



BTCP Can't Wait





Neither Should You

Oral Transmucosal Fentanyl Citrate CII



Now Available For Patients With BTCP*

- AB rated to Actiq® (oral transmucosal fentanyl citrate), CII
- Available in six convenient dosages
- Reliable service and dependable supply



200 mcg



400 mcg



600 mcg



800 mcg



1200 mcg



1600 mcg

COVIDIEN DELIVERS

*Breakthrough Cancer Pain

Please see full Prescribing Information attached.

INDICATION FOR USE

Oral transmucosal fentanyl citrate is indicated only for the management of breakthrough cancer pain in patients 16 and older with malignancies **who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain**. Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transdermal fentanyl/hour, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily or an equianalgesic dose of another opioid daily for a week or longer. Patients must remain on around-the-clock opioids when taking oral transmucosal fentanyl citrate.

This product **must not** be used in opioid non-tolerant patients because life-threatening respiratory depression and death could occur at any dose in patients not on a chronic regimen of opioids. For this reason, oral transmucosal fentanyl citrate is contraindicated in the management of acute or postoperative pain.

Oral transmucosal fentanyl citrate is intended to be used only in the care of cancer patients and only by oncologists and pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

IMPORTANT RISK INFORMATION

WARNING: IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE

Reports of serious adverse events, including deaths in patients treated with oral transmucosal fentanyl citrate have been reported. Deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients) and/or improper dosing. The **substitution of oral transmucosal fentanyl citrate for any other fentanyl product may result in fatal overdose.**

Oral transmucosal fentanyl citrate is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transdermal fentanyl/hour, at least 30 mg of oral oxycodone daily, at least 8 mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer.

Oral transmucosal fentanyl citrate is not indicated for use in opioid non-tolerant patients including those with only as needed (PRN) prior exposure.

Life-threatening respiratory depression could occur at any dose in opioid non-tolerant patients. Deaths have occurred in opioid non-tolerant patients.

Oral transmucosal fentanyl citrate is contraindicated in the management of acute or postoperative pain including headache/migraine.

When prescribing, do not convert patients on a mcg per mcg basis to oral transmucosal fentanyl citrate from other fentanyl products. When dispensing, do not substitute an oral transmucosal fentanyl citrate prescription for other fentanyl products. Substantial differences exist in the pharmacokinetic profile of oral transmucosal fentanyl citrate compared to other fentanyl products that result in clinically important differences in the extent of absorption of fentanyl. As a result of these differences, the substitution of oral transmucosal fentanyl citrate for any other fentanyl product may result in fatal overdose.

Special care must be used when dosing oral transmucosal fentanyl citrate. If the breakthrough pain episode is not relieved 15 minutes after completion of the oral transmucosal fentanyl citrate unit, patients may take **ONLY ONE** additional dose using the same strength and then must wait at least 4 hours before taking another dose [see Dosage and Administration (2.2)].

Oral transmucosal fentanyl citrate contains fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics. Oral transmucosal fentanyl citrate can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing oral transmucosal fentanyl citrate in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression.

Patients and their caregivers must be instructed that oral transmucosal fentanyl citrate contains a medicine in an amount which can be fatal to a child. Death has been reported in children who have accidentally ingested oral transmucosal fentanyl citrate. All units must be kept out of the reach of children and opened units properly discarded [see Warnings and Precautions (5.3), Patient Counseling Information (17.5, 17.6), and How Supplied/Storage and Handling (16.2)].

Oral transmucosal fentanyl citrate is intended to be used only in the care of cancer patients and only by oncologists and pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain. The concomitant use of oral transmucosal fentanyl citrate with strong and moderate cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression [see Drug Interactions (7)].

Oral transmucosal fentanyl citrate is contraindicated in opioid non-tolerant patients and in the management of acute or postoperative pain, including headache/migraine, as life-threatening respiratory depression and death could occur at any dose in opioid non-tolerant patients. It is also contraindicated in patients with known intolerance or hypersensitivity to any of its components. Anaphylaxis and hypersensitivity have been reported in association with the use of this drug.

Spot glue full Prescribing Information here

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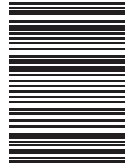
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Mallinckrodt



COVIDIEN



920211091
Oral Transmucosal Fentanyl Citrate

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use oral transmucosal fentanyl citrate safely and effectively. See full prescribing information for oral transmucosal fentanyl citrate.

Oral Transmucosal Fentanyl Citrate, oral transmucosal lozenge, CII
Initial U.S. Approval: 2009

WARNING: IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE	
See full prescribing information for complete boxed warning.	
• Must not be used in opioid non-tolerant patients. (1)	
• Life-threatening respiratory depression could occur at any dose in patients not taking chronic opiates. (5.2)	
• Contraindicated in management of acute or postoperative pain including headache/migraines. (4)	
• Contains fentanyl, a Schedule II controlled substance with abuse liability similar to other opioid analgesics. (9.1)	
• Contains medicine in an amount that can be fatal to a child. Keep out of reach of children and discard opened units properly. (5.3)	
• Use with strong and moderate CYP450 3A4 inhibitors may result in potentially fatal respiratory depression. (7)	

RECENT MAJOR CHANGES	
Boxed Warning	11/2009

INDICATIONS AND USAGE
Oral transmucosal fentanyl citrate is an opioid analgesic indicated only for the management of breakthrough cancer pain in patients 16 and older with malignancies who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients must remain on around-the-clock opioids when taking oral transmucosal fentanyl citrate. (1)

- DOSAGE AND ADMINISTRATION**
- Initial dose of oral transmucosal fentanyl citrate: 200 mcg. Prescribe an initial supply of six 200 mcg oral transmucosal fentanyl citrate units. (2.1)
 - Individually titrate to a tolerable dose that provides adequate analgesia using single oral transmucosal fentanyl citrate dosage unit per breakthrough cancer pain episode. (2)
 - No more than two doses can be taken per breakthrough pain episode. (2.2)
 - Wait at least 4 hours before treating another episode of breakthrough pain with oral transmucosal fentanyl citrate. (2.3)
 - Limit consumption to four or fewer units per day once successful dose is found. (2.3)

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FULL PRESCRIBING INFORMATION:

WARNING: IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE
Reports of serious adverse events, including deaths in patients treated with oral transmucosal fentanyl citrate have been reported. Deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients) and/or improper dosing. The substitution of oral transmucosal fentanyl citrate for any other fentanyl product may result in fatal overdoses.

Oral transmucosal fentanyl citrate is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transmucosal fentanyl/hour, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer.

Oral transmucosal fentanyl citrate is not indicated for use in opioid non-tolerant patients including those with only as needed (PRN) prior exposure.

Life-threatening respiratory depression could occur at any dose in opioid non-tolerant patients. Deaths have occurred in opioid non-tolerant patients.

Oral transmucosal fentanyl citrate is contraindicated in the management of acute or postoperative pain including headache/migraine.

When dispensing, do not convert patients on a mcg per mcg basis to oral transmucosal fentanyl citrate from other fentanyl products.

When dispensing, do not substitute an oral transmucosal fentanyl citrate prescription for other fentanyl products. Substantial differences exist in the pharmacokinetic profile of oral transmucosal fentanyl citrate compared to other fentanyl products that result in clinically important differences in the extent of absorption of fentanyl. As a result of these differences, the substitution of oral transmucosal fentanyl citrate for any other fentanyl product may result in fatal overdoses.

Special care must be used when dosing oral transmucosal fentanyl citrate. If the breakthrough pain episode is not relieved 15 minutes after completion of the oral transmucosal fentanyl citrate unit, patients may take ONLY ONE additional dose using the same strength and then must wait at least 4 hours before taking another dose [see Dosage and Administration (2.2)].

Oral transmucosal fentanyl citrate contains fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics. Oral transmucosal fentanyl citrate can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing oral transmucosal fentanyl citrate in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxycodone, and methadone have the highest potential for abuse and risk of fatal overdoses due to respiratory depression.

Patients and their caregivers must be instructed that oral transmucosal fentanyl citrate contains a medicine in an amount which can be fatal to a child. Death has been reported in children who have accidentally ingested oral transmucosal fentanyl citrate. All units must be kept out of the reach of children and opened units properly discarded [see Warnings and Precautions (5.3), Patient Counseling Information (17.5, 17.6), and How Supplied/Storage and Handling (16.2)].

Oral transmucosal fentanyl citrate is intended to be used only in the care of cancer patients and only by oncologists and pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

The concomitant use of oral transmucosal fentanyl citrate with strong and moderate cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression [see Drug Interactions (7)].

1 INDICATIONS AND USAGE

Oral transmucosal fentanyl citrate is indicated only for the management of breakthrough cancer pain in patients 16 and older with malignancies who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transmucosal fentanyl/hour, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily or an equianalgesic dose of another opioid daily for a week or longer. Patients must remain on around-the-clock opioids when taking oral transmucosal fentanyl citrate.

This product **must not** be used in opioid non-tolerant patients because life-threatening respiratory depression and death could occur at any dose in patients not on a chronic regimen of opioids. For this reason, oral transmucosal fentanyl citrate is contraindicated in the management of acute or postoperative pain.

Oral transmucosal fentanyl citrate is intended to be used only in the care of cancer patients and only by oncologists and pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

DOSAGE FORMS AND STRENGTHS

- Solid oral transmucosal lozenge in 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg and 1600 mcg. (3)

CONTRAINDICATIONS

- Opioid non-tolerant patients. (4)
- Management of acute or postoperative pain including headache/migraines. (4)
- Intolerance or hypersensitivity to fentanyl, oral transmucosal fentanyl citrate, or its components. (4)

WARNINGS AND PRECAUTIONS

- Clinically significant respiratory and CNS depression can occur. Monitor patients accordingly. (5.2)
- Full and partially consumed oral transmucosal fentanyl citrate units contain medicine that can be fatal to a child. Ensure proper storage and disposal. Inform safe storage container available ("oral transmucosal fentanyl citrate Child Safety Kit"). (5.3)
- Use with other CNS depressants and potent cytochrome P450 3A4 inhibitors may increase depressant effects including respiratory depression, hypotension, and profound sedation. Consider dosage adjustments if warranted. (5.4)
- Titrate oral transmucosal fentanyl citrate cautiously in patients with chronic obstructive pulmonary disease or pre-existing medical conditions predisposing them to respiratory depression. (5.6)
- Administer oral transmucosal fentanyl citrate with extreme caution in patients susceptible to intracranial effects of CO₂ retention. (5.7)

ADVERSE REACTIONS

Most common adverse reactions during titration phase (frequency ≥5%): nausea, dizziness, somnolence, vomiting, asthenia, and headache. (6.1)

Most common adverse reactions during treatment (frequency ≥5%): dyspnea, constipation, anxiety, confusion, depression, rash, and insomnia. (6.1)

Or report SUSPECTED ADVERSE REACTIONS, contact Mallinckrodt Inc., at 1-800-778-7899 or FDA at 1-800-FDA-1088 or to www.fda.gov/medwatch.

DRUG INTERACTIONS

- Monitor patients who begin or end therapy with potent inhibitors of CYP450 3A4 for signs of opioid toxicity. (5.4, 7)

USE IN SPECIFIC POPULATIONS

- Safety and effectiveness in pediatric patients below 16 years of age have not been established. (8.4)
- Administer oral transmucosal fentanyl citrate with caution to patients with liver or kidney dysfunction. (8.6)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: November 2009

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*Sections or subsections omitted from the Full Prescribing Information are not listed.

2 DOSAGE AND ADMINISTRATION

As with all opioids, the safety of patients using such products is dependent on health care professionals prescribing them in strict conformity with their approved labeling with respect to patient selection, dosing, and proper conditions for use.

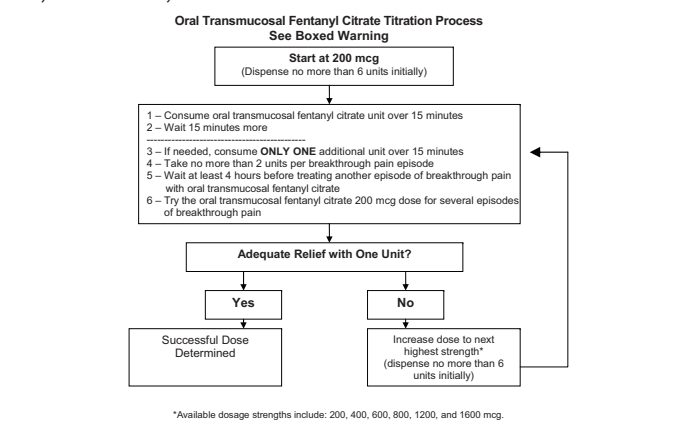
2.1 Initial Dose

Individually titrate oral transmucosal fentanyl citrate to a dose that provides adequate analgesia and minimizes side effects. The initial dose of oral transmucosal fentanyl citrate to treat episodes of breakthrough cancer pain is always 200 mcg. The oral transmucosal fentanyl citrate unit should be consumed over 15 minutes. Patients should be prescribed an initial titration supply of six 200 mcg oral transmucosal fentanyl citrate units, thus limiting the number of units in the home during titration. Patients should use up all units before increasing to a higher dose to prevent confusion and possible overdose.

2.2 Dose Titration

From this initial dose, closely follow patients and change the dosage level until the patient reaches a dose that provides adequate analgesia using a single oral transmucosal fentanyl citrate dosage unit per breakthrough cancer pain episode. If signs of excessive opioid effects appear before the unit is consumed, the dosage unit should be removed from the patient's mouth immediately, disposed of properly, and subsequent doses should be decreased. Patients should record their use of oral transmucosal fentanyl citrate over several episodes of breakthrough cancer pain and review their experience with their physicians to determine if a dosage adjustment is warranted.

In cases where the breakthrough pain episode is not relieved 15 minutes after completion of the oral transmucosal fentanyl citrate unit (30 minutes after the start of the unit), patients may take ONLY ONE additional dose of the same strength for that episode. Thus, patients should take a maximum of two doses of oral transmucosal fentanyl citrate for any breakthrough pain episode. Patients must wait at least 4 hours before treating another episode of breakthrough pain with oral transmucosal fentanyl citrate. To reduce the risk of overdosing during titration, patients should have only one strength of oral transmucosal fentanyl citrate available at any one time.



2.3 Maintenance Dosing

Once titrated to an effective dose, patients should generally use ONLY ONE oral transmucosal fentanyl citrate unit of the appropriate strength per breakthrough pain episode.

On those occasions when the breakthrough pain episode is not relieved 15 minutes after completion of the oral transmucosal fentanyl citrate unit, patients may take ONLY ONE additional dose using the same strength for that episode.

Patients MUST wait at least 4 hours before treating another episode of breakthrough pain with oral transmucosal fentanyl citrate. Once a successful dose has been found (i.e., an average episode is treated with a single unit), patients should limit consumption to four or fewer units per day.

Dosage adjustment of oral transmucosal fentanyl citrate may be required in some patients in order to continue to provide adequate relief of breakthrough pain.

Generally, the oral transmucosal fentanyl citrate dose should be increased only when a single administration of the current dose fails to adequately treat the breakthrough pain episode for several consecutive episodes.

If the patient experiences greater than four breakthrough pain episodes per day, the dose of the maintenance (around-the-clock) opioid for persistent pain should be re-evaluated.

2.4 Administration of Oral Transmucosal Fentanyl Citrate

Open the blister package with scissors immediately prior to product use. The patient should place the oral transmucosal fentanyl citrate unit in his or her mouth between the cheek and lower gum, occasionally moving the drug matrix from one side to the other using the handle. The oral transmucosal fentanyl citrate unit should be sucked, not chewed. A unit dose of oral transmucosal fentanyl citrate, if chewed and swallowed, might result in lower peak concentrations and lower bioavailability than when consumed as directed [see Clinical Pharmacology (11.2)].

The oral transmucosal fentanyl citrate unit should be consumed over a 15-minute period. Longer or shorter consumption times may produce less efficacy than reported in oral transmucosal fentanyl citrate clinical trials. If signs of excessive opioid effects appear before the unit is consumed, remove the drug matrix from the patient's mouth immediately and decrease future doses.

2.5 Discontinuation of Oral Transmucosal Fentanyl Citrate

For patients requiring discontinuation of opioids, a gradual downward titration is recommended because it is not known at what dose level the opioid may be discontinued without producing the signs and symptoms of abrupt withdrawal.

3 DOSAGE FORMS AND STRENGTHS

Each dosage unit has white to off-white color and is a solid drug matrix on a handle. Each strength is marked on the individual solid drug matrix and the handle tag [see How Supplied/Storage and Handling (16.3)].

Available Strengths		
Dosage Strength (fentanyl base)		Imprint
200 mcg		FENTANYL 200 MCG
400 mcg		FENTANYL 400 MCG
600 mcg		FENTANYL 600 MCG
800 mcg		FENTANYL 800 MCG
1200 mcg		FENTANYL 1200 MCG
1600 mcg		FENTANYL 1600 MCG

4 CONTRAINDICATIONS

Oral transmucosal fentanyl citrate is contraindicated in opioid non-tolerant patients. Oral transmucosal fentanyl citrate is contraindicated in the management of acute or postoperative pain including headache/migraine. Life-threatening respiratory depression and death could occur at any dose in opioid non-tolerant patients.

Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transmucosal fentanyl/hour, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily, or an equianalgesic dose of another opioid daily for a week or longer.

Oral transmucosal fentanyl citrate is contraindicated in patients with known intolerance or hypersensitivity to any of its components or the fentanyl. Anaphylaxis and hypersensitivity have been reported in association with the use of oral transmucosal fentanyl citrate.

5 WARNINGS AND PRECAUTIONS

See Boxed Warning — WARNING: IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE

5.1 Important Information Regarding Prescribing and Dispensing

When prescribing, DO NOT convert a patient to oral transmucosal fentanyl citrate from any other fentanyl product on a mcg per mcg basis as oral transmucosal fentanyl citrate and other fentanyl products are not equivalent on a microgram per microgram basis.

Oral transmucosal fentanyl citrate is NOT a generic version of Fentora®. When dispensing, DO NOT substitute an oral transmucosal fentanyl citrate prescription for a Fentora prescription under any circumstances. Fentora and oral transmucosal fentanyl citrate are not equivalent. Substantial differences exist in the pharmacokinetic profile of oral transmucosal fentanyl citrate compared to other fentanyl products including Fentora that result in clinically important differences in the rate and extent of absorption of fentanyl. As a result of these differences, the substitution of oral transmucosal fentanyl citrate for any other fentanyl product may result in a fatal overdose.

There are no safe conversion directions available for patients on any other fentanyl products. (Note: This includes oral, transmucosal, or parenteral formulations of fentanyl.) Therefore, for opioid tolerant patients, the initial dose of oral transmucosal fentanyl citrate should always be 200 mcg. Each patient should be individually titrated to provide adequate analgesia while minimizing side effects [see Dosage and Administration (2.2)].

5.2 Respiratory Depression

As with all opioids, there is a risk of clinically significant respiratory depression in patients using oral transmucosal fentanyl citrate. Accordingly, follow all patients for symptoms of respiratory depression. Respiratory depression may occur more readily when opioids are given in conjunction with other agents that depress respiration.

5.3 Patient/Caregiver Instructions

Patients and their caregivers must be instructed that oral transmucosal fentanyl citrate contains a medicine in an amount which can be fatal to a child. Death has been reported in children who have accidentally ingested oral transmucosal fentanyl citrate. Patients and their caregivers must be instructed to keep both used and unused dosage units out of the reach of children. While all units should be disposed of immediately after use, partially consumed units represent a special risk to children. In the event that a unit is not completely consumed it must be properly disposed as soon as possible [see How Supplied/Storage and Handling (16.1, 16.2), and Patient Counseling Information (17.1, 17.7)].

Physicians and dispensing pharmacists must specifically question patients or caregivers about the presence of children in the home (on a full time or visiting basis) and counsel them regarding the dangers to children from inadvertent exposure.

Oral transmucosal fentanyl citrate could be fatal to individuals for whom it is not prescribed and for those who are not opioid-tolerant.

5.4 Additive CNS Depressant Effects

The concomitant use of oral transmucosal fentanyl citrate with other CNS depressants, including other opioids, sedatives or hypnotics, general anesthetics, phenothiazines, tranquilizers, skeletal muscle relaxants, sedating antihistamines, and alcoholic beverages may produce increased depressant effects (e.g., respiratory depression, hypotension, and profound sedation). Concomitant use with potent inhibitors of cytochrome P450 3A4 isoform (e.g., erythromycin, ketconazole, and certain protease inhibitors) may increase fentanyl levels, resulting in increased depressant effects [see Drug Interactions (7)].

Patients on concomitant CNS depressants must be monitored for a change in opioid effects. Consideration should be given to adjusting the dose of oral transmucosal fentanyl citrate if warranted.

5.5 Effects on Ability to Drive and Use Machines

Opioid analgesics impair the mental and/or physical ability required for the performance of potentially dangerous tasks (e.g., driving a car or operating machinery). Warn patients taking oral transmucosal fentanyl citrate of these dangers and counsel them accordingly.

5.6 Chronic Pulmonary Disease

Because potent opioids can cause respiratory depression, titrate oral transmucosal fentanyl citrate with caution in patients with chronic obstructive pulmonary disease or pre-existing medical conditions predisposing them to respiratory depression. In such patients, even normal therapeutic doses of oral transmucosal fentanyl citrate may further decrease respiratory drive to the point of respiratory failure.

5.7 Head Injuries and Increased Intracranial Pressure

Administer oral transmucosal fentanyl citrate with extreme caution in patients who may be particularly susceptible to the intracranial effects of CO₂ retention such as those with evidence of increased intracranial pressure or impaired consciousness. Opioids may obscure the clinical course of a patient with a head injury and should be used only if clinically warranted.

5.8 Cardiac Disease

Intravenous fentanyl may produce bradycardia. Therefore, use oral transmucosal fentanyl citrate with caution in patients with bradyarrhythmias.

5.9 MAO Inhibitors

Oral transmucosal fentanyl citrate is not recommended for use in patients who have received MAO inhibitors within 14 days, because severe and unpredictable potentiation by MAO inhibitors has been reported with opioid analgesics.

6 ADVERSE REACTIONS

6.1 Clinical Studies Experience

The safety of oral transmucosal fentanyl citrate has been evaluated in 257 opioid-tolerant chronic cancer pain patients. The duration of oral transmucosal fentanyl citrate use varied during the open-label study. Some patients were followed for over 21 months. The average duration of therapy in the open-label study was 129 days.

The adverse reactions seen with oral transmucosal fentanyl citrate are typical opioid side effects. Frequently, these adverse reactions will cease or decrease in intensity with continued use of oral transmucosal fentanyl citrate as the patient is titrated to the proper dose. Expect opioid side effects and manage them accordingly.

The most serious adverse reactions associated with all opioids including oral transmucosal fentanyl citrate are respiratory depression (potentially leading to apnea or respiratory arrest), circulatory depression, hypotension, and shock. Follow all patients for symptoms of respiratory depression.

Because the clinical trials of oral transmucosal fentanyl citrate were designed to evaluate safety and efficacy in treating breakthrough cancer pain, all patients were also taking concomitant opioids, such as sustained-release morphine or transmucosal fentanyl, for their persistent cancer pain. The adverse event data presented here reflect the actual percentage of patients experiencing each adverse effect among patients who received oral transmucosal fentanyl citrate for breakthrough cancer pain along with a concomitant opioid for persistent cancer pain. There has been no attempt to correct for concomitant use of other opioids, duration of oral transmucosal fentanyl citrate therapy, or cancer-related symptoms. Adverse reactions are included regardless of causality or severity.

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Three short-term clinical trials with similar titration schemes were conducted in 257 patients with malignancy and breakthrough cancer pain. Data are available for 254 of these patients. The goal of titration in these trials was to find the dose of oral transmucosal fentanyl citrate that provided adequate analgesia with acceptable side effects (successful dose). Patients were titrated from a low dose to a successful dose in a manner similar to current titration dosing guidelines. Table 1 lists, by dose groups, adverse reactions with an overall frequency of 1% or greater that occurred during titration and are commonly associated with opioid administration or are of particular clinical interest. The ability to assign a dose-response relationship to these adverse reactions is limited by the titration schemes used in these studies. Adverse reactions are listed in descending order of frequency within each body system.

Table 1
Percent of Patients with Specific Adverse Events Commonly Associated with Opioid Administration or of Particular Clinical Interest Which Occurred During Titration (Events in 1% or More of Patients)

Dose Group	Percentage of Patients Reporting Event				
	200-600 mcg (n=230)	800-1400 mcg (n=138)	1600 mcg (n=54)	>1600 mcg (n=41)	Any Dose* (n=254)
Body As A Whole					
Asthenia	6	4	0	7	9
Headache	3	4	6	5	6
Accidental Injury	1	1	4	0	2
Digestive					
Nausea	14	15	11	22	23
Vomiting	7	6	6	15	12
Constipation	1	4	2	0	4
Nervous					
Dizziness	10	16	6	15	17
Somnolence	9	9	11	20	17
Confusion	1	6	2	0	4
Anxiety	3	0	2	0	3
Abnormal Gait	0	1	4	0	2
Dry Mouth	1	1	2	0	2
Nervousness	1	1	0	0	2
Vasodilation	2	0	2	0	2
Hallucinations	0	1	2	2	1
Insomnia	0	1	2	0	1
Thinking Abnormal	0	1	2	0	1
Vertigo	0	1	0	0	1
Respiratory					
Dyspnea	2	3	6	5	4
Skin					
Pruritus	1	0	0	5	2
Rash	1	1	0	2	2
Sweating	1	1	2	2	2
Special Senses					

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. Drug addiction is a treatable disease, utilizing a multidisciplinary approach, but relapses are common. "Drug-seeking" behavior is very common in addicts and drug abusers.

Abuse and addiction are separate and distinct from physical dependence and tolerance. Physicians should be aware that addiction may not be accompanied by concurrent tolerance and symptoms of physical dependence in all addicts. In addition, abuse of opioids can occur in the absence of addiction and is characterized by misuse for nonmedical purposes, often in combination with other psychoactive substances. Since oral transmucosal fentanyl citrate may be diverted for non-medical use, careful record keeping of prescribing information, including quantity, re-evaluation, and renewal requests is strongly advised. Proper assessment of patients, proper prescribing practices, periodic re-evaluation of therapy, and proper dispensing and storage are appropriate measures that help to limit abuse of opioid drugs.

Healthcare professionals should contact their State Professional Licensing Board, or State Controlled Substances Authority for information on how to prevent and detect abuse or diversion of this product.

9.3 Dependence

Guide the administration of oral transmucosal fentanyl citrate by the response of the patient. Physical dependence, per se, is not ordinarily a concern when one is treating a patient with chronic cancer pain, and fear of tolerance and physical dependence should not deter when it is determined that adequately relieve the pain.

Opioid analgesics may cause physical dependence. Physical dependence results in withdrawal symptoms in patients who abruptly discontinue the drug. Withdrawal also may be precipitated through the administration of drugs with opioid antagonist activity, e.g., naloxone, nalmefene, or mixed agonist/antagonist analgesics (pentazocine, butorphanol, buprenorphine, nalbuphine).

Physical dependence or misuse does not occur to a clinically significant degree until after several weeks of continued opioid usage. Tolerance, in which increasingly larger doses are required in order to produce the same degree of analgesia, is initially manifested by a shortened duration of analgesic effect, and subsequently, by decreases in the intensity of analgesia.

10 OVERDOSAGE

10.1 Clinical Presentation

The manifestations of oral transmucosal fentanyl citrate overdose are expected to be similar in nature to intravenous fentanyl and other opioids, and are an extension of its pharmacological actions with the most serious significant effect being respiratory depression [see *Clinical Pharmacology* (12.2)].

10.2 Immediate Management

Immediate management of opioid overdose includes removal of the oral transmucosal fentanyl citrate unit, if still in the mouth, ensuring a patent airway, physical and verbal stimulation of the patient, and assessment of level of consciousness, ventilatory and circulatory status.

10.3 Treatment of Overdose (Accidental Ingestion) in the Opioid Non-Tolerant Person

Provide ventilatory support, obtain intravenous access, and employ naloxone or other opioid antagonists as clinically indicated. The duration of respiratory depression following overdose may be longer than the effects of the opioid antagonist's action (e.g., the half-life of naloxone ranges from 30 to 81 minutes) and repeated administration may be necessary. Consult the package insert of the individual opioid antagonist for details about such use.

10.4 Treatment of Overdose in Opioid-Tolerant Patients

Provide ventilatory support and obtain intravenous access as clinically indicated. Judicious use of naloxone or another opioid antagonist may be warranted in some instances, but it is associated with the risk of precipitating an acute withdrawal syndrome.

10.5 General Considerations for Overdose

Management of severe oral transmucosal fentanyl citrate overdose includes: securing a patent airway, assisting or controlling ventilation, establishing intravenous access, and GI decontamination by lavage and/or activated charcoal, once the patient's airway is secure. In the presence of respiratory depression or apnea, assist or control ventilation, and administer oxygen as indicated.

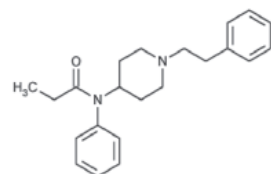
Although muscle rigidity interfering with respiration has been known following the use of oral transmucosal fentanyl citrate, this is possible with fentanyl and other opioids. If it occurs, manage it by using assisted or controlled ventilation, by an opioid antagonist, and as a final alternative, by a neuromuscular blocking agent.

11 DESCRIPTION

Oral transmucosal fentanyl citrate is a solid formulation of fentanyl citrate, a potent opioid analgesic, intended for oral transmucosal administration. Oral transmucosal fentanyl citrate is formulated as a white to off-white solid drug matrix on a handle that is fracture resistant (ABS plastic) under normal conditions when used as directed.

Oral transmucosal fentanyl citrate is designed to be dissolved slowly in the mouth to facilitate transmucosal absorption. The handle allows the oral transmucosal fentanyl citrate unit to be removed from the mouth if signs of excessive opioid effects appear during administration.

Active Ingredient: Fentanyl citrate USP is N-(1-Phenethyl-4-piperidyl) propionamide citrate (1:1). Fentanyl is a highly lipophilic compound (octanol/water partition coefficient at pH 7.4 is 816:1) that is freely soluble in organic solvents and sparingly soluble in water (1:40). The molecular weight of the free base is 336.5 (the citrate salt is 528.6). The pKa of the tertiary nitrogens are 7.3 and 8.4. The compound has the following structural formula:



$C_{23}H_{29}N_2O \cdot C_6H_8O_7$ MW = 528.59

Inactive Ingredients: Raspberry flavor, citric acid, confectioners sugar, dextrose, magnesium stearate, dibasic sodium phosphate, modified food starch, ethanol, water, purified shellac, propylene glycol, FD&C blue no. 1, ammonium hydroxide.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Fentanyl is a pure opioid agonist whose principal therapeutic action is analgesia. Other members of the class known as opioid agonists include substances such as morphine, oxycodone, hydromorphone, codeine, and hydrocodone.

12.2 Pharmacodynamics

Pharmacological effects of opioid agonists include anxiolysis, euphoria, feelings of relaxation, respiratory depression, constipation, miosis, cough suppression, and analgesia. Like all pure opioid agonist analgesics, with increasing doses there is increasing analgesia, unlike with mixed agonist/antagonist or non-opioid analgesics, where there is a limit to the analgesic effect with increasing doses. With pure opioid agonist analgesics, there is no defined maximum dose; the ceiling to analgesic effectiveness is imposed only by side effects, the more serious of which may include somnolence and respiratory depression.

Analgesia: The analgesic effects of fentanyl are related to the blood level of the drug. Proper allowance is made for the delay into and out of the CNS (a process with a 3- to 5-minute half-life).

In general, the effective concentration and the concentration at which toxicity occurs increase with increasing tolerance with any and all opioids. The rate of development of tolerance varies widely among individuals. As a result, the dose of oral transmucosal fentanyl citrate should be individually titrated to achieve the desired effect [see *Dosage and Administration* (2.2)].

Central Nervous System

The precise mechanism of the analgesic action is unknown although fentanyl is known to be a mu-opioid receptor agonist. Specific CNS opioid receptors for endogenous compounds with opioid-like activity have been identified throughout the brain and spinal cord and play a role in the analgesic effects of this drug.

Fentanyl produces respiratory depression by direct action on brain stem respiratory centers. The respiratory depression involves both a reduction in the responsiveness of the brain stem to increases in carbon dioxide and to electrical stimulation.

Fentanyl depresses the cough reflex by direct effect on the cough center in the medulla. Antitussive effects may occur with doses lower than those usually required for analgesia.

Fentanyl causes miosis even in total darkness. Pinpoint pupils are a sign of opioid overdose but are not pathognomonic (e.g., pontine lesions of hemorrhagic or ischemic origin may produce similar findings).

Gastrointestinal System

Fentanyl causes a reduction in motility associated with an increase in smooth muscle tone in the antrum of the stomach and in the duodenum. Digestion of food is delayed in the small intestine and propulsive contractions are decreased. Propulsive peristaltic waves in the colon are decreased, while tone may be increased to the point of spasmodic resulting in constipation. Other opioid-induced effects may include a reduction in gastric, biliary and pancreatic secretions, spasm of the sphincter of Oddi, and transient elevations in serum amylase.

Cardiovascular System

Fentanyl may produce release of histamine with or without associated peripheral vasodilation. Manifestations of histamine release and/or peripheral vasodilation may include pruritus, flushing, red eyes, sweating, and/or orthostatic hypotension.

Endocrine System

Opioid agonists have been shown to have a variety of effects on the secretion of hormones. Opioids inhibit the secretion of ACTH, cortisol, and luteinizing hormone (LH) in humans. They also stimulate prolactin, growth hormone (GH) secretion, and pancreatic secretion of insulin and glucagon in humans and other species, rats and dogs. Thyroid stimulating hormone (TSH) has been shown to be both inhibited and stimulated by opioids.

Respiratory System

All opioid mu-receptor agonists, including fentanyl, produce dose-dependent respiratory depression. The risk of respiratory depression is less in patients receiving chronic opioid therapy who develop tolerance to respiratory depression and other opioid effects. During the titration phase of the clinical trials, somnolence, which may be a precursor to respiratory depression, did increase in patients who were treated with higher doses of oral transmucosal fentanyl citrate. Peak respiratory depressive effects may be seen as early as 15 to 30 minutes from the start of oral transmucosal fentanyl citrate product administration and may persist for several hours.

Serious or fatal respiratory depression can occur even at recommended doses. Fentanyl depresses the cough reflex as a result of its CNS activity. Although not observed with oral transmucosal fentanyl products in clinical trials, fentanyl given rapidly by intravenous injection in large doses may interfere with respiration by causing rigidity in the muscles of respiration. Therefore, physicians and other healthcare providers should be aware of this potential complication [see *Boxed Warning – Warning: Importance of Proper Patient Selection, Dosing, and Potential for Abuse, Contraindications (4), Warnings and Precautions (5.2), Adverse Reactions (6), and Overdose (10)*].

12.3 Pharmacokinetics

Absorption

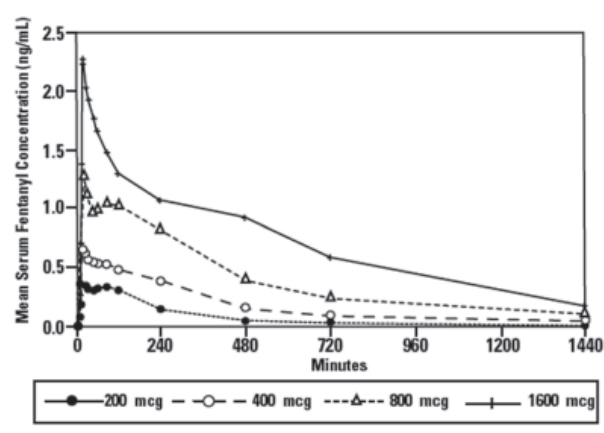
The absorption pharmacokinetics of fentanyl from the oral transmucosal dosage form is a combination of an initial rapid absorption from the buccal mucosa and a more prolonged absorption of swallowed fentanyl from the GI tract. Both the blood fentanyl profile and the bioavailability of fentanyl will vary depending on the fraction of the dose that is absorbed through the oral mucosa and the fraction swallowed.

Absolute bioavailability, as determined by area under the concentration-time curve, of 15 mcg/kg in 12 adult males was 50% compared to intravenous fentanyl.

Normally, approximately 25% of the total dose of oral transmucosal fentanyl citrate is rapidly absorbed from the buccal mucosa and becomes systemically available. The remaining 75% of the total dose is swallowed with the saliva and then is slowly absorbed from the GI tract. About 1/3 of this amount (25% of the total dose) escapes hepatic and intestinal first-pass elimination and becomes systemically available. Thus, the generally observed 50% bioavailability of oral transmucosal fentanyl citrate is divided equally between rapid transmucosal and slower GI absorption. Therefore, a unit dose of oral transmucosal fentanyl citrate, if chewed and swallowed, might result in lower peak concentrations and lower bioavailability than when consumed as directed.

Dose proportionality among four of the available strengths of oral transmucosal fentanyl citrate (200, 400, 800, and 1600 mcg) has been demonstrated in a balanced crossover design in adult subjects (n=11). Mean serum fentanyl levels following these four doses of oral transmucosal fentanyl citrate are shown in Figure 1. The curves for each dose level are similar in shape with increasing dose levels producing increasing serum fentanyl levels. C_{max} and AUC_{0-60} increased in a dose-dependent manner that is approximately proportional to the oral transmucosal fentanyl citrate administered.

Figure 1. Mean Serum Fentanyl Concentration (ng/mL) in Adult Subjects Comparing 4 Doses of Oral Transmucosal Fentanyl Citrate



The pharmacokinetic parameters of the four strengths of oral transmucosal fentanyl citrate tested in the dose-proportionality study are shown in Table 3. The mean C_{max} ranged from 0.39 to 2.51 ng/mL. The median time of maximum plasma concentration (T_{max}) across these four doses of oral transmucosal fentanyl citrate varied from 20 to 40 minutes (range of 20 to 480 minutes) as measured after the start of administration.

Table 3. Pharmacokinetic Parameters* in Adult Subjects Receiving 200, 400, 800, and 1600 mcg Units of Oral Transmucosal Fentanyl Citrate

Pharmacokinetic Parameter	200 mcg	400 mcg	800 mcg	1600 mcg
T_{max} , minute median (range)	40 (20-120)	25 (20-240)	25 (20-120)	20 (20-480)
C_{max} , ng/mL mean (%CV)	0.39 (23)	0.75 (33)	1.55 (30)	2.51 (23)
AUC_{0-1440} , ng/mL*minute mean (%CV)	102 (65)	243 (67)	573 (64)	1026 (67)
$t_{1/2}$, minute mean (%CV)	193 (48)	386 (115)	381 (55)	358 (45)

* Based on arterial blood samples.

Distribution

Fentanyl is highly lipophilic. Animal data showed that following absorption, fentanyl is rapidly distributed to the brain, heart, lungs, kidneys and spleen followed by a slower redistribution to muscles and fat. The plasma protein binding of fentanyl is 80 to 85%. The main binding protein is alpha-1-acid glycoprotein, but both albumin and lipoproteins contribute to some extent. The free fraction of fentanyl increases with acidosis. The mean volume of distribution at steady state (Vss) was 4 L/kg.

Metabolism

Fentanyl is metabolized in the liver and in the intestinal mucosa to norfentanyl by cytochrome P450 3A4 isoform. Norfentanyl was not found to be pharmacologically active in animal studies [see *Drug Interactions* (7)].

Elimination

Fentanyl is primarily (more than 90%) eliminated by biotransformation to N-dealkylated and hydroxylated inactive metabolites. Less than 7% of the dose is excreted unchanged in the urine, and only about 1% is excreted unchanged in the feces. The metabolites are mainly excreted in the urine, while fecal excretion is less important. The total plasma clearance of fentanyl was 0.5 L/hr/kg (range 0.3 to 0.7 L/hr/kg). The terminal elimination half-life after oral transmucosal fentanyl citrate administration is about 7 hours.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term studies in animals have not been performed to evaluate the carcinogenic potential of fentanyl. Fentanyl citrate was not mutagenic in the in vitro Ames reverse mutation assay in *S. typhimurium* or *E. coli*, or the mouse lymphoma mutagenesis assay, and was not clastogenic in the in vivo mouse micronucleus assay.

Fentanyl has been shown to impair fertility in rats at doses of 30 mcg/kg IV and 160 mcg/kg subcutaneous. Conversion to the human equivalent doses indicates that this is within the range of the human recommended dosing for oral transmucosal fentanyl citrate.

14 CLINICAL STUDIES

Oral transmucosal fentanyl citrate was investigated in clinical trials involving 257 opioid tolerant adult cancer patients experiencing breakthrough cancer pain. Breakthrough cancer pain was defined as a transient flare of moderate-to-severe pain occurring in cancer patients experiencing persistent cancer pain otherwise controlled with maintenance doses of opioid medications including at least 60 mg morphine/day, 50 mg transdermal fentanyl/patch, or an equianalgesic dose of another opioid for a week or longer.

In two dose titration studies 95 of 127 patients (75%) who were on stable doses of either long-acting oral opioids or transdermal fentanyl for their persistent cancer pain titrated to a successful dose of oral transmucosal fentanyl citrate to treat their breakthrough cancer pain within the dose range offered (200, 400, 600, 800, 1200 and 1600 mcg). A "successful" dose was defined as a dose where one unit of oral transmucosal fentanyl citrate could be used consistently for at least two consecutive days to treat breakthrough cancer pain without unacceptable side effects. In these studies 11% of patients withdrew due to adverse reactions and 14% withdrew due to other reasons.

The successful dose of oral transmucosal fentanyl citrate for breakthrough cancer pain was not predicted from the daily maintenance dose of opioid used to manage the persistent cancer pain and is thus best determined by dose titration.

A double-blind placebo controlled crossover study was performed in cancer patients to evaluate the effectiveness of oral transmucosal fentanyl citrate for the treatment of breakthrough cancer pain. Of 130 patients who entered the study 92 patients (71%) achieved a successful dose during the titration phase. The distribution of successful doses is shown in Table 4.

Table 4. Successful Dose of Oral Transmucosal Fentanyl Citrate Following Initial Titration

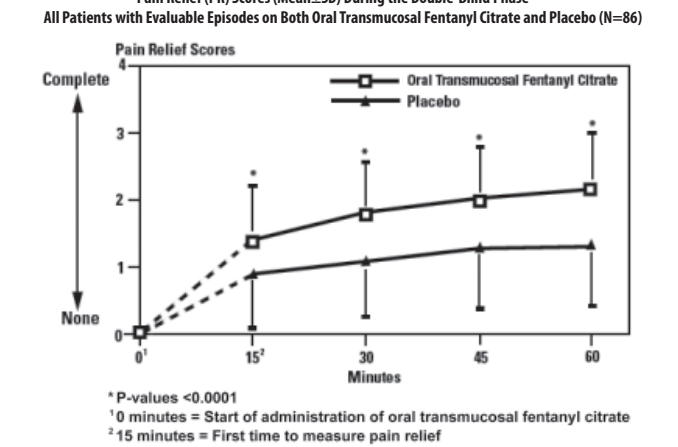
Oral Transmucosal Fentanyl Citrate Dose	Total No. (%) (N=92)
200 mcg	13 (14)
400 mcg	19 (21)
600 mcg	14 (15)
800 mcg	18 (20)
1200 mcg	13 (14)
1600 mcg	15 (16)
Mean +/- SD	789 +/- 468 mcg

On average, patients over 65 years of age titrated to a mean dose that was about 200 mcg less than the mean dose to which younger adult patients were titrated.

Oral transmucosal fentanyl citrate was administered beginning at Time 0 minutes and produced more pain relief compared with placebo at 15, 30, 45, and 60 minutes as measured after the start of administration (see Figure 2). The differences were statistically significant.

Figure 2.

Pain Relief (PR) Scores (Mean±SD) During the Double-Blind Phase — All Patients with Evaluable Episodes on Both Oral Transmucosal Fentanyl Citrate and Placebo (N=86)



* p-values < 0.0001
0 minutes = Start of administration of oral transmucosal fentanyl citrate
15 minutes = First time to measure pain relief

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 Storage and Handling

Oral transmucosal fentanyl citrate is supplied in individually sealed child-resistant blister packages. The amount of fentanyl contained in oral transmucosal fentanyl citrate can be fatal to a child. Patients and their caregivers must be instructed to keep oral transmucosal fentanyl citrate out of the reach of children. [see *Boxed Warning – Warning: Importance of Proper Patient Selection, Dosing, and Potential for Abuse, Warnings and Precautions (5), and Patient Counseling Information* (17.1)].

Store at 20° to 25° C (68° to 77° F) with excursions permitted between 15° and 30° C (59° to 86° F) until ready to use [see USP Controlled Room Temperature]. Protect oral transmucosal fentanyl citrate from freezing and moisture. Do not use if the blister package has been opened.

16.2 Disposal of Oral Transmucosal Fentanyl Citrate

Patients must be advised to dispose of any units remaining from a prescription as soon as they are no longer needed. While all units should be disposed of immediately after use, partially consumed units represent a special risk because they are no longer protected by the child-resistant blister package, yet may contain enough medicine to be fatal to a child [see *Patient Counseling Information* (17.3)].

A temporary storage bottle is provided as part of the oral transmucosal fentanyl citrate Child Safety Kit [see *Patient Counseling Information* (17.4)]. This container is to be used by patients or their caregivers in the event that a partially consumed unit cannot be disposed of promptly. Instructions for use of this container are included in the Medication Guide.

Patients and members of their household must be advised to dispose of any units remaining from a prescription as soon as they are no longer needed. Instructions are included in *Patient Counseling Information* (17.6) and in the *Medication Guide* (17.7). If additional assistance is required, call Mallinckrodt Inc., at 1-800-778-7898.

16.3 How Supplied

Oral transmucosal fentanyl citrate is supplied in six dosage strengths. Each unit is individually wrapped in a child-resistant, protective blister package. These blister packages are packed 30 per shelf carton for use when patients have been titrated to the appropriate dose.

Each dosage unit has a white to off-white color. Each individual solid drug matrix is marked with "FENTANYL" and the strength of the unit ("200 MCG," "400 MCG," "600 MCG," "800 MCG," "1200 MCG," or "1600 MCG"). The dosage strength is also marked on the handle tag, the blister package and the carton. See blister package and carton for product information.

Dosage Strength (fentanyl base)	Carton/Blister Package Color	NDC Number	Imprint
200 mcg	Gray	NDC 0406-9202-30	FENTANYL, 200 MCG
400 mcg	Blue	NDC 0406-9204-30	FENTANYL, 400 MCG
600 mcg	Orange	NDC 0406-9206-30	FENTANYL, 600 MCG
800 mcg	Purple	NDC 0406-9208-30	FENTANYL, 800 MCG
1200 mcg	Green	NDC 0406-9212-30	FENTANYL, 1200 MCG
1600 mcg	Burgundy	NDC 0406-9216-30	FENTANYL, 1600 MCG

Note: Colors are a secondary aid in product identification. Please be sure to confirm the printed dosage before dispensing.

17 PATIENT COUNSELING INFORMATION

Read the Medication Guide (17.7) for specific patient instructions.

17.1 Patient/Caregiver Instructions

- Patients and their caregivers must be instructed that children exposed to oral transmucosal fentanyl citrate are at high risk of FATAL RESPIRATORY DEPRESSION. Patients and their caregivers must be instructed to keep oral transmucosal fentanyl citrate out of the reach of children. [see *How Supplied/Storage and Handling* (16.1), *Warnings and Precautions* (5.2 and 5.3) and *Medication Guide for specific patient instructions*].
- Provide patients and their caregivers with a Medication Guide each time oral transmucosal fentanyl citrate is dispensed because new information may be available.
- Instruct patients and their caregivers to keep both used and unused dosage units out of the reach of children. Partially consumed units represent a special risk to children. In the event that a unit is not completely consumed it must be properly disposed of as soon as possible [see *How Supplied/Storage and Handling* (16.1), *Warnings and Precautions* (5.3), and *Patient Counseling Information* (17.5)].
- Instruct patients not to take oral transmucosal fentanyl citrate for acute pain, postoperative pain, pain from injuries, headache, migraine or any other short-term pain, even if they have taken other opioid analgesics for these conditions.
- Instruct patients on the meaning of opioid tolerance and that oral transmucosal fentanyl citrate is only to be used as a supplemental pain medication for patients with pain requiring around-the-clock opioids, who have developed tolerance to the opioid medication, and who need additional opioid treatment of breakthrough pain episodes. Instruct patients that, if they are not taking an opioid medication on a scheduled basis (around-the-clock), they should not take oral transmucosal fentanyl citrate.
- Instruct patients that, if the breakthrough pain episode is not relieved 15 minutes after finishing the oral transmucosal fentanyl citrate unit, they may take **ONLY ONE ADDITIONAL UNIT OF ORAL TRANSMUCOSAL FENTANYL CITRATE USING THE SAME STRENGTH FOR THAT EPISODE**. Thus, patients should take no more than two units of oral transmucosal fentanyl citrate for any breakthrough pain episode.
- Instruct patients that they MUST wait at least 4 hours before treating another episode of breakthrough pain with oral transmucosal fentanyl citrate.
- Instruct patients NOT to share oral transmucosal fentanyl citrate and that sharing oral transmucosal fentanyl citrate with anyone else could result in the other individual's death due to overdose.
- Make patients aware that oral transmucosal fentanyl citrate contains fentanyl which is a strong pain medication similar to hydrocodone, methadone, morphine, oxycodone, and oxycodone/naloxone.
- Instruct patients that the active ingredient in oral transmucosal fentanyl citrate, fentanyl, is a drug that some people abuse. Oral transmucosal fentanyl citrate should be taken only by the patient it was prescribed for, and it should be protected from theft or misuse in the work or home environment.
- Caution patients to talk to their doctor if breakthrough pain is not alleviated or worsens after taking oral transmucosal fentanyl citrate.
- Instruct patients to use oral transmucosal fentanyl citrate exactly as prescribed by their doctor and not to take oral transmucosal fentanyl citrate more often than prescribed.
- Caution patients that oral transmucosal fentanyl citrate can affect a person's ability to perform activities that require a high level of attention (such as driving or using heavy machinery). Warn patients taking oral transmucosal fentanyl citrate of these dangers and counsel them accordingly.
- Warn patients to not combine oral transmucosal fentanyl citrate with alcohol, sleep aids, or tranquilizers except by the orders of the prescribing physician, because dangerous additive effects may occur, resulting in serious injury or death. Inform female patients that if they become pregnant or plan to become pregnant during treatment with oral transmucosal fentanyl citrate, they should ask their doctor about the effects that oral transmucosal fentanyl citrate (or any medicine) may have on them and their unborn children.

17.2 Dental Care

Because each oral transmucosal fentanyl citrate unit contains approximately 2 grams of sugar (hydrated dextrose), frequent consumption may increase the risk of dental decay. The occurrence of dry mouth associated with the use of opioid medications (such as fentanyl) may add to this risk.

Post-marketing reports of dental decay have been received in patients taking oral transmucosal fentanyl citrate [see *Adverse Reactions* (6.2)]. In some of these patients, dental decay occurred despite routine oral hygiene. As dental decay in cancer patients may be multi-factorial, patients using oral transmucosal fentanyl citrate should consult their dentist to ensure appropriate oral hygiene.

17.3 Diabetic Patients

Advise diabetic patients that oral transmucosal fentanyl citrate contains approximately 2 grams of sugar per unit.

17.4 Oral Transmucosal Fentanyl Citrate Child Safety Kit

Provide patients and their caregivers with an oral transmucosal fentanyl citrate Child Safety Kit, which contains educational materials and safe interim storage containers to help patients store oral transmucosal fentanyl citrate and other medicines out of the reach of children. To obtain a supply of Child Safety Kits, health care professionals can call Mallinckrodt Pharmaceutical Child Safety Kit Request Line, at 1-800-223-1499.

17.5 Disposal of Used Oral Transmucosal Fentanyl Citrate Units

- Patients must be instructed to dispose of completely used and partially used oral transmucosal fentanyl citrate units.
- After consumption of the unit is complete and the matrix is totally dissolved, throw away the handle in a trash container that is out of the reach of children.
 - If any of the drug matrix remains on the handle, place the handle under hot running tap water until all of the drug matrix is dissolved, and then dispose of the handle in a place that is out of the reach of children.
 - Dispose of handles in the child-resistant container (as described in steps 1 and 2) at least once a day.
- If the patient does not entirely consume the unit and the remaining drug cannot be immediately dissolved under hot running water, the patient or caregiver must temporarily store the oral transmucosal fentanyl citrate unit in the specially provided child-resistant container out of the reach of children until proper disposal is possible.**

17.6 Disposal of Unopened Oral Transmucosal Fentanyl Citrate Units When No Longer Needed

- Patients and members of their household must be advised to dispose of any unopened units remaining from a prescription as soon as they are no longer needed.
- To dispose of the unused oral transmucosal fentanyl citrate units:
- Remove the oral transmucosal fentanyl citrate unit from its blister package using scissors, and hold the oral transmucosal fentanyl citrate by its handle over the toilet bowl.
 - Using wire-cutting pliers cut off the drug matrix end so that it falls into the toilet.
 - Dispose of the handle in a place that is out of the reach of children.
 - Repeat steps 1, 2, and 3 for each oral transmucosal fentanyl citrate unit. Flush the toilet twice after 5 units have been cut and deposited into the toilet.

Do not flush the entire oral transmucosal fentanyl citrate units, oral transmucosal fentanyl citrate handles, blister packages, or cartons down the toilet. Dispose of the handle where children cannot reach it [see *How Supplied/Storage and Handling* (16.1)].

Detailed instructions for the proper storage, administration, disposal, and important instructions for managing an overdose of oral transmucosal fentanyl citrate are provided in the oral transmucosal fentanyl citrate Medication Guide. Encourage patients to read this information in its entirety and give them an opportunity to have their questions answered.

In the event that a caregiver requires additional assistance in disposing of excess unusable units that remain in the home after a patient has expired, instruct them to call the toll-free number for Mallinckrodt Inc., Product Monitoring at 1-800-778-7898, or seek assistance from their local DEA office.

17.7 Medication Guide

Medication Guide
Oral Transmucosal Fentanyl Citrate
(or "ol - trans mu-ki s'i - fen - to - nil - sit rit")
200 mcg, 400 mcg, 600 mcg, 800 mcg, 800 mcg, 1200 mcg, 1600 mcg

WARNING:

- Do not use oral transmucosal fentanyl citrate unless you are regularly using other opioid pain medicines around-the-clock for your constant cancer pain and your body is used to these medicines. **You MUST keep oral transmucosal fentanyl citrate in a safe place out of the reach of children.** Accidental ingestion by a child is a medical emergency and can result in death. **Death has been reported in children who have accidentally taken oral transmucosal fentanyl citrate. If a child accidentally takes oral transmucosal fentanyl citrate, get emergency help right away.**

Read the Medication Guide that comes with oral transmucosal fentanyl citrate before you start taking it and each time you get a new prescription. There may be new information. This Medication Guide does not take the place of talking to your doctor about your medical condition or your treatment. Share this important information with members of your household.

What is the most important information I should know about oral transmucosal fentanyl citrate?

- Oral transmucosal fentanyl citrate can cause life-threatening breathing problems which can lead to death:
 - if you are not regularly using other opioid pain medicines around-the-clock for your constant cancer pain and your body is not used to these medicines. This means that you are not opioid tolerant.
 - if you do not use it exactly as prescribed by your doctor.
- Your doctor will prescribe a starting dose of oral transmucosal fentanyl citrate that is different than other fentanyl containing medicines you may have been taking. Do not substitute oral transmucosal fentanyl citrate for other fentanyl medicines without talking with your doctor.
- Use no more than 2 units of oral transmucosal fentanyl citrate per