BNSSG Health Community's Traffic Light System Shared Care Guidance: Tapentadol m/r

Please complete all sections

Section 1: Heading

Trust(s)	North Bristol NHS Trust
	University Hospitals Bristol NHS Foundation Trust
Speciality / Department:	Pain clinic and Palliative Care
Drug:	Tapentadol M/R

Section 2: Treatment Schedule

Please state the usual dosage range (the patient will have been stabilised, monitored on treatment and reviewed by the specialist). State also the formulation, frequency of administration and how long treatment should be continued and when the patient should be referred back to the specialist

Usual Dosage	Whilst the manufacturer recommends starting with a dose of 50mg BD (every 12 hours) in opioid naïve patients this will never be the case for patients started in the pain clinic due to this drug's positioning on the BNSSG formulary being at least third line therapy to be tried after unsuccessful outcomes with at least two other strong oral opioids Consequently a higher initial dose may be required taking into account previous opioid type and dose. Titration should be in increments of 50mg twice daily every three days to achieve adequate pain control whilst minimising undesirable events. Total daily doses greater than 500mg have not yet been studied and are not recommended There is no dose adjustment recommended in patients with mild or moderate renal impairment; or with mild hepatic impairment
Formulation	Tapentadol m/.r tablets 50mg, 100mg, 150mg, 200mg and 250mg m/r tablets.

Date Approved

Date of Review

Frequency of administration	Twice daily for the m/r preparation
Length of treatment	On-going treatment for chronic pain with regular prescriber review to assess on-going benefits
Referral back to specialist	• Treatment failure • Unexpected dose escalation (beyond the dose parameters specified by the specialist for the individual patient) • New symptoms

Section 3: Monitoring

Please give details of any tests that are required, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care) and cause for adjustment and when it is required to refer back to the specialist.

- Adequacy of analgesia when a repeat prescription is issued (Secondary care for the first three months of treatment and Primary care beyond this time period)
- Side effects
- Renal function – only if any pre-existing renal dysfunction.
- Referral back to secondary care specialist if patient has any analgesic failure, unable to tolerate therapy, develops severe renal impairment or hepatic impairment.

Section 4: Side Effects

Please list the most common side effects and any management of them. Please provide guidance on when the GP should refer back to the specialist.

Side effects and management	The initiating consultant must be notified immediately about any serious side effect. The adverse drug reactions that were experienced by patients in the placebo controlled trials performed with Tapentadol prolonged-release were predominantly of mild and moderate severity. The most frequent adverse drug reactions were in the gastrointestinal and central nervous system (nausea, dizziness, constipation, headache and somnolence). Refer back to specialist if patients develop other unexpected side effects. The table below lists adverse drug reactions that were identified from clinical trials performed with Tapentadol Clinical trials performed with Tapentadol with patient exposure up to 1 year have shown little evidence of withdrawal symptoms upon abrupt discontinuations and these were generally classified as mild, when they occurred. Nevertheless, physicians should be vigilant for symptoms of withdrawal and treat patients accordingly should they occur.

System Organ Class	Frequency			
	Very Common	**Common**	**Uncommon**	**Rare**
Immune system disorders			Drug hypersensitivity	
Metabolism & nutrition disorders		Decreased appetite	Weight decreased	
Psychiatric disorders		Anxiety, depressed mood, sleep disorder, nervousness, restlessness	Disorientation, confusional state, agitation, perception disturbances, abnormal dreams, euphoric mood	Drug dependence, thinking abnormal
Nervous system disorders	Dizziness, somnolence, headache	Disturbance in attention, tremor, muscle contractions involuntary	Depressed level of consciousness, memory impairment, mental impairment, syncope sedation, balance disorder, dysarthria, hypoaesthesia, paraesthesia	Convulsion, presyncope, coordination abnormal
Eye disorders			Visual disturbance	
Cardiac disorders			Heart rate increased, heart rate decreased	
Vascular disorders		Flushing	Blood pressure decreased	
Respiratory, thoracic & mediastinal disorders		Dyspoea		Respiratory depression
Gastrointestinal disorders	Nausea, constipation	Vomiting, diarrhoea, dyspepsia	Abdominal discomfort	Impaired gastric emptying
Skin & subcutaneous tissue disorders		Pruritus, hyperhidrosis, rash	Urticaria	
Renal & urinary disorders			Urinary hesitation, pollakiuria	
Reproductive system & breast disorders			Sexual dysfunction	
General disorders & administration		Asthenia, fatigue, feeling of body temperature change, mucosal dryness, oedema	Drug withdrawal syndrome, feeling abnormal, irritability	Feeling drunk, feeling of relaxation

Referral back to specialist	Any other worrying side effects

Section 5: Drug Interactions

Please list clinically significant drug interactions (see BNF appendix 1) and a reminder to ask the patients about particular problems

Significant Drug Interactions	Treatment with Tapentadol should be avoided in patients who are receiving monoamine oxidase (MAO) inhibitors or who have taken them within the last 14 days due to potential additive effects on synaptic noradrenaline concentrations which may result in adverse cardiovascular events, such as hypertensive crisis
	Medicinal products like benzodiazepines, barbiturates and opioids may enhance the risk of respiratory depression if taken in combination with Tapentadol. CNS depressants (e.g. benzodiazepines, antipsychotics, H1-antihistamines, opioids, alcohol) can enhance the sedative effect of tapentadol and impair vigilance. Therefore, when a combined therapy of Tapentadol with a respiratory or CNS depressant is contemplated, the reduction of dose of one or both agents should be considered.
	For patients on tapentadol treatment, caution should be exercised if concomitant drug administration of strong enzyme inducing drugs (e.g. rifampicin, phenobarbital, St John's Wort (hypericum perforatum)) starts or stops, since this may lead to decreased efficacy or risk for adverse effects, respectively
Reminder to ask patients about particular problems	

Section 6: Cautions and Special Recommendations

Please indicate the need to give or avoid specific treatment

Cautions

Use with caution in patients with moderate hepatic impairment. Treatment in these patients should be initiated at the lowest available dose strength, i.e. 50 mg m/r, and not be administered more frequently than once every 24 hours. At initiation of therapy a daily dose greater than 50 mg is not recommended, however this should not be an issue in primary care as treatment will only be initiated in secondary care.

Tapentadol is not recommended in severe hepatic impairment.

A dose adaptation in elderly patients is not required. However, as elderly patients are more likely to have decreased renal and hepatic function, care should be taken in dose selection.

Should not be used in patients who may be particularly susceptible to the intracranial effects of carbon dioxide retention

Has a potential for abuse and addiction. All patients treated with active substances that have mu-opioid receptor agonist activity should be carefully monitored for signs of abuse and addiction.

To be used with caution in patients with biliary tract disease.

At high doses or in mu-opioid receptor agonist sensitive patients, tapentadol may produce dose-related respiratory depression. Therefore, should be administered with caution to patients with impaired respiratory functions and should be employed only under careful medical supervision at the lowest effective dose in such patients. If respiratory depression occurs, it should be treated as any mu-opioid receptor agonist-induced respiratory depression.

Effects on ability to drive and use machines

May have major influence on the ability to drive and use machines due to the fact that it may adversely affect central nervous system functions. This has to be expected especially at the beginning of treatment, at any change of dosage as well as in connection with alcohol or tranquilisers. Patients should be cautioned as to whether driving or use of machines is permitted

Pregnancy and lactation

There is very limited amount of data from the use in pregnant women.

Studies in animals have not shown teratogenic effects. However, delayed development and embryotoxicity were observed at doses resulting in exaggerated pharmacology. Tapentadol should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

Labour and Delivery

The effect of tapentadol on labour and delivery in humans is unknown. Tapentadol is not recommended for use in women during and immediately before labour and delivery. Due to the mu-opioid receptor agonist activity of tapentadol, new-born infants whose mothers have been taking tapentadol should be monitored for respiratory depression.

Lactation

There is no information on the excretion of tapentadol in human milk. From a study in rat pups suckled by dams dosed with tapentadol it was concluded that tapentadol is excreted via milk. Therefore, a risk to the suckling child cannot be excluded. Tapentadol should not be used during breast feeding.

Contra-indications

Patients with hypersensitivity to tapentadol or to any of the excipients

In situations where active substances with mu-opioid receptor agonist activity are contraindicated, i.e. patients with significant respiratory depression (in unmonitored settings or the absence of resuscitative equipment), and patients with acute or severe bronchial asthma or hypercapnia.

In any patient who has or is suspected of having paralytic ileus.

In patients with acute intoxication with alcohol, hypnotics, centrally acting analgesics, or psychotropic active substances.

Is not recommended in patients with severe hepatic impairment due to lack of trial data.

Is not recommended in patients with severe renal impairment due to lack trial data.

Is not recommended in children or adolescents below 18 years of age.

Section 7: Advice to the patient

Advice for GP to pass onto the patient

- Warn about the possible major influence on the ability to drive and use machines, particularly at the beginning of treatment, at any change of dosage as well as in connection with alcohol or tranquilisers
    - Patients should be cautioned as to whether driving or use of machines is permitted
- To report any side effects to the GP or consultant
- To report suspected pregnancy of the patient
- To avoid alcohol if possible

Section 8: Responsibilities for Secondary Care

Please list the responsibilities of the secondary care team

- To assess the suitability of the patient for Tapentadol in line with the local chronic pain pathway.
- To explain the possible side effects of the medication to the patient and emphasise the importance of regular monitoring.
- To initiate and monitor therapy for 3months as well as maintain medication supply for the 3month period.
- To write to the GP enclosing a copy of these shared care guidelines requesting that a shared care agreement be initiated.
- To offer GP telephone support.
- Report any adverse events. Reporting forms and information can be found at www.yellowcard.gov.uk .

Section 9: Responsibilities for Primary Care

Please list the responsibilities of the GP

- To monitor the patient's response to Tapentadol
- To consider any side effects reported by the patient, and discuss with the consultant if action is uncertain.
- To avoid or appropriately manage the drug interactions in Section 5 and current BNF.
- To provide prescriptions of the drug and to increase the dose, if necessary as per titration advice from secondary care.
- To refer back to the consultant if Tapentadol becomes less effective.
- Report any adverse events. Reporting forms and information can be found at www.yellowcard.gov.uk .

Section 10: Contact Details

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Section 11: Document Details

Date prepared	7th September 2013, approved by the JFG Sept 13
Prepared by	Dr P Brook / D Khandhia
Date of review	September 2015
Document Identification	

Section 12: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

Kevin Gibbs. Clinical Pharmacy Manager. UHBristol

Section 13: References

Please list references

Palexia® Summary of Product Characteristics 50mg m/r: http://www.medicines.org.uk/emc/medicine/24389/SPC/