

Quality use of medicines notice

Caution needed with fentanyl patches

Main messages

1. **Fentanyl is a potent analgesic.**
2. **Fentanyl patches (Durogesic) are only suitable for chronic pain and usually in opioid-tolerant patients.**
3. **Patches are replaced every 72 hours (3 days).**
4. **Titrate carefully to the lowest effective dose:**
 - prescribe as microgram/hr (not content per patch)
 - release rates are: 12, 25, 50, 75, 100 microgram/hr (and two patches can be used);
 - 12 microgram/hr is approximately equivalent to oral morphine 30-45 mg/day; individual responses vary;
 - assess initial response 24 hours after application;
 - increase dose after 3 days if the maximum response is inadequate.
5. **Safety factors for inpatients:**
 - record date of application on the patch, for example, .../.../...;
 - block out non-administration days on the drug chart;
 - note the site of application on the drug chart, for example, 'right shoulder';
 - rotate application site to avoid skin sensitivity;
 - do not apply sources of heat (heat packs, electric blankets) as this can increase the absorption rate;
 - monitor for drowsiness and respiratory depression;
 - discard patches with infectious waste (fold adhesive sides together).

Fentanyl patches are a potent form of opioid analgesic that can cause death from overdose. To reduce risks, patients should be carefully assessed and the patches be prescribed at the lowest effective dose with careful monitoring.

Adverse reports include:

- death of an elderly patient occurred following increased fentanyl absorption resulting from the application of a heat pack over a fentanyl patch, together with suspected application of a second patch without removal of the first
- death of a child who applied one of his mother's patches to his body
- children experiencing near misses following self application of patches.

Patient factors

- consider for patients who need a potent opioid where adequate doses of oral agents are not practical
- consider for patients tolerant of oral and parenteral opioids
- use with caution in any patient whose previous opioid dose was low
- do not use for acute, intermittent or post-operative pain
- consider contraindications, for example, respiratory compromise, concomitant opioids or partial opioid agonists (buprenorphine).

Prescribing, dispensing and administering

- refer to product information leaflets
- check indication
- review recent opioid use
- educate patients about potency, use, storage and disposal
- consult dose conversion guidelines, as needed
- prescribe by release rate (microgram/hr) not patch content
- check carefully
 - a dose greater than 25 microgram/hr in opioid naïve patients
 - orders for multiple strength patches
 - release rate and patch content
- consider short-acting analgesics for breakthrough pain until patch becomes effective
- consider drug interactions with CYP3A4 inhibitors, for example, ritonavir, ketoconazole. Monitor carefully for increased fentanyl effect.

Patient information

- consumer medicines information leaflets should be supplied to patients
- potency not to be considered safe on the basis that it is applied to the skin rather than taken by mouth
- it may take 24-72 hours to reach the full effect when starting or after a dose change. Additional pain medications may be needed for breakthrough pain. Seek advice from doctor or pharmacist before taking other medications.
- more than one strength is available. Confirm strength with pharmacist if unsure
- remove old patch before applying a new patch
- apply new patch every 72 hours to upper arm or body. Rotate site.
- signs of overdose include drowsiness and shallow breathing. Seek medical attention if concerned.
- avoid use of heat packs, electric blankets, hot water bottles and saunas as these may enhance the effect of the patch and increase side effects
- store and dispose of safely. Keep out of reach of children as deaths have been reported from accidental exposure to both old and used patches.