70 microgram per hour patches. This gives time for the drug to reach effective concentrations to allow accurate assessment. During this period, 'when required' opioids and other pain relief may be used.

Swapping to buprenorphine patches from other opioids

Regular modified release (MR) pain relief, such as morphine MR (eg. Zomorph) or oxycodone MR (eg.Longtec), should be discontinued 12 hours after patch application

Patients should continue with 'as required' pain relief during the titration period.

Stopping therapy

When stopping buprenorphine patches, levels will fall slowly (approximately 50% in 30 hours regardless of dose) once the patch is removed. 'When required' medication should be given in the immediate period after patch removal with careful documentation of required dosage. After around 24-48 hours, a reassessment of analgesic requirements can be made.

Remember: SLOW ONSET, LONG DURATION of ACTION

Contact Us

For further information regarding palliative care drugs please contact your specialist palliative care team

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HERPC

Hull and East Riding Prescribing Committee

Information Leaflet for Buprenorphine Patches

This leaflet has been developed to provide information for health care professionals involved in the care of patients prescribed transdermal buprenorphine patches by the Specialist Palliative Care Teams.

This leaflet is not intended to provide full pharmacological data. For further information, please refer to the manufacturer's Summary of Product Characteristics (SPC) at www.medicines.org.uk/emc

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Transdermal buprenorphine patches?

There are several buprenorphine patch formulations on the market. The main differences in these are strength of the patch and frequency of application.

Patches such as Butec, BuTrans and Bunov are available in strengths of 5, 10, 15 and 20 micrograms per hour, and should be changed every 7 days. These patches are licensed for the treatment of moderate pain due to non-malignant causes, which is responsive to opioids (i.e. they are NOT licensed for cancer pain).

Patches such as Transtec and Bupeaze are available in strengths of; 35, 52.5 and 70 micrograms per hour, and should be changed every 4 days (or 'twice weekly', for ease). The exception to this is Hapoctasin (also available in strengths of 35, 52.5 and 70) but should be changed every 72 hours. These patches are licensed for moderate to severe cancer pain which requires an opioid. The maximum licensed dose of transdermal buprenorphine is 140mcg per hour (i.e. TWO 70mcg per hour patches worn at the same time).

Please note the examples above are not an exhaustive list; for further information, please refer to the manufacturer's Summary of Product Characteristics (SPC) at www.medicines.org.uk/emc and the BNF via medicinescomplete.com.

When to use buprenorphine patches in Palliative care?

NICE Clinical Guidelines (140) on the Safe and Effective Prescribing of Opioids in Palliative Care should be referred to alongside this document. Transdermal opioids should **not** be routinely recommended for patients in whom oral therapy is appropriate for first line maintenance therapy.

Offer oral sustained-release morphine as first-line maintenance treatment to patients with advanced and progressive disease who require strong opioids.

According to the recent NICE guidelines on the use of opioids in palliative care, transdermal opioids such as buprenorphine can be considered in patients in which oral opioids are not suitable and analgesic requirements are stable, supported by specialist advice where needed.

Buprenorphine patches are NOT suitable for acute or unstable pain, due to their slow onset of action, and slow titration time.

Buprenorphine patches may be considered in the following scenarios:

- swallowing difficulties in patients with known opioid requirements
- renal impairment (no centrally active metabolites)
- patients with poor absorption (e.g. short bowel)
- severe nausea and vomiting causing unpredictable absorption
- as an alternative choice of opioid in patients intolerant to oral morphine and/or oxycodone

How are buprenorphine patches used?

Patients started on buprenorphine patches by the Specialist Palliative Care team will often have very complex pain symptoms. They may require a combination of opioid and non-opioid pain relief. Some patients may require a combination of buprenorphine patches plus another strong opioid (under specialist advice only).

What about breakthrough analgesia?

Patients on buprenorphine patches can still use an immediate release opioid (e.g. morphine) for breakthrough pain, "when needed" dose equivalent should be approximately 1/6th total daily opioid dose. There is no antagonism of morphine by buprenorphine at the doses used for pain relief. Sublingual (SL) buprenorphine is **not** recommended for use for breakthrough pain in patients on transdermal therapy as oral bioavailability of SL buprenorphine is very low (approx. 10%) and it is not often tolerated by patients due to its side effect profile (dizziness, nausea and vomiting, drowsiness, light headedness).

Possible side effects

Common side effects (>10%) with transdermal buprenorphine include: headache, dizziness, somnolence, constipation, dry mouth, nausea, vomiting, pruritus, application site reactions and erythema.

Skin reactions are said to occur in approximately 9% of patients using transdermal opioids.

Comparison to other opioids: Equivalence?

Please refer to the Specialist Palliative Care Opioid Conversion chart. A transdermal buprenorphine 20 microgram per hour patch equates to approximately 48 mg oral morphine daily. https://www.hey.nhs.uk/wp/wp-content/uploads/2018/02/opioids.pdf

However, converting from oral morphine (or another opioid) to buprenorphine patches or vice versa is not always straightforward. As buprenorphine has an agonist/antagonist action, it is not a direct 'swap'; i.e. there is no precise equivalent dose of oral morphine: transdermal buprenorphine.

Each patient must be considered separately and the dose titrated slowly, depending on their condition and current opioid use.

Starting/ stopping/ swapping and dose alteration

Starting therapy and assessing efficacy

It should be noted that when a patient starts on buprenorphine patches, given the long acting nature of the preparations, no assessment of efficacy should be carried out for at least 72 hours with 5-20microgram per hour patches, and 24 hours with 35-