TAYSIDE PRESCRIBER
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FENTANYL PREPARATIONS FOR BREAKTHROUGH CANCER PAIN

NHS Tayside Specialist Palliative Care Services support **Abstral® -fentanyl sublingual tablets as formulary restricted use** for breakthrough pain in adults already receiving maintenance opioid therapy for chronic cancer pain.

Fentanyl intranasal spray (PecFent®) is restricted for use in patients in whom the sublingual tablets, i.e. Abstral® are not suitable e.g. those with nausea or vomiting, dry mouth syndrome or severe oral mucositis.

Treatment should be initiated by and remain under the supervision of a physician experienced in the management of opioid therapy in cancer patients.

Oral morphine is recommended as first line therapy to treat severe pain (including break-through pain) in patients with cancer. Immediate release (IR) fentanyl products are **NOT** intended as a first line breakthrough analgesic for patients using fentanyl patches.

The use of IR fentanyl products should be restricted to patients who are unsuitable for other IR oral opioids e.g. morphine, oxycodone or hydromorphone,.

To reduce confusion Actiq®- fentanyl buccal lozenges, Effentora® - fentanyl buccal tablets and Instanyl®- fentanyl nasal spray are not recommended for use in NHS Tayside.

IR fentanyl preparations are contra-indicated in opioid naive patients.

These products are only suitable for use in adults with cancer who are already receiving maintenance oral opioid therapy at the following doses for chronic cancer pain; at least 60mg of oral morphine daily, at least 25micrograms of transdermal fentanyl per hour, at least 30mg of oxycodone and at least 8mg of oral hydromorphone daily or an equivalent dose of another opioid for a week or longer.

IR fentanyl preparations— important points:

- IR fentanyl products should be individually titrated to a dose that gives adequate pain relief with minimal side effects.
- All patients should commence on the lowest strength of a product.
- IR fentanyl products have complicated initiation, titration and maintenance dose instructions.
- It is not possible to transfer patients from an alternative product/drug to one of the new products without re-titration of the dose.
- IR fentanyl preparation doses are **NOT** interchangeable.
- IR fentanyl preparations must be prescribed by **brand name**.
- Maximum of four doses of IR fentanyl preparation per day

Patients and carers will require additional education and training regarding the correct use of these products.

Background

Breakthrough pain is defined as a transient flare of pain of moderate or severe intensity arising on a background of controlled pain. It is characteristically rapid in onset and of short duration. Breakthrough pain is thought to occur in 50-90% of patients with cancer pain.

Patients with moderate or severe breakthrough pain should receive breakthrough analgesia.

The opioid for treating breakthrough pain should ideally have pharmacokinetics which mirror the time features of the majority of patients' specific breakthrough pain, i.e. rapid onset of action, high analgesic potency, fast offset of action and oral formulation.

The pharmacokinetics of conventional IR oral opioids (e.g. morphine, oxycodone, hydromorphone) are such that onset of analgesia is reached 20-30 minutes following oral ingestion. Pain relief is seen within 10-15 minutes following a dose of IR fentanyl. Therefore these products may be more suitable for cancer patients experiencing particular rapid onset breakthrough pain.

When using oral morphine for breakthrough pain the dose should be one sixth of the around-the clock morphine dose and should be increased appropriately whenever the around-the clock dose is increased.

Patients in whom pain is not controlled with oral morphine despite optimisation of dose and where opioid-related side effects preclude further upward titration should be switched to a different opioid (e.g. fentanyl, oxycodone or hydromorphone).

Product Summary Information

Product	Dose form	Administration	Cost
Abstral®	**Sublingual tablets** 100, 200, 300, 400, 600, 800 micrograms	• Optimal dose determined by upward titration, as described in the Summary of Product Characteristics. Starting with 100 micrograms and titrating upwards as necessary through the range of available dosage strengths. • Administer directly under the tongue at the deepest part. Do not swallow but allow to dissolve completely in the sublingual cavity without chewing or sucking. Do not eat or drink until the tablet is completely dissolved. • If adequate analgesia is not obtained within 15-30 minutes of administration of a single sublingual tablet, a supplemental (second) sublingual tablet may be administered. • Patients with a dry mouth can use water to moisten the buccal mucosa before using Abstral®. • A maximum of four breakthrough pain episodes may be treated per day. • Re-evaluate the long acting opioid dose if more than four doses per day are required.	£4.99 per tablet*
PecFent ®	**Nasal spray** 100, 400 micrograms per metered spray	Optimal dose determined by upward titration, as described in the Summary of Product Characteristics. Starting with 100 micrograms (one spray) in one nostril and titrating upwards as necessary through the range of available dosage strengths. • The efficacy of a given dose should be assessed over 30 minutes post dose. • If adequate analgesia is not achieved with a 100 microgram dose a higher dose of two 100 microgram sprays (one in each nostril) should be used for the next breakthrough episode. • Patients should not blow their nose immediately after administering PecFent ®. • A maximum of four breakthrough pain episodes may be treated per day, providing they are at least 4 hours apart. • Re-evaluate the long acting opioid dose if more than four doses per day are required. • If the product has not been used for more than 5 days or if it is more than 14 days since the product was first used it should be discarded.	£3.80 per metered spray*

* For comparative purposes, Oramorph® oral solution 10mg/5mL—£0.09 per 10mg/5mL.

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