What Actions Must Be Taken in an Outpatient Pharmacy to Comply with the TIRF REMS?

- Pharmacies must be enrolled in the program to be able to dispense TIRF medicines

Steps for Pharmacy Enrollment in the TIRF REMS

1. Designate an authorized representative to carry out the enrollment process and oversee the implementation and compliance with the TIRF REMS on behalf of the pharmacy.
2. Complete the Training Program:
    - review the **Pharmacy Education**
3. Successfully complete the **Pharmacy Knowledge Assessment**; and
4. Complete and submit a signed **Outpatient Pharmacy Enrollment Form**
5. Train all relevant staff involved in dispensing of TIRF medicines on the risks associated with TIRF medicines and the requirements of the REMS.

The enrollment process may be completed online at **www.TIRFREMSaccess.com**

Or

Materials and forms can be downloaded from the website on the Pharmacy tab, then completed, and faxed to the program at **1-866-822-1487**.

Requirements for Dispensing TIRFs

- Pharmacies must establish policies and procedures to assess **the patient's opioid tolerance** prior to dispensing. This could include reviewing data from available various sources (e.g. state Prescription Drug Monitoring Programs (PDMPs), the patient's records in the pharmacy's management system, and information provided by the TIRF REMS.)
    - Data found during this review must be compared against the opioid tolerance verification data provided by the prescriber. This can be done online while obtaining a REMS Dispense Authorization or by calling the TIRF REMS Call Center at **1-866-822-1453**.
    - Contact the prescriber if there is a discrepancy in data or if the data indicates that the patient is not opioid tolerant.
- For each outpatient prescription, obtain a REMS Dispense Authorization number from the TIRF REMS prior to dispensing each TIRF medicine prescription. This verifies that the patient, prescriber, and pharmacy are enrolled, and the prescriber has confirmed that the patient is opioid tolerant.
    - A REMS Dispense Authorization can be obtained online or by calling the TIRF REMS Call Center at **1-866-822-1453**.

To obtain a REMS Dispense Authorization online at **www.TIRFREMSaccess.com**:

1. Log in to the TIRF REMS website
2. Select the Obtain a Patient RDA option
3. Enter the patient's name and date of birth; the patient's phone or email address, the prescriber's name and NPI number; and the NDC code and the number of days' supply being dispensed
4. Select the Obtain RDA button

If any requirements are not satisfied when obtaining an RDA, the system will generate a rejection and the prescription must not be dispensed.

- Provide a Medication Guide with every refill of a TIRF medicine and discuss the risks and side effects associated with fentanyl-containing products, including what to do if patients experience side effects.

Other TIRF REMS Requirements

- Pharmacies must obtain TIRF medicine product stock only from an enrolled wholesaler-distributor.
- If the pharmacy's authorized representative changes, the new authorized representative must enroll in the TIRF REMS by reviewing the **Pharmacy Education**, successfully completing the **Pharmacy Knowledge Assessment** and the **Outpatient Pharmacy Enrollment Form** and submitting both to the TIRF REMS.
- Outpatient pharmacies must comply with audits carried out by the manufacturers or a third party acting on behalf of the manufacturers to ensure that all processes and procedures are in place and are being followed. Outpatient pharmacies must maintain records of staff training and records of opioid tolerance verification data for each dispensing including moiety, formulation, strength, route, dose, and frequency of around-the-clock opioids for the patient. These records must be available for audits.

What Actions Must be Taken in an Inpatient Pharmacy to Comply with the TIRF REMS?

- Pharmacies must be enrolled in the program to be able to dispense TIRF medicines

Steps for Pharmacy Enrollment in the TIRF REMS

1. Designate an authorized representative to carry out the enrollment process and oversee the implementation and compliance with the TIRF REMS on behalf of the pharmacy.
2. Complete the Training Program:
   - review the **Pharmacy Education**
3. Successfully complete the **Knowledge Assessment**; and
4. Complete and submit a signed **Inpatient Pharmacy Enrollment Form**

5. Train all relevant staff involved in dispensing of TIRF medicines on the risks associated with TIRF medicines and the requirements of the REMS using the Pharmacy Education.

The enrollment process may be completed online at **www.TIRFREMSaccess.com**

Or

Materials and forms can be downloaded from the website on the Resources tab, then completed, and faxed to the program at **1-866-822-1487**.

- Pharmacies must obtain TIRF medicine product stock only from an enrolled distributor.
- Inpatient pharmacies are required to develop policies and procedures to verify the patient's opioid tolerance in patients who require TIRF medicines while hospitalized prior to dispensing. This could include reviewing data from various sources (e.g. - available state Prescription Drug Monitoring Programs (PDMPs) the patient's records in the pharmacy's management system, and information provided by the TIRF REMS.) Inpatient pharmacies do not need to obtain a REMS Dispense Authorization to dispense a TIRF medicine within the inpatient setting.
- If the pharmacy's authorized representative changes, the new authorized representative must enroll in the TIRF REMS by reviewing the **Pharmacy Education**, successfully completing the **Pharmacy Knowledge Assessment** and the **Inpatient Pharmacy Enrollment Form** and submitting both to the TIRF REMS.
- Inpatient pharmacies must comply with audits carried out by the manufacturers or a third party acting on behalf of the manufacturers to ensure that all processes and procedures are in place and are being followed. Inpatient pharmacies must maintain records of staff training. These records must be available for audits.

KEY SAFETY INFORMATION

Risk of Life-threatening Respiratory Depression

Serious, life threatening, or fatal respiratory depression has been reported with the use of opioids even when used as recommended. Respiratory depression, if not immediately recognized and treated, may lead to respiratory arrest and death.

Indication:

TIRF medicines are indicated only for the management of breakthrough cancer pain (BTCP) in cancer patients 18 years of age or older **who are already receiving and who are tolerant to, around-the-clock opioid therapy for underlying persistent cancer pain**.

- The only exception is for ACTIQ, and its generic equivalents, which are approved for cancer patients **16** years of age or older.

Patients Must be Opioid Tolerant to be Prescribed a TIRF Medicine

Definition of Opioid Tolerance:

Patients are considered **opioid tolerant** if they are currently taking (exclusive of a TIRF medicine) one or more of the following opioid regimens daily and have been on the regimen(s) **for one week or longer**:

- ≥ 60 mg oral morphine/day
- ≥ 25 mcg transdermal fentanyl/hour
- ≥ 30 mg oral oxycodone/day
- ≥ 8 mg oral hydromorphone/day
- ≥ 25 mg oral oxymorphone/day
- ≥ 60 mg oral hydrocodone/day
- an equianalgesic dose of another opioid

- Patients must remain opioid tolerant to continue using a TIRF medicine.
- TIRF medicines are intended for use only by opioid-tolerant patients with cancer. They should only be prescribed by healthcare professionals who are knowledgeable of and skilled in the use of Schedule II opioids for the treatment of breakthrough cancer pain.

Check Your Knowledge - Scenario 1

The patients described are experiencing breakthrough pain. A TIRF medicine is NOT appropriate for some of them. Which patients should NOT receive a TIRF medicine?

Select any that apply:

A. Adult male with multiple myeloma who has bone pain currently managed with 50 mg oral oxymorphone daily for the last 2 weeks.

B. 12-year-old sarcoma patient whose underlying persistent cancer pain managed with 25 mcg/hour transdermal fentanyl patches for the past 2 months.

C. Adult female with localized breast cancer; just completed a mastectomy and reconstructive surgery; persistent cancer pain managed with 30 mg oral morphine daily for the past 6 weeks.

D. Adult male patient with advanced prostate cancer who, over the last 2 weeks, has been prescribed 100 mg oral morphine daily for pain due to bone metastasis.

E. Adult female with advanced sarcoma who has been taking a daily dose of 12 mg oral hydromorphone for the last 3 weeks.

See answer on page 16

Contraindications

TIRF medicines are contraindicated in:

- Patients who are not opioid tolerant. **Life-threatening respiratory depression could occur at any dose in patients who are not opioid tolerant, and deaths have occurred**.
- The management of acute or postoperative pain, including:
  - headache/migraine;
  - dental pain; or
  - acute pain in the emergency department
- Patients with acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment
- Patients with known or suspected gastrointestinal obstruction, including paralytic ileus
- Patients with known hypersensitivity to fentanyl or components of the TIRF medicine

Please see the Prescribing Information for each individual TIRF medicine for a complete list of contraindications.

Accidental Ingestion or Exposure

- **TIRF medicines contain fentanyl, which can put patients at risk for overdose and death, especially in the following circumstances**:
  - Patients who are not opioid tolerant
  - Children who are accidentally exposed
  - Concomitant use with CYP3A4 inhibitors (or discontinuation of CYP3A4 inducers)
  - Concomitant use with benzodiazepines or other CNS depressants, including alcohol
- TIRF medicines have a rapid onset of action.
- **Instruct patients to store their TIRF medicines in a safe and secure place, out of the sight and out of reach of all others, especially children.**
- **Accidental or deliberate ingestion of a TIRF medicine by a child may cause severe, possibly even fatal, respiratory depression. Advise patients to seek immediate medical attention if a child is exposed to a TIRF medicine.**

- Prescribers must specifically question patients or their caregivers about the presence of children in the home (on a full-time or visiting basis) and counsel them regarding the dangers to children from accidental exposure.

- Talk with your patients about safe and appropriate storage and disposal of TIRF medicines.

Check Your Knowledge - Scenario 2

There is a risk of fatal overdose with inappropriate use of TIRF medicines. Which one of the following answers is most accurate?

Select one option.

A. TIRF medicines can be fatal if taken by children.
B. TIRF medicines can be fatal if taken by anyone for whom it is not prescribed.
C. TIRF medicines can be fatal if taken by anyone who is not opioid tolerant.
D. All of the above.

See answer on page 16

Dosage and Administration

- The risk of life-threatening or fatal respiratory depression is greatest during the initiation of therapy or following a dosage increase.
- **A TIRF medicine MUST be initiated at the lowest dose available for that specific product, even if the patient is currently taking a TIRF medicine or has taken another TIRF medicine in the past. Titration, if needed, starts at the lowest dose available for that specific product.** Carefully review the initial dosing instructions in each product's specific Prescribing Information.
- **Appropriate Conversion Rules:**
  - TIRF medicines are **not interchangeable**, regardless of route of administration. Significant differences exist in the pharmacokinetic profiles of fentanyl products that result in clinically important differences in the extent of absorption of fentanyl that could result in a fatal overdose.
  - TIRF medicines are **not equivalent** on a microgram-per-microgram basis to any other fentanyl product, including another TIRF medicine. The only exception is for substitution of a generic equivalent for a branded TIRF medicine.
  - **Because of these differences, conversion of a TIRF medicine to another TIRF medicine on a microgram-per-microgram basis may result in fatal overdose.**
  - Therefore, converting from one TIRF medicine to a different TIRF medicine **must not be done on a microgram-per-microgram basis**. The new TIRF medicine must be titrated according to the labeled dosing instructions for each new TIRF medicine the patient begins.
  - The only exception is for substitutions between a branded TIRF medicine and its generic **equivalents**.

Check Your Knowledge - Scenario 3

A patient is already taking a TIRF medicine but wants to change their medicine. His/her doctor decides to prescribe a different TIRF medicine (that is not a bioequivalent generic version of a branded product) in its place. How should the prescriber proceed?

Select any correct option:

A. The prescriber can safely convert to the equivalent dosage of the new TIRF medicine as it has the same effect as other TIRF medicines.

B. The prescriber must not convert from the first TIRF medicine dose to another TIRF medicine at the equivalent dose. The different TIRF medicines have different absorption and bioavailability profiles, and conversion to an equivalent dose of a second TIRF product could result in a fentanyl overdose.

C. Convert from the other TIRF medicine to the new TIRF medicine at half of the dose.

D. The prescriber should base the starting dose of the newly prescribed TIRF medicine on the dose of the opioid medicine used for their underlying persistent cancer pain.

E. The dose that the prescriber believes is appropriate based on their clinical experience.

See answer on page 16

Drug Interactions

- Fentanyl is metabolized mainly by the cytochrome P450 (CYP3A4) isoenzyme system; therefore, potential drug interactions may occur when TIRF medicines are administered concurrently with agents that affect CYP3A4 activity.
  - Concomitant use of TIRF medicines with CYP3A4 inhibitors (e.g., certain protease inhibitors, ketoconazole, fluconazole, diltiazem, erythromycin, verapamil) may increase plasma concentrations of fentanyl and prolong opioid adverse reactions, which may cause potentially fatal respiratory depression.
    - Patients receiving TIRF medicines who begin therapy with or increase the dose of CYP3A4 inhibitors must be carefully monitored for signs of opioid toxicity over an extended period. Dosage increases should be done conservatively.
  - Concomitant use of TIRF medicines with CYP3A4 inducers (e.g., rifampin, carbamazepine, phenytoin) can decrease the plasma concentration of fentanyl, resulting in decreased efficacy or onset of a withdrawal syndrome in patients who have developed physical dependence to fentanyl.
    - If concomitant use with a CYP3A4 inducer is necessary, consider increasing the dose of the TIRF medicine until stable drug effects are achieved. Monitor for signs of opioid withdrawal. If a CYP3A4 inducer is discontinued, consider reducing the dose of the TIRF medicine and monitor for signs of respiratory depression.

      Note: This list does not include a complete list of drug interactions with TIRF medications. Check each drug's Prescribing Information for a complete list.

Maintenance/Dose Adjustments for all TIRF Medicines

- Once a dose that provides adequate analgesia and minimizes adverse reactions is found, that dose should be prescribed for each subsequent episode of breakthrough cancer pain (BTCP).
- Patients must wait at least 2 or 4 hours before treating another episode of breakthrough pain with their TIRF medicine. Please refer to the specific TIRF medicine's Prescribing Information to determine the appropriate dosing interval.
- Limit the use of TIRF medicines to no more than 4 doses per day.
- If the prescribed dose no longer adequately manages the BTCP for several consecutive episodes, increase the dose as described in the titration section of the Prescribing Information.
- Consider increasing the dose of the around-the-clock opioid medicine used for persistent cancer pain in patients experiencing more than 4 BTCP episodes per day.

Naloxone

- Prescribers should consider prescribing naloxone for the emergency treatment of opioid overdose.
- If concomitant use with benzodiazepines, other CNS depressants, or muscle relaxants is warranted, prescribers should consider prescribing naloxone for the emergency treatment of opioid overdose.
- Educate patients and caregivers on how to recognize respiratory depression and emphasize the importance of calling 911 or getting emergency medical help right away in the event of a known or suspected overdose. *(See patient counseling section below).*
- Discuss the availability of naloxone for the emergency treatment of opioid overdose with the patient and caregiver both when initiating and renewing treatment with TIRF products.
- Inform patients about the various ways to obtain naloxone.

Counsel Patients Concerning Risks of TIRF Medicines

- Tell patients exactly how to take the TIRF medicine. Instruct them to take the TIRF medicine strictly as prescribed, with special regard to dosage, dose titration, administration and proper disposal of partially used or unneeded TIRF medicine.
- Remind patients they **must be** opioid tolerant to be able to take a TIRF medicine for their breakthrough cancer pain. Opioid tolerant means that the patient is already using around-the-clock daily opioid pain medicine for constant pain for 1 week or longer.
- If the patient stops taking around-the-clock opioid pain medicine for their constant pain, the patient **must stop taking their TIRF medicine because they may no longer be opioid tolerant**.
    - **Note:** Patients have had difficulty understanding this concept. Emphasize this requirement to your patients and explain that the risk of life-threatening and/or fatal breathing problems with their TIRF medicine increases if they are not taking around-the-clock opioid pain medicines.
- TIRF medicines can cause serious side effects, including life-threatening breathing problems that can lead to death. The patient must take the TIRF medicine exactly as prescribed.
- Instruct patients to store their TIRF medicines in a safe and secure place, out of the sight and reach of all others, especially children. Accidental or deliberate ingestion of a TIRF medicine by a child may cause severe, possibly even fatal, respiratory depression. Advise patients to seek immediate medical attention if a child is exposed to a TIRF medicine.
- Talk with patients about Naloxone.
    - Naloxone is a medicine that helps reverse opioid overdose. It is sprayed

inside the nose or injected into the body. Some naloxone products are designed for people to use in their home.

- The patient should immediately use naloxone if they have it and call 911 and wait for emergency medical services if:
  - The patient or someone else has taken an opioid medicine, including a TIRF medicine, and is having trouble breathing, is short of breath, or is unusually sleepy.
  - A child has accidentally taken an opioid medicine, including a TIRF medicine, or if it is suspected that they might have.
- Giving naloxone to a person, even a child, who has not taken an opioid medicine will not hurt them.
- Naloxone is never a substitute for emergency medical care. Always call 911 and go to the emergency room if the patient or someone else has used or been given naloxone.
- Ask your healthcare provider how you can get naloxone. Naloxone is available in pharmacies, and in some states, you may not need a prescription.
- Keep naloxone in a place where the patient, the patient's family or friends can get to it in an emergency.

- Talk with patients about safe and appropriate disposal of TIRF medicines.
- Inform patients that TIRF medicines have a rapid onset of action.
- Pharmacists and prescribers must specifically question patients or their caregivers about the presence of children in the home (on a full-time or visiting basis) and counsel them regarding the dangers to children from inadvertent exposure.
- Refer patients to their prescribing healthcare provider if they have additional questions about their regimen(s) or dosing.
- Inform patients that TIRF medicines have significant risks for drug-drug interactions:
  - Fentanyl is metabolized mainly by the cytochrome P450 (CYP3A4) isoenzyme system; therefore, potential drug interactions may occur when TIRF medicines are administered concurrently with agents that affect CYP3A4 activity. Concurrent use of TIRF medicines with CYP3A4 inhibitors such as certain protease inhibitors, ketoconazole, fluconazole, diltiazem, erythromycin, verapamil may increase plasma concentrations of fentanyl and prolong opioid adverse reactions, which could lead to potentially fatal respiratory depression. Concomitant use of TIRF medicines with CYP3A4 inducers (e.g., rifampin, carbamazepine, phenytoin) can decrease the plasma concentration of fentanyl, resulting in decreased efficacy or onset of a withdrawal syndrome in patients who

have developed physical dependence to fentanyl.

- Due to the additive pharmacologic effect, the concomitant use of benzodiazepines or other CNS depressants, including alcohol, increases the risk of respiratory depression, profound sedation, coma, and death. Warn patients that it is extremely dangerous to self-administer non-prescribed benzodiazepines or other CNS depressants including alcohol while taking TIRF medicines. Caution patients who are prescribed benzodiazepines or other CNS depressants to use them only as directed by their prescriber.
- The concomitant use of opioids with other drugs that affect the serotonergic neurotransmitter system can induce serotonin syndrome.
- Monoamine oxidase inhibitors (MAOIs) interactions with opioids may manifest as serotonin syndrome.
- Mixed agonist/antagonist and partial agonist opioid analgesics may reduce the analgesic effect of TIRF medicines and/or precipitate withdrawal symptoms.
- Fentanyl may enhance the neuromuscular blocking action of skeletal muscle relaxants and produce an increased degree of respiratory depression.

Check Your Knowledge - Scenario 4

Before initiating treatment with a TIRF medicine, prescribers must review the Medication Guide with the patient. Which of the following counseling statements are FALSE?

Select any statements which are false.

A. TIRF medicines contain fentanyl in an amount that could be fatal to children of all ages, in individuals for whom they were not prescribed, and in those who are not opioid tolerant.

B. Inform patients that TIRF medicines must not be used to treat acute or postoperative pain, including headache/migraine, dental pain or acute pain in the emergency department.

C. Instruct patients that, if they stop taking their around-the-clock opioid medicine, they can continue to take their TIRF medicine.

D. Instruct patients to never share their TIRF medicine with anyone else, even if that person has the same symptoms.

E. Once a patient becomes familiar with the use of their TIRF medicine, if their BTCP is not controlled they can repeat their dose every 20 minutes until their pain is relieved.

See answer on page 16

REPORTING ADVERSE EVENTS

S**erious** Adverse events, **including adverse events** of special interest, including the misuse, abuse, addiction, overdose, death or accidental exposure of a TIRF medicine, s**hould** be reported online at **www.TIRFREMSaccess.com** by use of the:

- **Patient Status and Opioid Tolerance Form**, or
- **Adverse Events of Special Interest Reporting Form**

Adverse events may also be reported by contacting the TIRF REMS at **1-866-822-1483.**

Products* Covered Under this Program:

Product	Dosage and Administration			
	Initial dose	Maximum Dose Per Episode	Frequency	Titration
Actiq® (fentanyl citrate) oral transmucosal lozenge	Always 200 mcg.	If the breakthrough pain episode is not relieved after 30 minutes, patients may take one (1) additional dose using the same strength. Patients should not take more than two (2) doses of ACTIQ per breakthrough pain episode.	Patients must wait at least Four (4) hours before treating another breakthrough pain episode with ACTIQ.	Closely follow patients and change the dosage level until adequate analgesia with tolerable side effects is achieved with angle unit.
FENTORA® (fentanyl buccal tablet)	Always 100 mcg (unless the patient is being converted from ≥600 mcg ACTIQ - please see Prescribing Information)	If the breakthrough pain episode is not relieved after 30 minutes, patients may take one (1) additional dose using the same strength. Patients should not take more than two (2) doses of FENTORA per breakthrough pain episode. Patients must wait at least four (4) hours before treating another breakthrough pain episode with FENTORA.	For patients being converted from ACTIQ, prescribers must use the Initial Dosing Recommendations for Patients on ACTIQ found in Table 1 of the Prescribing Information. The doses of FENTORA in the table are starting doses and not intended to represent equip-analgesic doses to ACTIQ.	Closely follow patients and change the dosage level until adequate analgesia is achieved with a single tablet. During titration, patients can be instructed to use multiple tablets (one on each side of the mouth in the upper/lower buccal cavity) until a maintenance dose is achieved.

Product	Dosage and Administration			
	Initial dose	Maximum Dose Per Episode	Frequency	Titration
Lazanda® (fentanyl) nasal spray	Always 100 mcg	Only use LAZANDA once (1 time) per cancer breakthrough pain episode; i.e., do not re-dose LAZANDA within an episode. Patients must wait at least two (2) hours before treating another episode of breakthrough pain with LAZANDA.	Limit LAZANDA use to four (4) or fewer doses per day.	If adequate analgesia was not obtained with the first 100 mcg dose, continue dose escalation in a stepwise manner over consecutive breakthrough pain episodes until adequate analgesia with tolerable side effects is achieved. Patients should confirm the dose of LAZANDA that works for them with a second episode of breakthrough pain.
Subsys® (fentanyl sublingual spray)	Always 100 mcg (unless the patient is being converted from >600 mcg ACTIQ – please see Prescribing Information.	If the breakthrough pain episode is not relieved after 30 minutes, patients may take one (1) additional dose using the same strength. Patients should not take more than 2 doses of SUBSYS per episode of breakthrough pain.	Patients must wait at least four (4) hours before treating another episode of breakthrough pain with SUBSYS.	Closely follow patients and change the dosage level until adequate analgesia is achieved using a single dose per episode of breakthrough cancer pain.

Note: This table is also available to print for use as a quick reference guide. Please visit www.TIRFREMSaccess.com for further information and resources.

* This includes approved generic equivalents of these products.

For more information about TIRF medicines, see the Prescribing Information, including the BOXED WARNING, for each product.

Resources for More Information

If you have any questions and/or need additional information or copies of any TIRF REMS documents, please visit the program website at www.TIRFREMSaccess.com or call the TIRF REMS at 1-866-822-1483.

ANSWER KEY

Scenarios: Answers and Rationales

Scenario 1: Patient Counseling on use of ATC Opioids

Item A, B, and D Response. This statement is correct.

Item C Response: This statement is incorrect. Patients should be instructed that, if they stop taking their around-the-clock opioid medicine, they must discontinue taking their TIRF medicine.

Item E Response: This statement is incorrect. Individual TIRF medicines have different and product-specific number of times they may be repeated per BTCP occurrence. Patients should be counseled that: they must never use more doses of their TIRF medicine than directed per instance of BTCP occurrence due to the toxicity of fentanyl; and, when their breakthrough pain is not controlled by their TIRF medicine, they should call their prescriber for evaluation.

Scenario 2: Patient Selection/Opioid Tolerance:

Item A, D, and E Response: This patient is appropriate for treatment with a TIRF medicine.

Item B Response: This patient is not appropriate for treatment with a TIRF medicine. TIRF medicines are indicated for use in treatment of BTCP in patients who are 18 years of age or older (or 16 years of age and older in the case of ACTIQ use.)

Item C Response: This patient is not appropriate for treatment with a TIRF medicine. This patient does not meet the definition of “opioid-tolerant” which in the case of oral morphine use as her opioid EDFNJURXGUHPQZRXGUHLXHGDLWRUDWOHWRQHXUHLRUPRUHI morphine.

Scenario 3: Accidental Ingestion or Exposure

Item D: Correct, TIRF medicines can be fatal if taken by children, by anyone for whom it is not prescribed, or by anyone who is opioid non-tolerant.

Items A, B, C: This answer is correct however Answer D most accurate. TIRF medicines can be fatal if taken by children, by anyone for whom it is not prescribed, or by anyone who is opioid non-tolerant.

Scenario 4: Dosage and Administration General

Item B and D Response: Correct. Conversions must not occur on a microgram-for-microgram basis due to the difference in the absorption and bioavailability profiles of the different TIRF products.

Item A or C or E Response: Incorrect. The prescriber must not convert from the first TIRF medicine dose to another TIRF medicine at the equivalent dose, a simple ½ reduction of the microgram dosage or estimates based on prior clinical experience. Because TIRF medicines have different absorption and bioavailability profiles, conversion to an alternate TIRF product must be done at the newly prescribed TIRF medicine’s lowest available dose. Conversions must be based on individual product provided product-specific guidance obtain from the Prescribing Information.