Table 1: Characteristics of Pharmaceutical Fentanyl and its Derivatives

Available at http://paindr.com/wpcontent/uploads/2018/05/2018_Combined-Characteristics-of-Illicit-Licit-Fentanyl-Derivatives.pdf

	Molecular Structure	Metabolism	Pharmaceutical Products	FDA Approved Indications ^A
Fentanyl/Fentanyl Citrate ¹		CYP3A4-mediated oxidative N-dealkylation to norfentanyl (inactive)	Duragesic: - Transdermal Sublimaze: - Injection (IV or IM)	Duragesic:
			TIRFs (fentanyl): - Abstral sublingual tablet - Onsolis buccal soluble film - Subsys sublingual spray TIRFs (fentanyl citrate):	 Analgesic action of short duration during the anesthetic periods, premedication, induction and maintenance and in the immediate postoperative period (recovery room) as the need arises Use as a narcotic analgesic supplement in general or regional anesthesia Administration with a neuroleptic as an anesthetic premedication, for the induction of anesthesia and as an adjunct in the maintenance of general and regional anesthesia Use as an anesthetic agent with oxygen in selected high-risk patients, such as those undergoing open heart surgery or certain complicated neurological or orthopedic procedures.
			 Actiq oral lozenge Fentora buccal tablet Lazanda nasal spray 	Actiq, Onsolis, Fentora, Abstral, Subsys, Lazanda: - Management of breakthrough pain in patients with cancer, 18 years of age and older (16+ for Actiq), who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain
Remifentanil ²⁻⁵		Hydrolysis by non-specific blood and tissue esterases to inactive remifentanil acid (carboxylic acid metabolite)	Ultiva: - Injection (IV only)	 Analgesic agent for use during the induction and maintenance of general anesthesia for inpatient and outpatient procedures For continuation as an analgesic into the immediate postoperative period in adult patients under the direct supervision of an anesthesia practitioner in a postoperative anesthesia care unit or intensive care setting Analgesic component of monitored anesthesia care in adult patients
Sufentanil ¹	S C C C C C C C C C C C C C C C C C C C	CYP3A4-mediated O-demethylation to methylsufentanil (10% pharmaceutical activity as sufentanil)	Sufentanil Citrate: - Injection (IV and epidural)	 Analgesic adjunct in the maintenance of balanced general anesthesia in patients who are intubated and ventilated Primary anesthetic agent for the induction and maintenance of anesthesia with 100% oxygen in patients undergoing major surgical procedures, in patients who are intubated and ventilated For epidural administration as an analgesic for labor and delivery
Alfentanil ⁶		CYP3A4-mediated piperidine N-dealkylation to noralfentanil (inactive) CYP3A5-mediated amide N-dealkylation to N-phenylpropionamide	Rapifen: - Injection (IV only)	 Analgesic adjunct given in incremental doses in the maintenance of anesthesia with barbiturate/nitrous oxide/oxygen Analgesic administered by continuous infusion with nitrous oxide/oxygen in the maintenance of general anesthesia Primary anesthetic agent for the induction of anesthesia in patients undergoing general surgery in which endotracheal intubation and mechanical ventilation are required Analgesic component for monitored anesthesia care (MAC)
Carfentanil ⁷		No human carfentanil metabolism data is available ^B	Wildnil:	 Used for chemical immobilization of free ranging and confined large mammals Federal law restricts this drug to use by or on the order of a licensed veterinarian. The licensed veterinarian shall be a veterinarian engaged in zoo and exotic animal practice, wildlife management programs, or research

All molecular structures were obtained from pubchem; BNotably, only fentanyl, remifentanil, sufentanil, and alfentanil have FDA approved indications in humans. However, all 5 chemicals are currently listed as schedule II by the DEA. BA study in human liver microsomes and human hepatocytes showed the production of 12 metabolites, with N-Dealkylation and monohydroxylation of the piperidine ring being the primary metabolism pathways.

Table developed by Nicholas Trotta, PharmD and edited by Jeffrey Bettinger, PharmD.Reviewed for accuracy and posted by Jeffrey Fudin, PharmD, DAIPM, FCCP, FASHP, FFSMB

References for Characteristics of Pharmaceutical Fentanyl and its Derivatives:

- 1. Tateishi T, Krivoruk Y, Ueng YF, et al. Identification of human liver cytochrome P-450 3A4 as the enzyme responsible for fentanyl and sufentanil N-dealkylation. Anesth Analg 1996;82:167-72.
- 2. Egan TD, Lemmens HJM, Fiset P, Hermann DJ, Muir KT, Stanski DR, et al: The pharmacokinetics of the new short-acting opioid remifentanil (GI 87084B) in healthy adult male volunteers. Anesthesiology 1993; 79:881-892
- 3. Egan TD, Minto CF, Hermann DJ, Barr J, Muir KT, Shafer SL. Remifentanil versus alfentanil: comparative pharmacokinetics and pharmacodynamics in healthy adult male volunteers. Anesthesiology 1996; 4:821-833
- 4. Glass PSA, Hardman D, Kamiyama Y, Quill TJ, Marton G, Donn KH, et al. Preliminary pharmacokinetics and pharmacodynamics of an ultra-short-acting opioid: remifentanil (GI87084B). Anesth Analg 1993; 77(5):1031-1040
- 5. Westmoreland CL, Hoke JF, Sebel PS, Hug CC, Muir KT. Pharmacokinetics of remifentanil (GI87084B) and its major metabolite (GI90291) in patients undergoing elective inpatient surgery. Anesthesiology 1993; 79:893-903
- 6. Kharasch ED1, Russell M, Mautz D, Thummel KE, Kunze KL, Bowdle A, Cox K. The role of cytochrome P450 3A4 in alfentanil clearance. Implications for interindividual variability in disposition and perioperative drug interactions. Anesthesiology. 1997 Jul;87(1):36-50.
- 7. Feasel MG, Wohlfarth A, Nilles JM, Pang S, Kristovich RL, Huestis MA. Metabolism of Carfentanil, an Ultra-Potent Opioid, in Human Liver Microsomes and Human Hepatocytes by High-Resolution Mass Spectrometry. AAPS J. 2016 Nov;18(6):1489-1499.

Table 2: Pharmacokinetic and Pharmacodynamic Properties of Pharmaceutical Fentanyl and its Derivatives¹⁻³

	Route of Administration:	Percent Absorption (bioavailability)	Protein Binding	Terminal Half-Life	Antinociceptive Potency Ratio to Morphine	Antinociceptive Potency Compared to Fentanyl
Transdermal Fentanyl (Duragesic)	Transdermal	92%	80-85%	20-27 hours after patch removal	80-100	1
Fentanyl Citrate Injection	IV or IM	100%	80-85%	2-4 hours	80-100	1
TIRFs	Buccal: - Fentora (tablet) - Onsolis (film) Lozenge: - Actiq Nasal spray: - Lazanda Sublingual: - Abstral (tablet) - Subsys (spray)	Fentora: 65% Onsolis: 71% Actiq: 50% Lazanda: 89% Abstral: 54% Subsys: 76%	80-85%	Fentora: 2.6-11.7 hours Onsolis: 14 hours Actiq: 7 hours Lazanda: 15-25 hours Abstral: 5-14 hours Subsys: 5-12 hours	80-100	1
Remifentanil	IV only	100%	70%	3-10 minutes	100-200	1-2
Sufentanil	IV or epidural	100%	91-93%	~160 minutes	500-1000	5-10
Alfentanil	IV only	100%	92%	90-110 minutes	25	0.25
Carfentanil	IM in large mammals	N/a	N/a	~5.7 hours ¹⁶	10000	100

Table developed by Nicholas Trotta, PharmD and edited by Jeffrey Bettinger, PharmD.

Reviewed for accuracy and posted by Jeffrey Fudin, PharmD, DAIPM, FCCP, FASHP, FFSMB

References:

- 1. Stanley TH. The history and development of the fentanyl series. J Pain Symptom Manage. 1992 Apr;7(3 Suppl):S3-7.
- 2. Elbaridi N, Kaye AD, Choi S, Urman RD. Current Concepts of Phenylpiperidine Derivatives Use in the Treatment of Acute and Chronic Pain. Pain Physician. 2017 Feb;20(2S):SE23-SE31.
- 3. Uddayasankar U, Lee C, Oleschuk C, Eschun G, Ariano RE. The pharmacokinetics and pharmacodynamics of carfentanil after recreational exposure: A Case Report. Pharmacotherapy. 2018 Apr 20.

Table 3: Characteristics of Nonpharmaceutical Fentanyls Listed by DEA as Schedule 1 as of April, 2018

Chemical Name	Antinociceptive Potency Ratio to Morphine	Antinociceptive Potency Ratio to Fentanyl	Chemical Structure
Acetyl fentanyl ^{1,2}	15.7 ^A	0.29 ^A	<u>/=\</u>
Acetyl alpha-methyl fentanyl ²	3.1	0.06	
Acryl fentanyl OR acryloyl fentanyl ^{3,4}	169.5 ^A	0.76 ^A	
Alpha-methyl fentanyl ²	56.9 ^A	1.1 ^A	
Alpha-methylthio fentanyl	N/a	N/a	
Beta-hydroxy fentanyl	N/a	N/a	
Beta-hydroxythio fentanyl	N/a	N/a	
Beta-hydroxy-3-methyl fentanyl or ohmefentanyl 5-6	2957-6300 ^A	13-28 ^A	
Butyryl fentanyl ²	7.0 ^A	0.13 ^A	
Cyclopentyl fentanyl	N/a	N/a	N/a (case report only)
Cyclopropyl fentanyl	N/a	N/a	N/a
4-chloroisobutyryl fentanyl OR parachloroisobutyryl fentanyl	N/a	N/a	N/a
4-fluorobutyr fentanyl parafluorobutyr fentanyl	N/a	N/a	Z

Table developed by Jeffrey Bettinger, PharmD.

Reviewed for accuracy and posted by Jeffrey Fudin, PharmD, DAIPM, FCCP, FASHP, FFSMB

^Antinociceptive potency ratio was calculated by comparing median effective dose (ED_{50}) values in mice after hot plate and/or writhing episode testing

 B 4-fluoroisobutyrylfentanyl, fentanyl, and morphine administered subcutaneously to mice producing increases in tail-flick latency in a tail withdrawal assay with ED $_{50}$ values of 1.61mg/kg, 0.122mg/kg, and 12mg/kg, respectively

^cLofentanil potency ratio determined by comparing ED₅₀ values in rats after hot plate testing after intrathecal injection of fentanyl, lofentanil, and morphine, respectively

References for Characteristics of Nonpharmaceutical Fentanyls Listed by DEA as Schedule 1 as of April, 2018:

- 1. Suzuki J, El-Haddad S. A review: fentanyl and non-pharmaceutical fentanyls. Drug Alcohol Depend. 2017;171:107-116
- 2. Higashikawa Y, Suzuki S. Studies on 1-(2-phenethyl)-4-(N-propionylanilino)piperidine (fentanyl) and its related compounds. VI. Structure—analgesic activity relationship for fentanyl, methyl-substituted fentanyls and other analogues. Forensic Toxicol. 2008;26:1-5
- 3. Ujvary I, Jorge R, Le Ruez T, et al. Acryloylfentanyl, a recently emerged new psychoactive substance: a comprehensive review. Forensic Tox. 2017;35(2):232-243
- 4. Maryanoff BE, Simon EJ, Gioannini T, et al. Potential affinity labels for the opiate receptor based on fentanyl and related compounds. J Med Chem. 1982;25(8):913-9
- 5. Jin WQ, Xu H, Zhu YC, et al. Studies on synthesis and relationship between analgesic activity and receptor affinity for 3-methyl fentanyl derivatives. Sci Sin. 1981;24(5):710-20.
- 6. Brine GA, Carroll FI, Richardson-Leibert TM, et al. Ohmefentanyl and its stereoisomers: chemistry and pharmacology. Current Medicinal Chemistry. 1997;4:247-270.
- 4-Fluoroisobutyrfentanyl (4-FIBF). Expert Committee on Drug Dependence Thirty-ninth Meeting: Review Report [Internet]. World Health Organization. Nov 2017 (cited Apr 2018). Available from: http://www.who.int/medicines/access/controlled-substances/Critical Review 4FIBF.pdf
- 8. Prekupec MP, Mansky PA, Baumann MH. Misuse of novel synthetic opioids: a deadly new trend. J Addict Med. 2017;11(4):256-265
- 9. Yaksh TL, Noueihed RY, Durant PA. Studies of the pharmacology and pathology of intrathecally administered 4-anilinopiperidine analogues and morphine in the rat and cat. Anesthesiology. 1986;64(1):54-66
- 10. Misailidi N, Papoutsis I, Nikolaou P, et al. Fentanyls continue to replace heroin in the drug arena: the cases of ocfentanil and carfentanil. Forensic Tox. 2018;36(1):12-32
- 11. Glass P, Camporesi EM, Martel D, et al [Abstract only]. The analgesic efficacy of A3217. Anesthesiology. 1989;71(3A):A321
- 12. Tetrahydrofuranyl fentanyl (THF-F). Expert Committee on Drug Dependence Thirty-ninth Meeting: Review Report [Internet]. World Health Organization. Nov 2017 (cited Apr 2018). Available from: http://www.who.int/medicines/access/controlled-substances/CriticalReview_THFF.pdf

4-fluoro fentanyl OR parafluoro fentanyl ²	15.7 ^A	0.29 ^A	
4-fluoroisobutyryl fentanyl OR para-fluoroisobutyryl fentanyl ⁷	57 ^B	0.08 ^B	z-_z-_
Furanyl fentanyl ⁸	N/a	N/a	
Isobutyryl fentanyl ²	1.3-6.9 ^A	0.02-0.13 ^A	
Lofentanil ⁹	210 ^c	70 ^c	
4-methoxybutyryl fentanyl OR para-methoxybutyryl fentanyl	N/a	N/a	N/a
Methoxyacetyl fentanyl	N/a	N/a	N/a
3-methyl fentanyl ²	48.5-569 ^A	0.9-10.5 ^A	
3-methylbutyryl fentanyl	N/a	N/a	N/a
3-methylthio fentanyl	N/a	N/a	
Ocfentanil ^{10,11}	200 ¹¹	2.5 ^A	
Tetrahydrofuranyl fentanyl ¹²	N/a	N/a	Z
Thio fentanyl	N/a	N/a	
Valeryl fentanyl	N/a	N/a	

Figure 1: Metabolic Pathways of Pharmaceutical Fentanyl and its Derivatives:

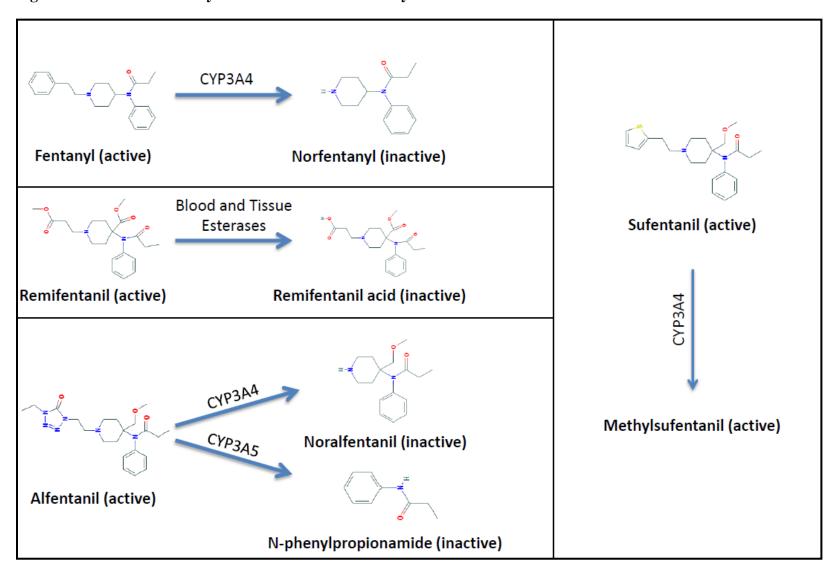


Table developed by Nicholas Trotta, PharmD and Jeffrey Bettinger, PharmD.

Reviewed for accuracy and posted by Jeffrey Fudin, PharmD, DAIPM, FCCP, FASHP, FFSMB

