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.
- Morphine orodispersible tablets (Actimorph) are only appropriate for use in vulnerable patient groups, to reduce the risk of accidental or intentional overdose.
- 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 capsules should not be chewed and should normally be swallowed whole. For patients who cannot swallow the capsules, the entire capsule contents can be sprinkled onto a spoonful of semi-solid food (such as plain yoghurt, puree, or jam) 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

In unstable patients & those whose opioid needs remain unclear, where the oral route is not available, it may be necessary to consider use of continuous subcutaneous infusion (i.e. a syringe driver).

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

(Opiodur)

* Other brands previously recommended include Fencino, Matrifen and Mezolar, which may be used if Opiodur not suitable or not available.

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

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 safer prescribing of strong opioids.

Fentanyl

- All non-transdermal fentanyl preparations require palliative care specialist initiation/ titration. Initiation outside palliative care is Do Not Prescribe (DNP).
- **Do not use fentanyl transdermal patches for opioid naïve patients** due to considerable risk of respiratory depression. Only consider use in patients who are on a stable dose of an opioid and who are unable to swallow/ comply with oral medication. See MHRA September 2020 & 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.
- Cutting fentanyl patches is for exceptional circumstances and on advice of a palliative care consultant only, following individualised treatment plan. e.g. for a starting dose where dose required is smaller than available whole patch. 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. N.B. cutting a fentanyl matrix patch renders the use of the drug as "off licence".

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Document Control	Date
Opiodur as preferred brand for fentanyl patch	April 2023
Link in note 2 to equivalent opioid doses -see Derbyshire Alliance for end of life care advice replaced	May 2025