

Fentanyl Transdermal Patch Guidelines for Use

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Fentanyl TD (transdermal patch) use is restricted to opioid-tolerant patients, defined as:

Patients taking opioid medication for **7 days or longer**

-- **AND** --

Patient is taking:

At least 60 mg of oral morphine daily OR

At least 25 mcg transdermal fentanyl per hour OR

At least 30 mg of oral oxycodone daily OR

At least 8 mg of oral hydromorphone daily OR

An equianalgesic dose of another opioid

The time to maximum concentration is between 29 and 36 hours. At maximum concentration fentanyl TD produces drug levels approximately equal to those attained by intravenous infusion at the same rate per hour.

For these reasons fentanyl TD should not be used for acute pain or for acute exacerbations of chronic pain. These clinical scenarios require patients be titrated to relief with short-acting oral or parenteral opioids. Once the pain is controlled with a stable opioid regimen for ≥ 7 days, initiation or adjustment of fentanyl TD may be considered

Pharmacist order review and verification:

The verifying pharmacist shall evaluate each medication order to ensure the prescribing criteria above are met and write an assessment note in the electronic health record upon order verification.

- Prescription Writer, for medications PTA
- Orders, No Status/Priority Filter X 7 days, View Order Task Summary for opioids administered in the hospital
- EMR Admission Note, other notes *prn*
- Consult prescriber
- CURES
- Confirm no contraindications to therapy

Pharmacy Note-Other (specify), Fentanyl TD [Charted Location: PPC1 PPOF-54 Pre/Post Care 1] [Date of Service: 06-14-2017 16:21, Authored: 06-14-2017 16:21] - for Visit: 2054548686, Complete, Revised, Signed in Full, General Pharmacy Note:

Pharmacy Note:

Pharmacy Note Topic: Other: Fentanyl TD

Pharmacy Plan of Care: Transdermal Fentanyl Utilization Criteria

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Chronic Pain Indication: Lumbar radiculopathy, head & neck cancer

Current Opioid Regimen: Morphine ER 100 mg q 12 hours

Current Daily Dose of Opioids in PO morphine equivalents (PO morphine 60 mg = PO oxycodone 30 mg = PO hydromorphone 8 mg = 25 mcg/hr fentanyl patch): Morphine 200 mg daily

Opioid Tolerant Patient (use for = 7 day confirmed, including outpatient patch use)? Yes

Contraindications:

- In patients who are not opioid tolerant (defined under "Prescribing criteria" section)
- In the management of acute pain or in patients who require analgesia for a short period of time
- In the management of post-operative pain, including outpatient or day surgeries
- In the management of mild or intermittent pain
- In situations of significant respiratory depression, especially in unmonitored settings where there is a lack of resuscitative equipment
- In patients who have acute or severe bronchial asthma
- In patients who have or are suspected of having paralytic ileus
- In children under 2 years of age.

Does the patient have any of the above contraindications? No

Source of Information: UCI EMR

Plan: Fentanyl 25 mcg/hr X 72 hours

Allergy list (auto-included)

Medication list: (auto-included)

I have reviewed this patient's medication history and chronic pain indication to ensure that fentanyl is used in accordance with UCI fentanyl patch guidelines and FDA-approved labeling and prescribing information.

Case: 62 y/o male with head & neck cancer originating from tongue. Has been well controlled for months on Morphine ER 100 mg q 12 hours + Morphine IR 20 mg q 4 hours prn, rarely uses prn. Advancing cancer has made the use of oral medications high risk. What strength fentanyl TD should be prescribed?

**Total daily morphine = 200 mg PO in 24 hours divided by 3
= 67 mg IV**

Conversion factor: Morphine 15 mg PO or 5 mg IV = Fentanyl 0.05 mg

$$\frac{67}{x} = \frac{5}{0.05}$$

$$x = 0.67 \text{ mg} \times 1000 = 666.7 \text{ mcg} \div 24 \text{ hrs} = 27.8 \text{ mcg/hr}$$

Recommend Fentanyl TD 25 mcg/hr patch

Not for use in treating acute pain, short term or post-operative pain or occasional pain

Not for mild pain or pain not expected to persist for an extended duration, i.e., less than 30 days

Before the dose is increased; the patient should have tolerated the previous strength for a minimum of 6 days, i.e., after two 72-hour application periods of a given dose, since peak fentanyl levels occur after 24 to 72 hours of treatment.

The majority of patients are adequately maintained with fentanyl transdermal systems applied every 72 hours. However, some patients may require application of the systems at 48-hour intervals to maintain adequate analgesia

Increased fentanyl absorption with elevated body temperature: monitor patients with fever closely for sedation and respiratory depression and reduce dose if necessary.

Use with caution in patients with chronic pulmonary disease or the elderly, cachectic or debilitated patients with altered pharmacokinetics due to poor fat stores, muscle wasting or altered clearance.