



RANCHO LOS AMIGOS

NATIONAL REHABILITATION CENTER

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

CODE: 3.29.0
DATE: 9/23/08
REVISED: 8/2/2017, 4/19/2022
APPROVED: Tinh Tran, Pharm.D.
MEC APPROVED: 10/22/08, 2/22/12

SECTION: **INPATIENT PHARMACY SERVICES**

SUBJECT: **INPATIENT FENTANYL TRANSDERMAL
SYSTEM PRESCRIBING (fentanyl patch)**

Page

1 of 2

POLICY

Rancho Los Amigos National Rehabilitation Center has a policy for the appropriate prescribing of fentanyl transdermal system (fentanyl patch) for hospitalized patients for patient safety. Inpatient fentanyl transdermal system (fentanyl patch) will be ordered on the “Fentanyl Transdermal System Physician Order Form,” which is located on Rancho’s intranet.

PROCEDURE

- 1 All new orders for inpatient fentanyl transdermal system (fentanyl patch) will be on the “Fentanyl Transdermal System Physician Order Form.” The form can be downloaded from Rancho’s intranet under Forms->Orders->”Fentanyl Transdermal System Order.”
- 2 The “Fentanyl Transdermal System Physician Order Form” will be used for new orders and can be used for renewals with the appropriate boxes checked, patient information, signed, and dated by the practitioner.
- 3 Fentanyl transdermal system (fentanyl patch) orders shall follow the facility’s policy and procedure on automatic stop orders (Pharmacy Policy and Procedure 3.08.0, Automatic Stop Orders).
- 4 Pharmacists reviewing all new fentanyl transdermal (fentanyl patch) orders at the facility will verify that the patient has been taking morphine sulfate 60 mg per day or its equivalent for at least 7 days or on an appropriate dose of fentanyl transdermal (fentanyl patch) prior to approving the new fentanyl transdermal (fentanyl patch) order and annotate the verification on Pyxis Connect with their initials, date, and time.
- 5 All fentanyl transdermal system (fentanyl patch) orders will be retrospectively reviewed by the Pain Committee.

Reviewed: 8/11/14bj, 4/19/2022 TT

Approved By: *Ben Arndt*



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Page 2 of 2

COUNTY OF LOS ANGELES

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

DEPARTMENT OF HEALTH SERVICES

**FENTANYL TRANSDERMAL SYSTEM
Physician Order Form**

<i>Do not initiate unless ALL of the following criteria are met</i>		Yes
1. Patient is opioid-tolerant		<input type="checkbox"/>
2. For the management of chronic pain (not acute or intermittent)		<input type="checkbox"/>
3. For the management of moderate to severe pain (not mild)		<input type="checkbox"/>
4. For the management of pain other than Post-Op		<input type="checkbox"/>
<i>Inclusion Criteria: Patient must meet ONE of the following criteria to initiate order</i>		Yes
1. Patient has been taking at least 60 mg of oral morphine daily for a week or longer.		<input type="checkbox"/>
2. Patient has been taking at least 30 mg oral of oxycodone daily for a week or longer.		<input type="checkbox"/>
3. Patient has been taking at least 8 mg of oral hydromorphone daily for a week or longer.		<input type="checkbox"/>
4. Patient has been taking an equianalgesic dose of another opioid for a week or longer.		<input type="checkbox"/>

Fentanyl Patch Dosage:

New Order Continued Order

<input type="checkbox"/> 25 mcg/hour	q72 hours
<input type="checkbox"/> 50 mcg/hour	q72 hours
<input type="checkbox"/> 75 mcg/hour	q72 hours
<input type="checkbox"/> 100 mcg/hour	q72 hours
Other:	

Important Drug-Drug Interactions

- ◆ The concomitant use of Fentanyl Patch with potent cytochrome P450 3A4 inhibitors (table below) may result in an increase in fentanyl plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression.
- ◆ Patients receiving Fentanyl Patch and potent cytochrome P450 inhibitors should be carefully monitored for an extended period of time and dosage adjustments should be made if warranted.

Table of Potent CYP 3A4 Inhibitors

Drug Class	Drug Name
Antidepressants	Nefazodone, Fluvoxamine, and Fluoxetine
Azo Antifungals	Fluconazole, Itraconazole, and Ketoconazole
Antibiotics	Erythromycin, and Clarithromycin
Anti-HIV Protease Inhibitors	Indinavir, Ritonavir, Saquinavir, and Nelfinavir
Others	Amiodarone, Cimetidine, Diltiazem, Verapamil, and Grapefruit Juice

Physician Name Print	Provider #
Physician Signature	Date Time
Unit Clerk/LVN Signature	Date Time
RN Signature	Date Time
24-hour Check RN Signature	Date Time

PATIENT INFORMATION
MRUN
NAME
DOB/GENDER

