

## Immediate-release fentanyl

A number of immediate-release (IR) fentanyl products (buccal, sublingual and intranasal) are available. All are licensed for the relief of breakthrough pain for people using opioid therapy for chronic cancer pain.<sup>1</sup> They are relatively costly and there are a number of important safety considerations associated with their use.

### Key recommendations

- In line with NICE guidance, offer oral immediate-release (IR) morphine for the first-line rescue medication for breakthrough pain in patients on maintenance oral morphine treatment.
- Do not initiate IR fentanyl in primary care as first-line rescue medication for any new patient (a NICE 'Do Not Do' Recommendation).
- Deprescribe IR fentanyl in all patients, if appropriate, and ensure the availability of relevant services to facilitate this change.
- IR fentanyl products are licensed only for the treatment of breakthrough pain in adults receiving opioid therapy for chronic cancer pain. They are not licensed for any other type of pain.
- Use outside of the licence (e.g. for non-cancer pain or for patients not taking at least 60mg of oral morphine daily or equivalent) has safety implications and should be reviewed.
- IR fentanyl preparations should be discontinued immediately if the patient no longer experiences breakthrough pain episodes.
- Patients who have not tried IR morphine first-line could be considered for a switch. There is no well-established method for converting between them. IR morphine is usually dosed as a proportion of the background analgesia. Appropriate specialist input should be sought.
- Patients receiving the most costly IR fentanyl products (Actiq® lozenges, Instanyl® nasal spray) who cannot be switched to IR morphine should be considered for a switch to a less costly IR fentanyl product. IR fentanyl products are not interchangeable. Do not convert patients on a microgram per microgram basis from one to another; it is necessary to titrate the new formulation. Appropriate specialist input should be sought.
- All strengths of each brand of IR fentanyl product cost the same. Therefore, once the maintenance dose is reached (i.e. after titration) avoid prescribing doses as multiple dose units (unless this is essential to get the required dosage) as this increases the cost of treatment.
- If more than two to four episodes of breakthrough pain are experienced per day, then the dose of the background long-acting opioid used for persistent pain should be re-evaluated.

These recommendations do not apply to palliative care patients and when in line with NICE guidance and from a MDT and/or other healthcare professional with a specialism in palliative care.

### National guidance

NHS England guidance on "Items which should not be routinely prescribed in primary care" recommends that IR fentanyl is not initiated in primary care and deprescribed if appropriate. It can be prescribed in primary care in exceptional circumstances if there is a clinical need, but this must be in a co-operation arrangement with a multi-disciplinary team and/or other healthcare professionals, and be clearly documented in the patient's record.<sup>2</sup>

### Savings available

IR fentanyl products cost between £4.56 and £7.02 per dose. By comparison, a 10mg morphine sulphate IR tablet costs £0.09 and a 10mg dose of oral solution costs £0.11, so even high doses of IR morphine cost considerably less than IR fentanyl.<sup>3</sup>

In England and Wales £6.7 million is spent on the prescribing of IR fentanyl products over the course of a year (NHSBSA September to November 2020). Significant savings could be made by reducing and optimising the use of IR fentanyl products. Across England and Wales, annual savings in the order of **over £3.8 million (£6,017 per 100,000 patients) could be achieved if the 10th percentile of cost per 1000 patients was reached by all currently above it.**

## References

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. <https://www.medicinescomplete.com/> accessed on 27/10/20.
2. NHS England. Items which should not be routinely prescribed in primary care – Guidance for CCGs. Version 2, June 2019. <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>
3. NHS Business Services Authority. Drug Tariff December 2020. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

|                                |   |   |
|--------------------------------|---|---|
| Additional resources available |  Bulletin   | <a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-285-fentanyl/">https://www.prescqipp.info/our-resources/bulletins/bulletin-285-fentanyl/</a>   |
|                                |  Tools     |   |
|                                |  Data pack | <a href="https://data.prescqipp.info/views/B285_Fentanyl/FrontPage?.iid=1&amp;isGuestRedirectFromVizportal=y&amp;embed=y">https://data.prescqipp.info/views/B285_Fentanyl/FrontPage?.iid=1&amp;isGuestRedirectFromVizportal=y&amp;embed=y</a> |

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP’s quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer).

[Terms and conditions](#)

