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Fentanyl Buccal Tablet in Breakthrough Pain in Opioid-Tolerant Patients with Cancer

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Treatment of cancer pain is vitally important to the wellbeing of patients with cancer. A new formulation of fentanyl, fentanyl buccal tablet (FBT), has been approved by the US FDA for the treatment of breakthrough pain in opioid-tolerant patients with cancer. Until now, the only FDA-approved medication for the treatment of breakthrough pain in patients with cancer has been the rapid-onset opiate, oral transmucosal fentanyl citrate, and it has been effective in this indication. The newly approved FBT formulation, also a rapid-onset opiate, offers some unique advantages over the oral transmucosal fentanyl citrate solid drug-matrix formulation.

Breakthrough pain occurs in the setting of adequately controlled basal pain. It consists of episodes of pain that are often unpredictable in onset and which can escalate to an excruciating level in minutes. Because of the nature of breakthrough pain, a rapid-onset opiate is ideal in managing it. FBT utilises novel OraVescent® [1] technology to promote the rapid uptake of fentanyl across the mucosal capillary membranes and into the blood. For the patient, enhanced tablet dissolution and accelerated tissue uptake of fentanyl means rapid pain relief. This delivery platform results in increased drug bioavailability compared with oral transmucosal fentanyl citrate and the need for comparatively smaller doses to reach the same peak blood concentrations reflects this.

The earliest timepoint assessed in the studies for analgesic action was 15 minutes after initiation of FBT; however, patients often verbally reported the onset of pain relief in as little as 5–10 minutes after initiating treatment, which appears to be quicker than that seen with oral transmucosal fentanyl citrate.

From a clinical perspective, FBT offers a number of advantages over older agents. When compared with standard regular-release opiates, such as oxycodone or morphine, it is likely that the peak analgesic effect will occur with FBT before the older drugs have produced any significant analgesic effect.

Furthermore, unlike oral transmucosal fentanyl citrate, FBT is sugar free, which reduces the potential for the dental problems that are associated with oral transmucosal fentanyl citrate. Additionally, the FBT does not require a handle for swabbing along the buccal surface. For chronically ill patients, the effort required to use oral transmucosal fentanyl citrate can sometimes be a burden. With the enhanced bioavailability of fentanyl across the buccal mucosa afforded by FBT, it may be the preferred rapid-onset opiate when a patient has difficulty swallowing and/or in situations where there is poor gastrointestinal absorption.

Drugs like FBT, with their ability to rapidly control breakthrough pain, may help patients forget that they are living with a terminal disease. They may regain some sense of normality and, with improved pain control, not only might these patients live longer, they may want to live longer. ▲

1 The use of trade names is for product identification purposes only and does not imply endorsement.