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Rx Update



Editors: Joan Murhammer, R.Ph., Mary Ross, R.Ph. MBA, Kevin Bebout, R.Ph.

APPROPRIATE USE OF FENTANYL PATCHES

Fentanyl transdermal patches provide a potent opiate analgesic for pain relief in patients who experience chronic pain. **Proper use of the fentanyl patch is crucial to avoiding serious problems, such as fatal respiratory depression**, that have resulted from accidental overdoses related to the use of the fentanyl patch. Respiratory depression, caused by fentanyl patches, is more likely to occur in elderly, debilitated, and opioid-naïve patients. Patients should be aware of the signs and symptoms of fentanyl overdose and seek medical attention immediately if they experience these symptoms including: difficulty breathing or shallow breathing; tiredness, extreme sleepiness or sedation; inability to think, talk or walk normally; and feeling faint, dizzy or confused. Removing the patch won't immediately reverse the problem; the drug is still absorbed into the body for several hours after the patch is removed.

Fentanyl patches are indicated for the management of persistent, moderate-to-severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time and cannot be managed by other means such as non-steroidal analgesics, opioid combination products, or immediate-release opioids. **The patch should not be the first narcotic pain medicine that is prescribed. Fentanyl patches should ONLY be used in patients who are already receiving opioid therapy, who have demonstrated opioid tolerance**, and who require a total daily dose at least equivalent to 25 mcg/hour fentanyl patch. Patients who are considered opioid-tolerant are those who have been taking at least 60 mg of morphine daily, 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 for a week or longer. **The fentanyl patch should not be used for short-term pain, acute pain, intermittent pain, or post-operative pain.** They should not be used in patients with significant respiratory depression, especially in unmonitored settings where there is a lack of resuscitative equipment, in patients who have acute or severe bronchial asthma, or in patients who have or are suspected of having paralytic ileus.

Fentanyl release from the patch can increase with elevated temperatures. Patients wearing a fentanyl patch who develop fever should be monitored for opioid side effects and the dose should be adjusted if necessary. The application site of the fentanyl patch should not be exposed to direct external heat sources, such as heating pads, electric blankets, heat lamps, saunas, hot tubs, and heated water beds as this also increases absorption resulting in possible overdose and death.

The concomitant use of fentanyl patches with other central nervous system depressants (e.g., other opioids, hypnotics, benzodiazepines, skeletal muscle relaxants, and alcohol) may cause respiratory depression, hypotension, and profound sedation. The dose of one or both agents should be significantly reduced if these agents are used concomitantly with fentanyl patches. The concomitant use of fentanyl patches with medications that are potent inhibitors of cytochrome P450 3A4 (e.g., ritonavir, ketoconazole, itraconazole, clarithromycin, nelfinavir, and nefazodone) may result in increased fentanyl plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression. These patients should be carefully monitored for an extended period of time and dosage adjustments should be made if warranted.

Fentanyl patches are available in five different strengths: 12, 25, 50, 75 and 100 mcg/hour. **When starting a fentanyl patch, it is important to ensure that the patient has adequate analgesics available to cover the 12 to 18 hours that it typically takes for pain relief to occur with this dosage form.** Previous analgesic therapy should be phased out gradually from the time of the first patch application until analgesic efficacy is attained. Thereafter, patients will require short-acting analgesics for "breakthrough" pain. Fentanyl patches should be **applied to intact, non-irritated skin**. If the application site must be cleansed prior to application of the patch, skin should be cleansed with water and allowed to dry completely prior to patch application. **The patch should not be cut, divided or damaged in any way prior to its application** since this leads to uncontrolled release of fentanyl. The patch is worn continuously for 72 hours, and a new patch should be applied to a different skin site after removal of the previous patch. Deaths have occurred when a previous patch was not removed before applying a new patch.

Fentanyl patches should be kept in a secure place out of the reach of children and pets due to the high risk of fatal respiratory depression that could result in death. A considerable amount of active fentanyl remains in fentanyl patches even after used as directed. Patches should be disposed of by folding the adhesive side of the patch together so that it sticks to itself. The patch should then be flushed down the toilet immediately upon removal.