

ADULT Medication Monograph

Fentanyl (Topical and Oral)

This document should be read in conjunction with this **DISCLAIMER**

Formulary: Restricted

AHIGH RISK Medication

Class	Opioid analgesic				
Presentation	Sublingual tablet (Abstral®): 100 microg Lozenge (Actiq®): 200 microg Transdermal Patch: 12 microg/hour, 25 microg/hour, 50 microg/hour, 75 microg/hour, 100 microg/hour				
Storage	Store at room temperature, below 25°C				
	Schedule 8 Medication				
Dose	Doses will vary widely depending on the indication and previous analgesic requirements. Titrate dose according to response and sedation score.				
	Sedation score 0 – wide awake 1 – easy to rouse 2 – easy to rouse, but cannot stay awake 3 – difficult to rouse.				
	Aim to keep the sedation score <2; a score of 2 represents early respiratory depression				
	Breakthrough pain in chronic cancer pain				
	Patients may only take if stabilised for >7 days on opioid therapy equivalent to at least 60mg oral morphine daily for cancer pain.				
	Sublingual and buccal formulations are NOT interchangeable				
	Sublingual (Abstral®):				
	100microg tablet, when required for breakthrough pain relief. If this is inadequate after 30 minutes give another 100microg tablet, consider increasing the tablet strength for the first dose in the next episode of breakthrough pain. Maximum 800microg per episode.				

Maximum of 2 doses per episode and no more than 800microg per episode. Wait at least 2 hours per treatment episode. No more than 4 treatment episodes in 24 hours.

Buccal (Actiq®):

200microg lozenge when required for breakthrough pain relief.

If this is inadequate 30 minutes after starting lozenge, give another 200microg lozenge.

Consider increasing the tablet strength for the first dose in the next episode of breakthrough pain. Maximum 1600microg per episode.

If >4 breakthrough episodes for 4 consecutive days or 2 doses are needed to treat consecutive episodes, adjust the regular opioid

Chronic pain

Do not use fentanyl patch in opioid-naïve patients

Topical:

Base dose on previous 24 hour opioid requirement, calculating equivalent 24 hour fentanyl dose if necessary.

Use ONE patch every 3 days. Adjust dose according to response. Use no more frequently than every 3 days if analgesia is insufficient.

Administration

Sublingual (Abstral®)

Place tablet under the tongue and keep in place until dissolved. Do not chew, suck or swallow the tablet.

If you have a dry mouth, moisten with water before using the tablet.

Lozenge (Actiq®)

Place lozenge in the mouth against the cheek and move it around the mouth using the applicator. Let it dissolve over 15 minutes. Do not chew the lozenge.

If you have a dry mouth, moisten with water before using the lozenge.

Patch

Write the date and time of application on the patch with a permanent marker then apply to dry, non-irritated, hairless and cool skin on upper torso. Remove after 3 days and put a new patch on a different area (avoid re-using the same area for at least 3 weeks)

Heat increases the release of fentanyl from patch; avoid exposure to external heat sources (including electric blankets, heat pads, heat lamps, saunas, hot baths)

Do not cut or divide patches as this may affect drug release characteristics

Pregnancy

1st Trimester: Considered safe to use **2nd Trimester:** Considered safe to use

3rd Trimester: Considered safe to use

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Breastfeeding	Considered safe to use					
Precautions	Patch not to be used for acute or post-operative pain					
Monitoring	 Pain score and frequency of breakthrough pain relief use Sedation sore and respiratory rate Dependence and tolerance 					
	Transdermal Patch:					
	 Patch takes about 24–72 hours to reach maximum effect; steady state concentration may not be reached until the second patch is applied; wean other analgesics slowly after first patch is applied Patch is generally effective for 72 hours; however, adult patients with pain that regularly occurs before the next dose is due may sometimes need to apply a new patch every 48 hours 					
	Lozenge:Take particular care to ensure good dental hygiene as the lozenge					
	contains sugar					
Clinical Guidelines	HDWA Policies:					
and Policies	Schedule 8 Medicines Prescribing Code					
	Using the opioid conversion guide					
	FormularyOne:					
	Formulary One - Fentanyl					
	WNHS Policies:					
	High Risk Medicines					
	KEMH Clinical Guidelines:					
	Postoperative management: Anaesthetics					
	Labour and Postoperative analgesia					
	Post-Operative IV Analgesia Flowchart					
	Palliative Care					
	KEMIL BLOOM STATE OF MARKET AND					
	KEMH Pharmaceutical & Medicines Management Guidelines:					
	KEMH Pharmaceutical & Medicines Management Guideline: Medication Administration					
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