

**NORTH DERBYSHIRE HEALTH PRESCRIBING AND CLINICAL
EFFECTIVENESS GROUP (PACE)**

SHARED CARE AGREEMENT – FRAMEWORK

FENTANYL LOZENGE (ACTIQ)

1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable.
- Patients will only be referred to the GP once the GP has agreed in each individual case.
- The patient will normally be given a supply of ACTIQ sufficient for 2 weeks maintenance therapy unless otherwise appropriate.

2. AREAS OF RESPONSIBILITY

GP responsibilities	Consultants responsibilities
<ul style="list-style-type: none">• Prescribing following stabilisation of patient or on advice of palliative physicians in titration phase• Maximum of 12 units per prescription recommended - please prescribe in multiples of 3 (NB. CD requirements) - may be increased to 30 in patients whose dosage is stable and whose prognosis is good• Ensuring if more than 4 units per day are used, appropriate action is taken• Monitoring adverse effects and interactions• Monitoring patients overall health and well-being• Consulting with specialist as appropriate	<ul style="list-style-type: none">• Initiating treatment with Actiq and titrating to the successful dose• Transfer prescribing to the GP ensuring patient has 2 weeks supply of drug unless otherwise appropriate• Continued overall management of the patient• Advice and support to patient and carers• Stop treatment at any appropriate time

3. COMMUNICATION AND SUPPORT

<p>i. Hospital contacts:</p> <p>Name: Dr David Brooks</p> <p>Telephone No: 01246-552693</p> <p>Pager: 07669-022167</p> <p>Fax No: 01246-552670</p> <p>Email: david.brooks@cndrh-tr.trent.nhs.uk</p>	<p>ii. Out of hours contacts and procedures:</p> <p>24 hour medical advice access via Ashgate Hospice</p> <p>Tel: 01246-568801</p>
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iii Specialist support/resources available to GP including patient information

MacMillan clinical nurse specialists in palliative care.
CNDRH Medicines Information - 01246-552655 - Patient Helpline
- 01246-552154 - Medicines Information

4. CLINICAL INFORMATION

i. Prescribed indications	For the management of breakthrough pain in patients already receiving maintenance opioid therapy for chronic pain.
ii. Therapeutic summary	Fentanyl is a pure opioid agonist acting primarily through interaction with mu-opioid receptors.
iii. Dose & Route of administration (also see monitoring requirements)	Available in strengths of 200, 400, 600, 800, 1200, and 1600 micrograms per dosage unit. Placed in the mouth against the cheek and moved around the mouth - sucked not chewed over a 15 minute period.
iv. Duration of treatment	As required.
v. Adverse effects/Cautions	<p>Should not be given to opioid-naïve patients. Caution in patients with bradyarrhythmias, or with liver/kidney dysfunction, who may need more gradual titration. As with all opioids risk of clinically significant respiratory depression with inappropriate use or at-risk patients - particular caution in COPD or other conditions predisposing to respiratory depression.</p> <p>Appropriateness and safety in children and adolescents has not been established.</p> <p>Safety in pregnancy not established nor should women breast-feed.</p> <p>Common adverse effects are sedation, nausea, somnolence, dizziness - less common include asthenia, constipation, confusion.</p>
vi. Monitoring Requirements	It is imperative that patients be monitored closely (ie at least daily contact) by health professionals during the titration process. Actiq should be individually titrated to a “successful” dose. In trials, the successful dose for breakthrough pain was not predicted from the daily maintenance dose. Initial dose should be 200 mcg, titrating upwards as necessary through the range of dosage strengths. Patients should be carefully monitored until a dose is reached that provides adequate analgesia with acceptable side-effects. No more than 2 Actiq units should be used for any individual pain episode (this would indicate an increase in strength is required) and no more than 4 units per day. Patients should be monitored by a health professional to ensure that the maximum consumption of 4 units per day is not exceeded as this would indicate that their regular analgesia needs reviewing. Special care should be taken during the titration process in patients with kidney or liver dysfunction.
vii. Clinically relevant drug	Concomitant use of other CNS depressants,

interactions	including other opioids, sedatives, hypnotics, general anaesthetics, phenothiazines, tranquillisers, skeletal muscle relaxants, sedating antihistamines and alcohol may produce additive depressant effects. Potent enzyme inhibitors (e.g. erythromycin, ketoconazole, certain protease inhibitors, grapefruit juice) may produce increased or prolonged opioid effects.
viii. Supply of ancillary equipment eg. syringe drivers, tubing	N/A
ix. Supply, storage and reconstitution instructions	<p>Supplied in cartons of 3, 6, 15 or 30 units. Shelf life 24 months. Do not store above 25^oc. Actiq contains fentanyl in an amount that can be fatal to a child. Patients and their carers must be instructed to keep all units out of the reach of children and to discard open units appropriately.</p> <p>The handle remaining after complete consumption of the Actiq dosage unit should be disposed of via a waste container that is out of the reach of children. If the unit has been partially consumed, the remaining drug matrix should be dissolved under hot running water, and the handle disposed of as mentioned above.</p>
x. Prepared by	Peter Burrill, Senior Pharmaceutical Adviser, North Derbyshire Health Authority and Dr David Brooks, Macmillan Consultant in Palliative Medicine

This does not replace the SPC, which should be read in conjunction with it.

Date Prepared: September 2001 **Review Date:** September 2002