

Help Overcome Barriers to Opioid Use for Cancer Pain

You can help **ensure that cancer pain is managed appropriately**...especially during transitions of care.

Find out how patients actually take their opioids at home, not just what's prescribed, to avoid under- or overdosing. Check the prescription drug monitoring program (PDMP) to help.

Continue long-acting opioids...but don't increase them for acute pain.

Instead, use short-acting opioids prn...with each dose about 10% to 20% of the total daily regimen.

For example, if a patient takes oxycodone ER 60 mg twice daily, verify they have oxycodone IR 15 or 20 mg every 4 hours prn.

If possible, continue non-opioids, such as an NSAID for bone pain...a steroid for inflammation...or an antidepressant (duloxetine, etc) or antiseizure med (gabapentin, etc) for neuropathic pain.

For severe pain or NPO patients, think of converting to a PCA...and consider a basal rate for patients on long-acting opioids.

For instance, convert a patient taking oxycodone 150 mg/day from long- and short-acting doses to about 75 mg/day of IV morphine.

Give 50% to 75% as the basal PCA rate...and choose a demand dose that's 50% to 150% of the basal. For example, for 75 mg/day of IV morphine, use 2 mg/hr as the basal...and 1 to 3 mg as the demand.

For discharge opioid Rxs, educate prescribers to add the cancer diagnosis code...to prevent payer rejects and opioid limits. Cancer pain is excluded from typical opioid restrictions.

Also explain that a prior auth may be needed for nonstandard doses...such as a fentanyl patch Q48H. Suggest sending these Rxs to outpatient pharmacies before discharge, if able...to limit delays.

Ensure patients taking opioids for cancer pain have naloxone.

Access our resource, *Managing Cancer Pain in Adults*, for strategies to titrate opioids, manage side effects, etc.

Learn how to provide expert pain management with our training program, *RxAdvanced: Opioid Stewardship*.

Also stay tuned for our *RxAdvanced: Guide to Cannabis* program...which includes details on safe use in oncology care.

Key References:

https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf (5-27-22)

<https://www.mdanderson.org/content/dam/mdanderson/documents/for-physicians/algorithms/clinical-management/clin-management-cancer-pain-web-algorithm.pdf> (5-27-22)

J Pain Symptom Manage. 2020 Nov;60(5):915-922

Hospital Pharmacist's Letter. June 2022, No. 380608

Cite this document as follows: Article, Help Overcome Barriers to Opioid Use for Cancer Pain, Prescriber's Letter, June 2022

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Prescriber's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.