**Do Not Thin From Chart**

High Cost Drug Funding Request for [Fentanyl Patch (HCD-08)](http://www.albertahealthservices.ca/assets/info/hp/if-hp-ltc-hcd-08-fentanyl-patch.pdf)

*Assessment and documentation in the patient record by a clinical pharmacist is required prior to initial drug provision (new admission or new starts), change in fentanyl dose, change to other opioid therapy, and/or significant change in resident’s status. Form submission is required for initial provision and dose changes.*

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| --- | --- | --- | --- | --- | --- | --- |
| Funding Eligibility | | | **When was it started?** (date) | | | |
| Patient Information | | | Care Centre | | | Date of Admission |
| Patient Code[[1]](#footnote-1) | Date of Birth (YMD)      /    / | |  | | (YMD)       /     / | |
| Prescribing Information (e.g. Reason for prescribing, specialist or clinic involvement) | | | Dosing Information | | | |
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| **Fentanyl patches are approved for funding under one of the following conditions:**   1. **For treatment of persistent, severe, chronic pain in residents who require continuous around-the-clock analgesia for an extended period of time and who are already receiving opioid therapy at a total daily dose of at least 60 mg/day oral morphine equivalents.**   Patients must have tried and *failed[[2]](#footnote-2)* with at least two *discrete courses*[[3]](#footnote-3) of therapy with two of the following agents, unless contraindicated: morphine, hydromorphone and oxycodone.  Treatment course 1:  Date: (date)  Response to drug trial *or* contraindication: (Enter description)  Treatment course 2:  Date: (date)  Response to drug trial *or* contraindication: (Enter description)   1. **For ongoing management of persistent, severe, chronic pain in residents who have been *stabilized[[4]](#footnote-4)* on the fentanyl patch prior to admission to the facility. These residents are eligible for continued funding on the fentanyl patch upon a full review of the safety, appropriateness, and effectiveness of its use.** (Enter description) | | | | | | |
| ***Note: Funding may or may not be approved by AHS-Calgary Zone LTC Drug Management***  By submitting this application, the care team and pharmacist have given reasonable considerations to consent, alternative therapeutic options (including formulary alternatives), and risks/benefits. | | | | | | |
| ***Pharmacist’s Name:*** | | ***Initial Drug Provision Date (Y/M/D)***       /    / | | ***Processing Instructions:*** Pharmacy Provider email to ISFL Long Term Care Pharmacist at:  [cc.drugmanagement@albertahealthservices.ca](mailto:cc.drugmanagement@albertahealthservices.ca)  **OR** Physician fax to: (403) 943-0232 | | |
| **Physician’s Name:** | |

1. Patient Code: First four letters of surname, followed by first two letters of given name [↑](#footnote-ref-1)
2. A failed opioid trial occurs when dosage titration to achieve pain control is not possible due to unacceptable or non-resolving side effects which are impairing function, such as uncontrollable nausea & vomiting, distressing hallucinations, sedation or cognitive impairment [↑](#footnote-ref-2)
3. 3 A discrete course is defined as a separate treatment course, which may involve more than one agent, used during a period of time to manage the patient's pain. [↑](#footnote-ref-3)
4. The period of stabilization may vary with each resident, and the physician & pharmacist should use clinical judgement to evaluate whether the resident has used fentanyl transdermal for sufficient duration prior to admission to the facility. Recent starts and opioid rotations within the previous 0-4 weeks should be reviewed carefully. [↑](#footnote-ref-4)