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Open-label study of fentanyl effervescent buccal tablets in patients with noncancer pain and breakthrough pain: Patient preference assessment

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Many patients with chronic pain experience breakthrough pain (BTP); no currently available pharmacologic agent is optimal for managing BTP. Fentanyl effervescent buccal tablets (FEBT) are designed to enhance the rate and efficiency of fentanyl absorption through the buccal mucosa. This is an ongoing 2-year, multicenter study of FEBT in opioid-tolerant patients with chronic pain and BTP; its primary objective is to assess the safety and tolerability of FEBT. This abstract reports interim results for a secondary objective: assessment of patient preference for FEBT versus their previous supplemental opioids after 1 month of use. Eligible patients (18–80 years old) with low back pain, diabetic neuropathy, postherpetic neuralgia, complex regional pain syndrome, trauma, osteoarthritis, or chronic headache experienced 1–4 episodes/day of BTP and were receiving around-the-clock and supplemental opioids. After titration, patients managed episodes of BTP with 100–800 µg of FEBT. Of 98 enrolled patients, 94 (61% women) consumed at least 1 dose of FEBT; 86 completed titration, and 85 continue with open-label therapy. Previous supplemental opioids included oxycodone (23%), hydrocodone-acetaminophen (22%), and oxycodone-acetaminophen (14%). Effective doses of FEBT were 100 µg for 1%, 200 µg for 15%, 400 µg for 16%, 600 µg for 16%, and 800 µg for 44% of patients; 9% found no effective dose. Patients used FEBT for a

mean of 58.2 BTP episodes total or 2.5 per day. After 1 month of open-label therapy with FEBT, 73% of patients preferred FEBT to their previous supplemental opioids, 75% believed FEBT provided a more rapid onset of analgesia than their previous supplemental opioids, 66% found FEBT easier to use than their previous supplemental opioids, and 64% found FEBT more convenient than their previous supplemental opioids. Current results suggest that a majority of patients with chronic pain and BTP prefer FEBT over their previous supplemental opioids.

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