SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

During part 1 it became clear that the 24 hour infusion of oxycodone was unwarranted and conversion to an alternate regime was recommended.

Hong's Story Continued

Hong is currently stable on a 40mg oxycodone subcutaneous (SC) infusion and has only occasionally needed 10mg oral Endone® for breakthrough pain. Discussions about the ongoing cost of subcutaneous (SC) oxycodone swayed Hong to consider switching to the alternate formulation. Options presented to her include:

- Transdermal (TD) opioid patch; or
- Oral slow release opioid tablets.

While both were realistic options, the pill burden was seen as a significant problem and she preferred using a patch.

Which patch would be suitable?

As buprenorphine it is a partial agonist, it may trigger withdrawal symptoms in people dependent on other opioids. In addition, the highest strength of TD buprenorphine (20mcg/hr) is less potent than the lowest strength of TD fentanyl (12mcg/hr) available. The suggestion was to convert the oxycodone infusion to a TD fentanyl patch.

How to switch to the fentanyl patch?

The TD fentanyl dose is calculated by using a combination of resources: (1) therapeutic guidelines (palliative care) and (2) product information (fentanyl).

Table 1 Potencies as calculated from TG

24hr SC oxycodone dose	40mg
24hr SC morphine equivalence	40mg
24hr oral morphine equivalence	120mg

When changing from one opioid to another, some clinicians commence with 50% to 75% of the calculated equianalgesic dose (to account for incomplete cross-tolerance) and then titrate to response. This equates to a 24hr oral morphine equivalence of between 60mg to 90mg.

Table 2 Potencies as calculated from fentanyl PI (patients on stable & well tolerated opioid therapy)

Oral 24 hr morphine dose	45mg to 89mg
TD Fentanyl equivalence	25mcg/hr

A stronger patch may be warranted if she had required regular breakthrough Endone®, beyond the 24 hour infusion.

As fentanyl blood concentrations increase slowly over 18 to 24 hours, other forms of analgesia should be continued over the transition period.

One option to consider is to:

- Apply the 25mcg/hr TD fentanyl patch to the skin at bedtime; and
- Disconnect the oxycodone infusion the following morning.

An order for breakthrough opioid (e.g. 5mg to 10mg Endone® prn) should be maintained with the TD fentanyl in place.

Adjust the dose according to response (e.g. through calculating the number of breakthrough doses over the previous 24 hours), no more frequently than every 3 days if analgesia is insufficient.

The patch needs replacing every 3 days.

Useful Resources

- Therapeutic Guidelines (Palliative Care): Approximate potencies of various opioids relative to 10 mg parenteral morphine (Table 1.8)
- Product information (fentanyl)

For more information

Contact the Advanced Practice Pharmacists:

- **Josephine To, Northern**
  Josephine.to@health.sa.gov.au 8161 2499
- **Paul Tait, Southern**
  paul.tait@health.sa.gov.au 8275 1732

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