

This Advisory applies to adult use of transdermal patches of **FENTANYL** (multiple brands including *Durogesic*®) and **BUPRENORPHINE** (multiple brands including *Norspan*®) and is intended for use by health care professionals.



**Deaths and harm still occur with accidental exposure, intentional overdose or abuse and lack of knowledge.**

### Key safety messages

- Ensure appropriate patient selection for transdermal patch: do NOT use for acute pain.
- Always ask the specific question: “Do you use a patch on your skin for pain?”
- Check and sight patches on patients.
- Fentanyl should not be used in opioid-naïve patients.  
**The initial use of a single fentanyl patch can be fatal.**
- Ensure patients and carers are alert to signs of opioid overdose: sedation, respiratory depression, confusion.
- Extra precautions are required for the safe use, storage and disposal of opioid skin patches.

### Appropriate selection of patient

**\*\*DO NOT USE OPIOID PATCHES FOR ACUTE PAIN\*\*<sup>^</sup>**

**ONLY USE IN ADULTS** with opioid-responsive pain who have:

- difficulty swallowing; intractable nausea/ vomiting; poor absorption from GI tract; adherence problems; persistent adverse effects from peak concentration of oral opioids; and/or failed other treatment options AND
- pain severe enough to require continuous, long term opioid treatment.

Fentanyl patch: only use in moderate-severe cancer-related pain/ under specialist palliative care/ under exceptional circumstances. Only use in patients who are OPIOID-TOLERANT and after calculating appropriate dosing conversion.

Buprenorphine patch: may be used in opioid-naïve patients; refer to local policy and/or product information.

**ALSO CONSIDER PATIENT-SPECIFIC RISK FACTORS:** (for more details see full Product Information)

- Older age or frailty: greater susceptibility to adverse effects, especially in presence of co-morbidities/ polypharmacy or during acute illness e.g. infection or dehydration.
- Potential misuse, abuse, addiction and overdose: patient/family history or psychiatric history.
- Potential drug interactions: with sedative medicines or other specific interactions.
  - Perform medication reconciliation to check for use of other transdermal patches and/or opioids.

<sup>^</sup>Rapid and safe dose titration is not possible due to delayed onset and duration of action.

### Safe dosing & administration

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| <ul style="list-style-type: none"> <li>✓ Prescribe at the lowest strength required for pain relief. The patches are long-acting:                             <ul style="list-style-type: none"> <li>○ Buprenorphine is applied every 7 days.</li> <li>○ Fentanyl is applied every 3 days.</li> <li>○ Onset of analgesia is delayed when patches are initiated. May take 1-3 days for full effect.</li> </ul> </li> <li>✓ Monitor for effectiveness and safety (maximise adjuvant analgesia)                             <ul style="list-style-type: none"> <li>○ Tolerance to analgesic effects, but not adverse effects, can develop quickly.</li> <li>○ Monitor for 24 hrs after patch removal (especially after opioid reversal) as serum concentrations decline slowly. No further opioid should be required before 24 hrs.</li> </ul> </li> <li>✓ For cognitively impaired patients, apply to upper back out of reach.</li> <li>✓ Perform regular skin assessments, some patches are clear or translucent and hard to detect.</li> </ul> | <ul style="list-style-type: none"> <li>✗ It is NOT standard practice for a patient to require more than one patch to achieve effective analgesia.</li> <li>✗ Patients requiring doses more than fentanyl 25 microg/hr or buprenorphine 20 microg/hr for non-cancer pain should be referred to a pain specialist.</li> <li>✗ Be alert to requests for increased doses or applications. Patches can be abused (e.g. chewed, injected).</li> <li>✗ Do NOT cut or divide an opioid patch to achieve a smaller dose – this may affect drug release.</li> <li>✗ <b>Do not use heat packs or thermal blankets when patient has a patch on.</b></li> </ul> |
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A systematic approach to **documenting dose and administration** should be implemented:

- sign and counter-sign for both application (“on”) and removal (“off”)
- use a separate system to document position of patch placement on the body as well as removal
- cross/block out the days when the patch is not to be applied on paper/electronic medication charts
- write the date and time of application directly on the patch

### PATIENT/CARER COUNSELLING IS ESSENTIAL

Discuss place in treatment plan, what to expect and specific instructions for use, possible side effects, what to do if side effects occur and provide a CMI and/or written information.

### Appropriate storage, handling, recording & disposal

- Patients/carers should be educated about safe and appropriate storage and disposal.
  - Accidental exposure can be fatal, ensure the patches do not make contact with others e.g. partners, relatives, pets, children. **KEEP OUT OF REACH OF CHILDREN** at all times.
  - Fold used patch so that adhesive sides stick together, wrap and dispose in out-of-reach garbage.
- In hospital, disposal in an appropriate, approved container and destruction of accountable medicines by healthcare workers requires witnessing, see NSW [PD2017 026](#) and [PD2013 043](#).