[N]FENTORA™

Fentanyl Buccal/Sublingual Effervescent Tablets
100 mcg, 200 mcg, 400 mcg, 600 mcg, and 800 mcg fentanyl as fentanyl citrate

Opioid Analgesic

Guide for Prescribers

Distributed by:
Teva Canada Limited
Toronto, Ontario M1B 2K9

Manufactured for:
Teva Canada Innovation
Montréal, Quebec H2Z 1S8

INDICATIONS AND CLINICAL USE[1]

Adults

FENTORA is indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to continuous opioid therapy for their persistent baseline cancer pain.

Patients considered opioid tolerant are those who are taking at least 60 mg of oral morphine daily or an equianalgesic dose of another opioid daily for a week or longer.

All patients starting treatment with FENTORA must begin with titration from the 100 mcg dose.

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, FENTORA is contraindicated in the management of acute or post-operative pain, including headache/migraine, dental pain or use in the emergency room.

Note: FENTORA is contraindicated in all post-operative pain, including post-operative cancer pain if the patient is not already opioid tolerant. The addition of the qualifier "non cancer" may be confusing as it could be interpreted to mean that FENTORA can be used for post-operative pain after surgery for cancer or post-operatively for cancer pain, both of which can occur in opioid non-tolerant patients. The term "post-operative" already implies that the pain is due to surgery and not to cancer.

FENTORA is intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of and skilled in the use of opioids to treat cancer pain.

Geriatrics (> 65 years of age):

Patients over the age of 65 years tended to titrate to slightly lower doses than younger patients.

Patients over the age of 65 years reported a slightly higher frequency for some adverse events specifically vomiting, constipation, and abdominal pain. Therefore, caution should be exercised in individually titrating FENTORA in elderly patients to provide adequate efficacy while minimizing risk.

In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, concomitant disease or other drug therapy.

Pediatrics (< 18 years of age)

The safety and efficacy of FENTORA has not been studied in the pediatric population. Therefore the use of FENTORA is not recommended in patients under 18 years of age.

DOSAGE FORMS, COMPOSITION AND PACKAGING

The FENTORA tablet is a solid formulation of fentanyl citrate. All tablet strengths are expressed as the amount of fentanyl free base, e.g., the 100 mcg strength contains 100 mcg of fentanyl free base. *Inactive Ingredients*: Citric acid, magnesium stearate, mannitol, sodium bicarbonate, sodium carbonate, and sodium starch glycolate.

Each carton contains 7 blister cards with 4 white tablets in each card. The blisters are child-resistant, encased in peelable foil, and provide protection from moisture. Each tablet is debossed on one side with  , and the other side of each dosage strength is uniquely identified by the debossing on the tablet as described in the table above. In addition, the dosage strength is indicated on the blister package and the carton. See blister package and carton for product information.

Dosage Strength	Debossing	Carton/Blister Package Colour
100 mcg	1	Blue
200 mcg	2	Orange
400 mcg	4	Sage green
600 mcg	6	Magenta (pink)
800 mcg	8	Yellow

Note: Carton/blister package colours are a secondary aid in product identification.
Please be sure to confirm the printed dosage before dispensing.

Before you prescribe FENTORA, you must review the information in each of the following sections:

- Proper Patient Selection
- Recommended Dose and Dosage Adjustments
- General Opioid Use
- Risks of FENTORA Use

DOSAGE AND ADMINISTRATION

Proper Patient Selection

FENTORA (fentanyl buccal/sublingual effervescent tablets) is indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to continuous opioid therapy for their persistent baseline cancer pain. Patients considered opioid tolerant are those who are taking continuous medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg/hr of transdermal fentanyl, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily, at least 25 mg oral oxymorphone daily, or an equianalgesic dose of another opioid daily for a week or longer.

Individually titrate FENTORA to a dose that provides adequate analgesia with tolerable side effects.

It is important to minimize the number of strengths available to patients at any time to prevent confusion and possible overdose.

Recommended Dose and Dosage Adjustment

Adults:

FENTORA is not bioequivalent with other fentanyl products. Do not convert patients on a mcg per mcg basis from other fentanyl products. (Note: This includes oral, transdermal, or parenteral formulations of fentanyl.) All patients should be titrated from the 100 mcg dose.

The maximum single dose should not exceed 800 mcg. FENTORA should only be used ONCE per breakthrough cancer pain episode, i.e., FENTORA should not be redosed within an episode.

During any episode of breakthrough cancer pain, if adequate pain relief *is not achieved* after FENTORA, the patient may use a rescue medication (other than FENTORA, after 30 minutes) as directed by their healthcare provider.

Patients MUST wait at least 4 hours before treating another episode of breakthrough pain with FENTORA.

Use of FENTORA should be limited to four episodes of breakthrough pain per day. If the patient experiences greater than four breakthrough pain episodes per day, the dose of the continuous opioid used for persistent pain should be re-evaluated.

Dose Titration

Dose titration is the key to success with opioid analgesic therapy. **Proper optimization of doses scaled to the relief of the individual's pain should aim at administration of the lowest dose which will achieve the overall treatment goal of satisfactory pain relief with acceptable side effects.**

The dose of FENTORA is not predicted from the daily maintenance dose of opioid used to manage the persistent cancer pain and **MUST** be determined by dose titration.

Starting Dose: **All patients MUST begin treatment using 100 mcg FENTORA.**

Dose Titration: From the initial dose, patients should be closely followed by the prescriber and the dosage strength changed until the patient reaches a dose that provides adequate analgesia with tolerable side effects. Patients should record their use of FENTORA over several episodes of breakthrough pain and discuss their experience with their physician to determine if a dosage adjustment is warranted.

Patients who need to titrate to a higher dose, can be instructed to use two 100 mcg tablets (one on each side of the mouth in the buccal cavity) with their next breakthrough pain episode. If this dosage is not successful, the patient may be instructed to place two 100 mcg tablets on each side of the mouth in the buccal cavity (total of four 100 mcg tablets). Titrate using multiples of the 200 mcg FENTORA tablet for doses above 400 mcg (600 mcg and 800 mcg). Do not use more than 4 tablets simultaneously. **Doses above 800 mcg FENTORA should not be used**.

Once adequate pain relief is achieved with a dose between 100 and 800 mcg FENTORA, the patient should get a prescription for FENTORA of the dose determined by titration (i.e., 100, 200, 400, 600 or 800 mcg) to treat subsequent episodes.

To reduce the risk of overdose during titration, patients should have only one strength of FENTORA tablets available at any time.

During any episode of breakthrough cancer pain, if adequate pain relief *is not achieved* after FENTORA, the patient may use a rescue medication (other than FENTORA, after 30 minutes) as directed by their healthcare provider.

Maintenance Dosing

Once titrated to an effective dose, patients should use only ONE FENTORA tablet of the appropriate strength per breakthrough pain episode.

Patients MUST wait at least 4 hours before treating another episode of breakthrough pain with FENTORA.

During any episode of breakthrough cancer pain, if adequate pain relief *is not achieved* after FENTORA, the patient may use a rescue medication (other than FENTORA, after 30 minutes) as directed by their healthcare provider.

Dosage adjustment of FENTORA may be required in some patients. Generally, the FENTORA 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 continuous opioid used for persistent pain should be re-evaluated.

Discontinuation of Therapy

Patients should be informed that reducing and/or discontinuing opioids decreases their tolerance to these drugs. If treatment needs to be re-initiated, the patient must start at the lowest dose and titrate up to avoid overdose.

Physical Dependence

Physical dependence with or without psychological dependence tends to occur with chronic administration of opioids, including **FENTORA**. Withdrawal (abstinence) symptoms may occur following abrupt discontinuation of therapy. These symptoms may include body aches, diarrhea, gooseflesh, loss of appetite, nausea, nervousness or restlessness, runny nose, sneezing, tremors or shivering, stomach cramps, tachycardia, trouble with sleeping, unusual increase in sweating, palpitations, unexplained fever, weakness and yawning.

Patients on prolonged therapy should be withdrawn gradually from the drug if it is no longer required for pain control. In patients who are appropriately treated with opioid analgesics and who undergo gradual withdrawal from the drug, these symptoms are usually mild. Tapering should be individualised and carried out under medical supervision.

Risks of FENTORA Use

Overdose[1]

The manifestations of FENTORA overdosage 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.

Immediate management of opioid overdose includes removal of the FENTORA tablet, if still in the mouth, ensuring a patent airway, physical and verbal stimulation of the patient, and assessment of level of consciousness, as well as ventilatory and circulatory status.

Treatment of Overdosage (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 product monograph of the individual opioid antagonist for details about such use.

Management of severe FENTORA 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, ventilation should be assisted or controlled and oxygen administered as indicated.

Although muscle rigidity interfering with respiration has not been seen following the use of FENTORA, this is possible with fentanyl and other opioids. If it occurs, manage by the use of assisted or controlled ventilation, by an opioid antagonist, and as a final alternative, by a neuromuscular blocking agent.

Abuse and Addiction

FENTORA poses risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Each patient's risk should be assessed prior to prescribing FENTORA, and all patients should be monitored regularly for the development of these behaviours or conditions. FENTORA should be stored securely to avoid theft or misuse.

FENTORA is an opioid with no approved use in the management of addictive disorders. Its proper usage in individuals with drug or alcohol dependence, either active or in remission, is for the management of breakthrough cancer pain requiring opioid analgesia. Patients with a history of addiction to drugs or alcohol may be at higher risk of becoming addicted to FENTORA; extreme caution and awareness is warranted to mitigate the risk.

Opioids, such as **FENTORA**, should be used with particular care in patients with a history of alcohol and illicit/prescription drug abuse. However, concerns about abuse, addiction, and diversion should not prevent the proper management of pain.

Physical dependence and tolerance reflect the neuroadaptation of the opioid receptors to chronic exposure to an opioid, and are separate and distinct from abuse and addiction. Tolerance, as well as physical dependence, may develop upon repeated administration of opioids, and are not by themselves evidence of an addictive disorder or abuse.

Medical Information & Reporting Instructions

For healthcare professionals with specific questions about FENTORA, please contact us at:

MedInfo
Medical Affairs
Teva Canada Innovation
1080 Beaver Hall Hill, Suite 1200
Montreal (Quebec) H2Z 1S8
Call toll-free at 1-800-268-4127 option 3
Email: TCIMedical.Affairs@tevapharm.com

Pharmacovigilance Department

You can report any suspected adverse reactions associated with the use of FENTORA either to Teva Canada Limited at 1-800-268-4127 option 3, E-fax: 1-416-335-4472 or to the Canada Vigilance Program by one of the following 3 ways:

- Report online at http://www.hc-sc.gc.ca/dhp-mps/medeff/index-eng.php
- Call toll-free at 1-866-234-2345
- Complete a Canada Vigilance Reporting Form and Fax toll-free to 1-866-678-6789, or Mail to:

  Canada Vigilance Program
  Health Canada
  Postal Locator 0701E
  Ottawa, Ontario K1A 0K9

IMPORTANT SAFETY INFORMATION

Indications and clinical use:

Adults

FENTORA is indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to continuous opioid therapy for their persistent baseline cancer pain.

Patients considered opioid tolerant are those who are taking at least 60 mg of oral morphine daily or an equianalgesic dose of another opioid daily for a week or longer.

All patients starting treatment with FENTORA must begin with titration from the 100 mcg dose.

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, FENTORA is contraindicated in the management of acute or post-operative pain, including headache/migraine, dental pain or use in the emergency room.

Note: FENTORA is contraindicated in all post-operative pain, including post-operative cancer pain if the patient is not already opioid tolerant. The addition of the qualifier "non cancer" may be confusing as it could be interpreted to mean that FENTORA can be used for post-operative pain after surgery for cancer or post-operatively for cancer pain, both of which can occur in opioid non-tolerant patients. The term "post-operative" already implies that the pain is due to surgery and not to cancer.

FENTORA is intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of and skilled in the use of opioids to treat cancer pain.

Geriatrics (> 65 years of age):

Patients over the age of 65 years tended to titrate to slightly lower doses than younger patients.

Patients over the age of 65 years reported a slightly higher frequency for some adverse events specifically vomiting, constipation, and abdominal pain. Therefore, caution should be exercised in individually titrating FENTORA in elderly patients to provide adequate efficacy while minimizing risk.

In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, concomitant disease or other drug therapy.

Pediatrics (< 18 years of age)

The safety and efficacy of FENTORA has not been studied in the pediatric population. Therefore the use of FENTORA is not recommended in patients under 18 years of age.

Contraindications:

- Opioid non-tolerant patients (use in acute or post-operative pain, including headache/migraine, dental pain or use in the emergency room).
- Patients who are hypersensitive to the active substance, fentanyl citrate, or other opioid analgesics or to any ingredient in the formulation. For a complete listing, see the **DOSAGE FORMS, COMPOSITION AND PACKAGING** section of the Product Monograph. Anaphylaxis and hypersensitivity have been reported in association with the use of oral transmucosal fentanyl products.
- Patients with known or suspected mechanical gastrointestinal obstruction (e.g., bowel obstruction or strictures) or any diseases/conditions that affect bowel transit (e.g., ileus of any type).
- Patients with suspected surgical abdomen (e.g., acute appendicitis or pancreatitis).
- Patients with acute or severe bronchial asthma, chronic obstructive airway, or status asthmaticus.
- Patients with acute respiratory depression, elevated carbon dioxide levels in the blood and cor pulmonale.
- Patients with acute alcoholism, delirium tremens, and convulsive disorders.
- Patients with severe CNS depression, increased cerebrospinal or intracranial pressure, and head injury.
- Patients taking monoamine oxidase (MAO) inhibitors (or within 14 days of such therapy).

Most serious warnings and precautions:

- **Proper patient selection:** FENTORA (fentanyl buccal/sublingual effervescent tablets) is intended to be used only in the care of opioid tolerant patients with cancer and only by healthcare professionals who are knowledgeable of, and skilled in, the use of opioids to treat cancer pain. FENTORA is an opioid analgesic indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to continuous opioid therapy for their persistent baseline cancer pain. Patients considered opioid-tolerant are those who have taken at least 60 mg of oral morphine daily, at least 25 mcg/hr of transdermal fentanyl, at least 30 mg of oral oxycodone daily, at least 8 mg of oral hydromorphone daily, at least 25 mg oral oxymorphone daily, or an equianalgesic dose of another opioid daily for a week or longer. FENTORA is contraindicated for use in opioid non-tolerant patients including those using opioids intermittently, on an as needed basis. Fentanyl products which are designed to manage breakthrough pain, including FENTORA, should not be used in patients who are receiving partial opioid agonists such as buprenorphine or agents with some opioid effects such as tramadol.
- **Addiction, abuse, and misuse:** FENTORA poses risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Each patient's risk should be assessed prior to prescribing FENTORA, and all patients should be monitored regularly for the development of these behaviours or conditions. FENTORA should be stored securely to avoid theft or misuse.
- **Life-threatening respiratory depression: Overdose**: Fatal respiratory depression has occurred in patients treated with FENTORA, including following use in opioid non-tolerant patients and improper dosing. The substitution of FENTORA for any other fentanyl product may result in fatal overdose. Infants exposed in-utero or through breast milk are at risk of life-threatening respiratory depression upon delivery or when nursed. Patients should be monitored for respiratory depression, especially during initiation of FENTORA or following a dose increase. Due to the risk of respiratory depression, in opioid non-tolerant patients, FENTORA is contraindicated in the management of acute or post-operative pain, including headache/migraine, dental pain, or use in the emergency room. Special care must be used when dosing with FENTORA. If the breakthrough pain episode is not relieved, patients should wait at least 4 hours before taking another dose. The concomitant use of FENTORA with cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression.
- **Medication errors:** When prescribing, do not convert patients on a mcg per mcg basis from any other transmucosal fentanyl product to FENTORA. If patients are using other opioid-containing products for breakthrough pain, they MUST be started on FENTORA at the initial dose of 100 mcg. Regardless of the opioid dose used for the baseline cancer pain, patients beginning treatment with FENTORA must begin with titration from the 100 mcg dose. When dispensing, do not substitute a FENTORA prescription for any other fentanyl product. Substantial differences exist in the pharmacokinetic profile of FENTORA 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 FENTORA for any other fentanyl product may result in fatal overdose. FENTORA is NOT a generic version of any other fentanyl product. Patients and their caregivers must be instructed that FENTORA contains a medicine in an amount which can be fatal to children, in individuals for whom it is not prescribed, and in those who are not opioid tolerant. All units must be kept out of the reach and sight of children and opened units properly discarded. Further, instruct patients of the hazards related to taking opioids including fatal overdose.

- **Risks from concomitant use with benzodiazepines or other CNS depressants:** Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of FENTORA and benzodiazepines or other CNS depressants for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.
- **Accidental exposure:** Accidental ingestion of even one dose of FENTORA, especially by children, can result in a fatal overdose of fentanyl**.**
- **Neonatal opioid withdrawal syndrome:** Prolonged maternal use of FENTORA during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening.
- **Interaction with alcohol:** The co-ingestion of alcohol with FENTORA should be avoided as it may result in dangerous additive effects, causing serious injury or death.
- **Inappropriate use:** Patients should be instructed not to give FENTORA (fentanyl) tablets to anyone other than the patient for whom it was prescribed, as such inappropriate use may have severe medical consequences, including death. FENTORA should be stored securely to avoid theft or misuse.
- **Prescription by persons knowledgeable:** FENTORA should only be prescribed by persons knowledgeable in the continuous administration of potent opioids, in the management of patients receiving potent opioids for the treatment of pain, and in the detection and management of respiratory depression, including the use of opioid antagonists.

Other relevant warnings and precautions:

- It is important that the continuous opioid treatment used to treat the patient's persistent pain has been stabilized before starting FENTORA therapy. In cases where patients regularly experience more than 4 breakthrough pain episodes per day, increasing the opioid maintenance dose has to be considered before starting the titration process.
- Hyperalgesia that will not respond to a further dose increase of fentanyl can occur at particularly high doses. A fentanyl dose reduction or change in opioid may be required.
- FENTORA is intended for oral use only. The tablets should be placed between the cheek and gum, or under the tongue, and allowed to dissolve. Abuse of oral dosage forms can be expected to result in serious adverse events, including death.
- Intravenous fentanyl may produce bradycardia. Therefore use FENTORA with caution in patients with bradyarrhythmias.
- Fentanyl should be used with caution and in a reduced dosage during concomitant administration of other opioid analgesics, general anesthetics, phenothiazines and other tranquilizers, sedative-hypnotics, tricyclic antidepressants, antipsychotics, antihistamines, benzodiazepines, centrally-active anti-emetics and other CNS depressants. Respiratory depression, hypotension and profound sedation, coma or death may result.
- Advise both patients and caregivers about the risks of respiratory depression and sedation when FENTORA is used with benzodiazepines or other CNS depressants (including alcohol and illicit drugs). Advise patients not to drive or operate heavy machinery until the effects of concomitant use of the benzodiazepine or other CNS depressant have been determined. Screen patients for risk of substance use disorders, including opioid abuse and misuse, and warn them of the risk for overdose and death associated with the use of additional CNS depressants including alcohol and illicit drugs.

- Serotonin Syndrome: FENTORA could cause a rare but potentially life-threatening condition resulting from concomitant administration of serotonergic drugs (e.g., anti-depressants, migraine medications). Treatment with the serotoninergic drug should be discontinued if such events (characterized by clusters of symptoms such as hyperthermia, rigidity, myoclonus, autonomic instability with possible rapid fluctuations of vital signs, mental status changes including confusion, irritability, extreme agitation progressing to delirium and coma) occur and supportive symptomatic treatment should be initiated. FENTORA should not be used in combination with MAO inhibitors or serotonin-precursors (such as L-tryptophan, oxitriptan) and should be used with caution in combination with other serotonergic drugs (triptans, certain tricyclic antidepressants, lithium, tramadol, St. John's Wort) due to the risk of serotonergic syndrome.
- Concomitant use with inhibitors of cytochrome P450 3A4 isoform (e.g., erythromycin, ketoconazole, and certain protease inhibitors), may increase fentanyl levels, resulting in increased depressant effects.
- Head Injury: The respiratory depressant effects of fentanyl, and the capacity to elevate cerebrospinal fluid pressure, may be greatly increased in the presence of an already elevated intracranial pressure produced by trauma. Also, fentanyl may produce confusion, miosis, vomiting and other side effects which obscure the clinical course of patients with head injury. In such patients, fentanyl must be used with extreme caution and only if it is judged essential.
- FENTORA should be administered with caution to patients with liver dysfunction.
- FENTORA should be administered with caution to patients with renal impairment due to the potential for reduced renal excretion of fentanyl.
- FENTORA should be used with caution in patients with biliary tract disease, including acute pancreatitis.
- FENTORA may impair the mental and/or physical abilities needed for certain potentially hazardous activities such as driving a car or operating machinery.
- Monitor patients with significant chronic obstructive pulmonary disease or cor pulmonale, and patients having a substantially decreased respiratory reserve, hypoxia, hypercapnia, or preexisting respiratory depression for respiratory depression, particularly when initiating therapy and titrating with FENTORA, as in these patients, even usual therapeutic doses of FENTORA may decrease respiratory drive to the point of apnea.
- Long-term use of opioids may be associated with decreased sex hormone levels and symptoms such as low libido, erectile dysfunction, or infertility.
- Androgen deficiency: Chronic use of opioids may influence the hypothalamic-pituitary-gonadal axis, leading to androgen deficiency that may manifest as low libido, impotence, erectile dysfunction, amenorrhea, or infertility. The causal role of opioids in the clinical syndrome of hypogonadism is unknown because the various medical, physical, lifestyle, and psychological stressors that may influence gonadal hormone levels have not been adequately controlled for in studies conducted to date. Patients presenting with symptoms of androgen deficiency should undergo laboratory evaluation.
- Labour, delivery and nursing women: Since opioids can cross the placental barrier and are excreted in breast milk, FENTORA is not recommended to be used in nursing women and during labour and delivery unless, in the judgement of the physician, the potential benefits outweigh the risks. Life-threatening respiratory depression can occur in the infant if opioids are administered to the mother. Naloxone, a drug that counters the effects of opioids, should be readily available if FENTORA is used in this population.

- Prolonged maternal use of opioids during pregnancy can result in withdrawal signs in the neonate. Neonatal Opioid Withdrawal Syndrome (NOWS), unlike opioid withdrawal syndrome in adults, can be life-threatening.
- Pregnant women using opioids should not discontinue their medication abruptly as this can cause pregnancy complication such as miscarriage or still-birth. Tapering should be slow and under medical supervision to avoid serious adverse events to the fetus.
- FENTORA and other morphine-like opioids have been shown to decrease bowel motility. Fentanyl may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
- Adrenal Insufficiency: Cases of adrenal insufficiency have been reported with opioid use, more often following greater than one month of use. Presentation of adrenal insufficiency may include non-specific symptoms and signs including nausea, vomiting, anorexia, fatigue, weakness, dizziness, and low blood pressure. If adrenal insufficiency is suspected, confirm the diagnosis with diagnostic testing as soon as possible. If adrenal insufficiency is diagnosed, treat with physiologic replacement doses of corticosteroids.

For more information:

Please consult the product monograph at https://www.tevacanada.com/globalassets/canada-ph2/pdf-documents-en/specialty-pdfs/0318_tci_fentora_pm_en.pdf for important information about adverse reactions, drug interactions, and dosing and titration information, which are not discussed here.

The FENTORA product monograph is also available by calling Teva Canada Innovation at 1-855-513-8382.

REFERENCES

1. FENTORA Product Monograph. Teva Canada Innovation, March 05, 2018.