

This Advisory applies to **rapid-acting buccal and sublingual formulations of fentanyl** and is intended for use by health care professionals. (Intranasal fentanyl products are not discussed).



Deaths have occurred with the inappropriate dosing of these potent products in opioid-naïve patients

Appropriate selection of patient

USE **ONLY FOR BREAKTHROUGH CANCER PAIN (BTCP)** IN ADULTS WHO ARE:

- Opioid tolerant (i.e. **stabilised** for > 7 days on oral morphine daily doses \geq 60 mg*); AND
- When other immediate release opioid formulations e.g. morphine and oxycodone are inadequate or unsuitable (e.g. dysphagia, intractable nausea/vomiting; poor absorption); AND
- Under the care of specialist palliative care clinician(s)

*Approximate daily dose equivalences:

60 mg oral morphine = 30 mg oral oxycodone = 12 mg oral hydromorphone = 25 microgram/hour transdermal fentanyl

ALSO CONSIDER PATIENT-SPECIFIC RISK FACTORS: (for more details see full Product Information)

- Older age or frailty: greater susceptibility to adverse effects, especially in presence of co-morbidities/polypharmacy or during acute illness e.g. infection or dehydration.
- Potential misuse, abuse, addiction and overdose: patient/family history or psychiatric history.
- Potential drug interactions: other sedative medicines, [serotonergic medicines](#), [CYP3A4](#) inhibitors and inducers.

Safe dosing & administration (details on following page)

- Document and communicate clearly the specific product and dosing information.
 - The various oromucosal fentanyl formulations are rapid-acting, however they **ARE NOT INTERCHANGEABLE. (Do NOT convert fentanyl products on a microgram: microgram basis, including between oromucosal fentanyl products).**
 - Numerous strengths of the various oromucosal fentanyl products are available.
 - Recommended maximum doses or frequencies should be stated and not exceeded.
 - Keep a record of supplied quantity and frequency of use.
- Frequently review adequacy of regular background opioid medication. If the dose of the regular opioid medication changes, re-titrate dose of oromucosal fentanyl product.
 - Dosing to treat and re-treat episodes of BTCP differ between the products.
- Tolerance to the analgesic effects but not adverse effects can develop quickly. Consider hyperalgesia, tolerance and progression of underlying disease if inadequate pain control.
- Monitor sedation and cardiorespiratory status of patient closely.

PATIENT/CARER COUNSELLING IS ESSENTIAL

- Discuss place in treatment plan, what to expect and specific instructions on use, possible side effects, what to do if side effects occur and provide a CMI and/or written information.

Appropriate storage, handling, recording & disposal

- Patients/carers should be educated about safe and appropriate storage and disposal.
- **KEEP OUT OF REACH OF CHILDREN** at all times as accidental exposure can be fatal.
- Never give a fentanyl product to another person for use.
- Record each formulation on its own separate page in the Schedule 8 register.
- In hospital, disposal in an appropriate, approved container and destruction of accountable medicines by healthcare workers requires witnessing, see NSW [PD2017_026](#) and [PD2013_043](#).

Key safety messages




- **Fentanyl must NOT be used in opioid-naïve patients: appropriate patient selection essential.**
- **Abstral[®], Fentora[®] & Actiq[®] are NOT interchangeable.**
- **Provide explicit dosing instructions for management of breakthrough pain episodes and specify the maximum total dose in 24 hours.**
- **Always ask about breakthrough pain relief and confirm medicine, brand, strength, dosing instructions, circumstances and frequency of use.**
- **Ensure patients/carers are alert to signs of opioid overdose: sedation, respiratory depression, confusion.**
- **Extra precautions are required for safe use, storage and disposal of fentanyl products.**

Fentanyl Oromucosal Formulations

Important Dosing & Administration Information

HIGH RISK MEDICINES

*current brands available in Australia at the time of writing; BTCP = breakthrough cancer pain; mins = minutes

Brand* & Form	Abstral® Tablet	Fentora® Orally Disintegrating Tablet	Actiq® Lozenge on handle
Route	Sublingual 	Absorbed buccally (or sublingually) 	Buccal 
Dosing (Adults) These products are NOT registered for use in patients less than 18 years of age.	<p>Start at 100 micrograms; after 30mins, if required, give another 100 microgram tablet and consider increasing the tablet strength for the first dose of the next episode of BTCP.</p> <p>Titrate upwards as necessary through the range of available dosage strengths (100, 200, 300, 400, 600, 800 micrograms)</p> <p>Maximum 800 micrograms per BTCP episode.</p> <p>Wait at least 2 hours between treatment of BTCP episodes.</p> <p>If >4 BTCP episodes occur per day for 4 days, consider increasing the dose of the regular background opioid.</p>	<p>Start at 100 micrograms; after 30mins, if required, give another 100 microgram tablet and consider increasing the tablet strength for the first dose of the next episode of BTCP.</p> <p>Titrate upwards as necessary through the range of available dosage strengths (100, 200, 400, 600, 800 micrograms)</p> <p>Maximum 800 micrograms per BTCP episode.</p> <p>Wait at least 4 hours between treatment of BTCP episodes.</p> <p>If >4 BTCP episodes occur per day for several consecutive days, or 2 doses are needed to treat several consecutive episodes, consider increasing the dose of the regular background opioid.</p>	<p>Start at 200 micrograms; after 30mins, if required, give another 200 microgram lozenge and consider increasing the tablet strength for the first dose of the next episode of BTCP.</p> <p>Titrate upwards as necessary through the range of available dosage strengths (200, 400, 600, 800, 1200, 1600 micrograms)</p> <p>Usual maximum is 1600 micrograms per BTCP episode. (A second dose of 1600mcg is rarely needed).</p> <p>Wait at least 4 hours between treatment of BTCP episodes.</p> <p>If >4 BTCP episodes occur per day for 4 days, or 2 doses are needed to treat several consecutive episodes, consider increasing the dose of the regular background opioid.</p>
<p>These products are rapid-acting, however, they are NOT INTERCHANGEABLE.</p> <p>DO NOT convert on a microgram per microgram basis to other fentanyl products including converting between oromucosal fentanyl products.</p>			

Prescribing practice principles:

- initiate therapy with the lowest dose available
- aim to relieve an episode of BTCP with a single dose and minimal opioid adverse effects
- attempt to only use a maximum of 2 doses per BTCP episode
- preferably treat no more than 4 BTCP episodes/day (review and increase the dose of regular background opioid, if required)
- **always re-titrate** any oromucosal fentanyl at the recommended starting dose if:
 - the regular background opioid dose is increased; OR
 - changing brands (Note: patients should only be prescribed one brand of rapid release fentanyl at any one time).

Administration & key counselling points

<ul style="list-style-type: none"> • If mouth is dry, moisten mouth with water before using. • Do not remove from packaging until required. • Do not eat or drink anything until dose is finished. • Fentanyl's activity is significantly reduced if swallowed. 	<p>Place tablet well under the tongue; do not swallow the tablet; allow it to dissolve completely without biting, chewing or sucking.</p> <ul style="list-style-type: none"> • Once under the tongue, tablet falls apart almost immediately into small particles which dissolve resulting in release of fentanyl. • Onset of pain relief commences at approximately 10mins. 	<p>Place tablet between the cheek and gum near the back molar teeth (if using more than one tablet at a time, place tablets on each side of the mouth); alternatively, a tablet can be placed well under the tongue. Allow it to disintegrate without biting, chewing or sucking.</p> <ul style="list-style-type: none"> • Allow 30mins for absorption, then if there are any bits of tablet left, patient can swallow them with a glass of water. • Onset of pain relief commences in 10-15mins. 	<p>Place lozenge in the mouth against the cheek and move it around the mouth using the handle. Allow it to dissolve without biting, chewing or sucking.</p> <ul style="list-style-type: none"> • Optimal pain relief achieved if lozenge is dissolved over 15mins (not sooner). • Onset of pain relief commences within 15mins. • Lozenge resembles a lollipop. DO NOT LEAVE IN REACH OF OTHERS • If there is any lozenge left, dispose safely as per policy for Schedule 8 medicines. • Ensure good dental hygiene as the lozenge contains sugar.
---	---	---	--

References

- Australian Medicines Handbook, 2019. Adelaide: Australian Medicines Handbook Pty Ltd.
- CareSearch, 2016. PHARMACY PROFILE: Oromucosal Fentanyl Preparations (Abstral® tablet, Actiq® lozenge and Fentora® tablet). [Online] Available at: https://www.caresearch.com.au/caresearch/Portals/0/Documents/PROFESSIONAL-GROUPS/Nurses%20Hub/NHN_Pharmacy_Nov2016.pdf [Accessed 29 April 2019].
- TIRF REMS Access, 2012. Transmucosal Immediate Release Fentanyl (TIRF) Products Risk Evaluation and Mitigation Strategy (REMS) Education Program for Prescribers and Pharmacists. [Online] Available at: <https://www.tirfremssuccess.com/TirfUl/remss/pdf/education-and-ka.pdf> [Accessed 29 April 2019].

NSW TAG

NSW Therapeutic Advisory Group Inc.

Advancing quality use of medicines in NSW