

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Choice of strong oral / topical opioid for cancer pain

Oral morphine is the first-line strong opioid

- Titrate the dose using an immediate-release (IR) preparation (e.g. Sevredol or Oramorph liquid)
- Transfer to a modified-release (MR) preparation (Zomorph*), if appropriate, when the dose is stable.
- Provide an immediate-release preparation for breakthrough pain if required.
- Start a laxative (eg. senna) at the same time as the morphine and increase the dose as the morphine dose increases.
- Allow up to 2 weeks for tolerance to nausea, sleepiness, etc to develop. Tolerance to constipation does not develop.

*Zomorph: The entire capsule contents can be sprinkled onto a spoonful of semi-solid food (such as plain yoghurt) and swallowed.

If morphine is contraindicated or the patient experiences intolerable side-effects despite use of standard therapy (E.g. laxatives, anti-nauseants) or who do not respond to morphine

If a patient cannot swallow

Oral oxycodone

(IR- Shortec caps or liquid;
MR- Oxypro/Oxeltra)

- Dose titration, etc. as for morphine.
- Take care to confirm the appropriate formulation (IR or MR) and strength is being used. Be aware there are two different concentrations of oral liquids.

Transdermal fentanyl

(Matrifen/Fencino/Mezolar)

- See BNF or SPC for dose titration.
- Provide an immediate-release preparation for breakthrough pain if required e.g. Oramorph

N.B.

1. All strong opioids should be prescribed by brand name to avoid confusion.
2. **For equivalent doses see Derbyshire Alliance for end of life care [advice](#). Take care when converting between opioids, monitor and review regularly.**
3. For further details regarding opioids see [management of non-malignant pain guidance](#).

Fentanyl

- All non-transdermal fentanyl preparations require palliative care specialist initiation/ titration. Initiation outside palliative care is Do Not Prescribe (DNP).
- If required fentanyl matrix patches (Matrifen/Fencino/Mezolar) may be cut in half. For accuracy the matrix patch should be cut diagonally; the other half should be disposed of, in the correct manner as for a controlled drug. Cutting a fentanyl matrix patch renders the use of the drug as “off licence.”
- Do not use fentanyl transdermal patches for opioid naïve patients as per CQC [guidance](#)
- MHRA (2018) warns of the risk of serious and fatal overdose of fentanyl patches due to dosing errors, accidental exposure (particularly in children), and exposure of the patch to a heat. See link for further detail.

Updated: October 2018

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Document Update	Date updated
Oxypro/ Oxeltra replaces Longtec as preferred brand	July 2019