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Medicine Supply Notification:

Fentanyl (**Effentora**[®]) 200microgram, 400microgram, 600microgram, 800microgram
buccal tablets

Fentanyl (**Actiq**[®]) 800microgram lozenges

Tier 2 – medium impact

Date of issue: 30/04/2025

[Medicines Supply Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Summary

- 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.
- Actiq[®] 800microgram lozenges are out of stock with an anticipated resupply date to be confirmed.
- Actiq[®] 200microgram, 400microgram, 600microgram, 1.2mg, 1.6mg lozenges remain available but cannot support increased demand.
- Alternative immediate-release fentanyl products remain available and can support increased demand.

Actions Required

Prescribers should not initiate patients on Effentora[®] 200microgram, 400microgram, 600microgram, 800microgram buccal tablets or Actiq[®] 800microgram lozenges until the supply issues have resolved.

Where patients have insufficient supplies to last until the re-supply dates, clinicians, liaising with palliative care specialists for advice, should:

- review patients and consider prescribing alternative immediate-release (IR) fentanyl products including Cynril[®] lozenges, Abstral[®], Fenhuma[®] and Iremia[®] sublingual tablets and PecFent[®] nasal spray, noting that IR fentanyl preparations for the treatment of breakthrough pain are **not** interchangeable (see Supporting information),
- ensure that the patient 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 Supporting information);
- monitor patients 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
- consider re-referring patients to specialist teams where the above options are not considered appropriate.

Supporting information

Clinical Information

In general, for breakthrough pain relief in patients with cancer, oral morphine would be offered first-line. Where this is ineffective, patients 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.

Fentanyl (Effentora[®]) buccal tablets and (Actiq[®]) lozenges are IR fentanyl formulations licensed for the treatment of breakthrough pain in patients who are already receiving maintenance opioid therapy for chronic cancer pain. These preparations should only be initiated by palliative care specialists.

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® 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](#)

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