Transdermal Buprenorphine Information Leaflet

Information for Primary Care Providers and Community Palliative Care Teams

March 2014

To Provide High Quality Healthcare to be Proud of

This leaflet was produced by the Community Macmillan Palliative Care Pharmacists, CHCP CIC.

Approved By: Hull and East Riding Prescribing Committee

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INTRODUCTION

This leaflet has been developed to provide some useful background information for health care professionals involved in the care of patients prescribed transdermal (TD) buprenorphine (Butrans® / Transtec® patches) by the Specialist Palliative Care Team.

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

It should be noted that the NICE Clinical Guidelines (140) on the Safe and Effective Prescribing of Opioids in Palliative Care should be referred to alongside this document. [4] 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.

WHAT IS BUPRENORPHINE?

Buprenorphine is a partial opioid agonist, acting at the mu-opioid receptor. It also has antagonistic activity at the kappa-opioid receptor. The opioid agonist activities of buprenorphine are dose related. [1]

There are two TD buprenorphine formulations on the market. These are: Butrans® (Napp) and Transtec® (Napp).

Butrans® patches are available in strengths of 5, 10 and 20 micrograms per hour, and should be changed every 7 days.

Transtec® patches 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).
Buprenorphine is equivalent in strength to a weak opioid at low doses (e.g. Butrans®5mcg patches) and a strong opioid at high doses (e.g. Transtec® 52.5mcg patches).

Butrans® patches are licensed for the treatment of moderate non-malignant pain which is responsive to opioids (i.e. they are NOT licensed for cancer pain). [2] Transtec® patches are licensed for moderate to severe cancer pain which requires an opioid. [3]

**WHY IS TRANSDERMAL BUPRENORPHINE BEING USED?**

According to the recent NICE guidelines [4] on the use of opioids in palliative care, transdermal opioids such as buprenorphine can be considered in patients; “for whom oral opioids are not suitable and analgesic requirements are stable, supported by specialist advice where needed”. TD Buprenorphine is NOT suitable for acute or unstable pain, due to its slow onset of action, and slow titration time.

**Buprenorphine TD patches may be used 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
- tablet phobia / poor compliance with oral medication
Specialist Use

It has also been suggested that TD buprenorphine may be a useful option in the treatment of neuropathic pain [5 -7]

There is also limited evidence to suggest that buprenorphine may be useful in patients with queried hyperalgesia from opioid use. [12]

It should be noted that if Butrans® patches are used for patients with cancer pain, this is use outside of license.

HOW IS TRANSDERMAL BUPRENORPHINE USED? WHAT ABOUT BREAKTHROUGH PAIN?

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

Patients on TD buprenorphine can still use an immediate release opioid (e.g. morphine) for breakthrough pain. There is no antagonism of morphine by buprenorphine at the doses used for in TD pain relief. [1, 8] Sublingual buprenorphine is not recommended for use for breakthrough pain in patients on TD 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, lightheadedness). [9]

Transtec® patches take around 12 to 14 hours to deliver the minimum effective concentration of buprenorphine. Butrans® patches take a little longer, at around 17 hours to deliver detectable levels of buprenorphine. When stopping either Butrans® or Transtec® patches, it will take around 30 hours for levels of buprenorphine to decrease by 50%. [10]
Remember: SLOW ONSET, LONG DURATION of ACTION

The maximum licensed dose of TD buprenorphine is 140mcg/hour (i.e. TWO 70mcg patches worn at the same time).

Comparison to other opioids: Equivalence?

The NICE Guideline CG140 [4] states the following:

- A transdermal buprenorphine 20 microgram patch equates to approximately 30 mg oral morphine daily.

Another source states that a 5mcg Butrans® patch is approximately equivalent to 60mg of codeine in 24 hours. [2]

However, converting from oral morphine (or another opioid) to buprenorphine patches or vice versa is not 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: TD buprenorphine.

Each patient must be considered separately and the dose titrated gently, depending on their condition and current opioid use. The above ‘conversion’ should be used as a guide only.

STARTING/ STOPPING/ SWAPPING AND DOSE ALTERATION

Starting therapy and assessing efficacy

It should be noted that when a patient starts on TD buprenorphine, no assessment of efficacy should be carried out for at least 72 hours with Butrans® patches, and 24 hours with Transtec® 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 TD buprenorphine from other opioids

Regular slow release pain relief, such as MST, Zomorph or Oxycontin should be stopped 12 hours after patch application. [1,10] Continue with ‘as required’ pain relief during the titration period.

Stopping therapy

When stopping therapy with TD buprenorphine, levels will fall slowly once the patch is removed. ‘As 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 [1, 10]

POSSIBLE SIDE EFFECTS

Common side effects (>10%) with TD 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.

WHO DO I CONTACT IF THERE IS A PROBLEM?

City Health Care Partnership CIC 01482 335883
a co-owned business

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REFERENCES


