Developed collaboratively with Gloucestershire Specialist Pain Clinic

Information for Primary Care Prescribers regarding the use of TAPENTADOL in Chronic Non-Malignant Pain

- Tapentadol is classified within Gloucestershire as an amber (without Shared Care Guideline) traffic light medication. Prior to November 2022, tapentadol was classified as red with Individual Funding Request for use in primary care.
- Tapentadol is a third line option on the joint formulary.
- It is anticipated that pain specialists will recommend its use and request GPs, or other appropriate prescribers, to either commence or continue prescribing, possibly via the Advice and Guidance route. A referral will not always be necessary to initiate treatment.
- Tapentadol is licensed for both the management of moderate to severe acute pain (immediate release) as well as severe chronic pain (modified release) in adults and is an alternative to other strong opioids such as morphine and oxycodone.
- 'Best practice' suggests the use of occasional small doses of immediate release rather than modified release to retain analgesic effect and avoid dose tolerance.
- If prescribing, choose the appropriate product with the lowest acquisition cost.
- Tapentadol is a drug combining two modes of action:
    - Mu-receptor agonist (like Morphine), with a reduced affinity for mu receptors, which may result in fewer opioid side effects.
    - Noradrenaline reuptake inhibition (like Duloxetine) which may make it more effective than other opioids for neuropathic pain.

The drug is available in immediate release and modified release preparations

- The starting dose of immediate release Tapentadol is 50mg 4-6hourly.
- If long-acting opioids are indicated, the modified release version should be titrated gradually in steps of 50mg up to a maximum of 150mg bd. (NB this recommended dose differs to, and is lower than, the BNF and SPC maximum daily doses- see below for explanation)
- Occasional use of short acting opioids is preferable to using modified release versions wherever possible, to minimise tolerance and dependence.

The Gloucestershire pain service recommend a maximum daily dose of Tapentadol 300mg (via either immediate or prolonged releases).
This provides the equivalent analgesic effect to oral morphine 120mg/24 hours. (Maximum as recommended by the Faculty of Pain Medicine Opioids Aware | Faculty of Pain Medicine (fpm.ac.uk))

As with all opioids, the dose used should be the lowest possible for benefit, for the shortest possible time. The medication should have a noticeable benefit after each dose and should be discontinued if this benefit is not seen. Prescriptions should only be continued when 50% reduction in pain, as rated on a numerical (0-10) pain scale or significant levels of improvement in function are experienced.

When tapering, Tapentadol should be reduced gradually in 50mg decrements on a 2-weekly basis. Some patients may need a slower taper, to allow time to adjust.

Prescribing notes

Standard precautions for use of strong opioids apply

- Use not recommended in pregnant or breast-feeding women
- No dose adjustment required in
    - mild or moderate renal failure
    - mild hepatic failure.
- Reduced dose (max 100mg/24h) in
    - Moderate hepatic impairment, (Child Pugh score of 7-9)
- Avoid Tapentadol in
    - patients on MAOI's
    - severe renal or hepatic failure (Child Pugh score 10-15)
- Caution in
    - patients with reduced seizure threshold

Further information

The SPC is available at http://www.medicines.org.uk Further information for prescribers and for patients is available from the manufacturer at: www.palexia.co.uk