</li> <li>Days' supply: 1</li> <li>Intervention code: UA</li> <li>Prescriber name: Dr. Yu</li> </ul> |