NHS Circular: MSAN (2025) 20

Chief Medical Officer Directorate Pharmacy and Medicines Division



07 May 2025

# **Medicine Supply Alert Notice**

Fentanyl (Effentora®) 200microgram, 400microgram, 600microgram, 800microgram buccal tablets
Fentanyl (Actiq®) 800microgram lozenges

Priority: Level 2\*

Valid until: various resupply dates – please see information below

#### Issue

- 1. Effentora® 200microgram, 400microgram, 600microgram, 800microgram buccal tablets are out of stock until late May 2025.
- Effentora® 100microgram buccal tablets remain available but cannot support increased demand.
- 3. Actiq<sup>®</sup> 800microgram lozenges are out of stock with an anticipated resupply date to be confirmed.
- 4. Actiq<sup>®</sup> 200microgram, 400microgram, 600microgram, 1.2mg, 1.6mg lozenges remain available but cannot support increased demand.
- 5. Alternative immediate-release fentanyl products remain available and can support increased demand.

### **Advice and Actions**

- 6. Prescribers should not initiate people on Effentora® 200microgram, 400microgram, 600microgram, 800microgram buccal tablets or Actiq® 800microgram lozenges until the supply issues have resolved.
- 7. Where individuals have insufficient supplies to last until the re-supply dates, prescribers should:
  - review individuals and consider prescribing alternative immediate-release (IR) fentanyl products including Cynril<sup>®</sup> lozenges, Abstral<sup>®</sup>, Fenhuma<sup>®</sup> and Iremia<sup>®</sup> sublingual tablets and PecFent<sup>®</sup> nasal spray, noting that IR fentanyl preparations for the treatment of breakthrough pain are **not** interchangeable (see Additional information section),
  - where appropriate, prescribers may wish to liaise with palliative care teams, including palliative care specialists, for advice,
  - ensure that the individual is not intolerant to any of the excipients, and is counselled on the appropriate dose, dosage regimen and administration method of alternative product recommended by specialist (see Additional information section);
  - monitor individuals for adverse effects and pain control after switching products to determine
    if dose adjustment is required or if this treatment should be stopped altogether; and

<sup>\*</sup>https://www.nss.nhs.scot/media/1842/medicine-supply-alert-notices-definitions-of-classifications-21-october-2019.pdf

• consider re-referring individuals to specialist teams where the above options are not considered appropriate.

### **Additional Information**

- 8. In general, for breakthrough pain relief in people with cancer, oral morphine would be offered first-line. Where this is ineffective, a person must have been on a stable dose for at least 7 days equivalent to at least 60mg of oral morphine in 24 hours before rapid acting fentanyl is used.
- 9. Fentanyl (Effentora®) buccal tablets and (Actiq®) lozenges are IR fentanyl formulations licensed for the treatment of breakthrough pain in people who are already receiving maintenance opioid therapy for chronic cancer pain. These preparations should only be initiated by palliative care specialists.
- 10. **Note:** IR fentanyl preparations for the treatment of breakthrough pain are **not** interchangeable. Differences in the pharmacokinetics of products mean patients cannot be converted from one form to another on a microgram-for-microgram basis. If patients are switched from another fentanyl-containing preparation, a new dose titration is required according to manufacturer's instructions, under **specialist** advice.

Table 1: The absolute bioavailability and time taken to reach maximum concentration (Tmax) for different IR fentanyl products

| Product                      | Bioavailability | Time to reach maximum concentration (Tmax) |
|------------------------------|-----------------|--|
| Effentora® buccal tablets    | 65%             | ~20-240 minutes                            |
| Actiq® lozenges              | 50%             | ~20-40 minutes                             |
| Cynril <sup>®</sup> lozenges | 50%             | ~20-40 minutes                             |
| Abstral® sublingual tablets  | 54%             | ~22.5-240 minutes                          |
| Fenhuma® sublingual tablets  | 54%             | ~22.5-240 minutes                          |
| Iremia® sublingual tablets   | ~70%            | ~50-90 minutes                             |
| PecFent® nasal spray         | Not available   | ~15-21 minutes                             |

## Links to further information

- SmPC Effentora® buccal tablets
- SmPC Actiq® lozenges
- SmPC Cynril® lozenges
- SmPC Abstral® sublingual tablets
- SmPC Fenhuma® sublingual tablets
- SmPC Iremia® sublingual tablets
- SmPC PecFent® nasal spray
- BNF Fentanyl
- NICE CKS Palliative care cancer pain

# Specialist Pharmacy Service (SPS) website

11. The UK Department of Health and Social Care (DHSC) in conjunction with Specialist Pharmacy Service (SPS) have launched an online Medicines Supply Tool, which provides up to date

- information about medicine supply issues. To access the online Medicines Supply Tool you need to register with the <u>SPS website</u>. Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
- 12. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

# **Enquiries**

13. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to <a href="mailto:PharmacyTeam@gov.scot">PharmacyTeam@gov.scot</a> (primary care) or <a href="mailto:NSS.NHSSMedicineShortages@nhs.scot">NSS.NHSSMedicineShortages@nhs.scot</a> (secondary care).