Mid and South Essex Health and Care Partnership

NHS

# MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

## FENTANYL IMMEDIATE RELEASE (TRANSMUCOSAL) FOR THE TREATMENT OF BREAKTHROUGH PAIN IN PALLIATIVE PATIENTS

## YELLOW: RESTRICTED FOR USE FOLLOWING INITIATION BY PALLIATIVE CARE SPECIALIST

**Mid and South Essex CCGs do not support the routine prescribing of immediate release fentanyl preparations for any indication other than breakthrough pain in cancer patients who are:**

- **under the care of a palliative care specialist AND**
- **are already using strong opioids (defined as taking at least 60mg oral morphine equivalent daily) AND**
- **are unable to take other short-acting opioid preparations**.

Immediate release fentanyl products are poor value for money compared to immediate release morphine. There are important safety considerations associated with use of immediate release fentanyl.

**New Patients:**

Prescribing initiated by palliative care specialist as a third-line breakthrough pain option when morphine and oxycodone are either contraindicated or inappropriate. Prescribers in primary care and consultant specialists from other disciplines should not initiate fentanyl (IR) for any new patients.

- Dose changes and up-titration should only occur on advice of palliative care specialist
- If indicated, products costing ≤£4.99/dose unit should be used

Initiation, titration and stabilisation must be undertaken by palliative consultants or consultant-led specialist team. Once stabilised for continuation in primary care with patient; specific review information provided by the palliative care specialist.

**Existing patients:**

Review all patients and discuss reduction of dose of fentanyl IR where appropriate, with the aim of eventual de-prescribing. Where required, advice and guidance in complex cases may be sought from drug and alcohol service specialists. Do not further increase the dose or supply quantities for existing patients without palliative specialist input, and only then, this is restricted to use within the product license. Existing patients using IR fentanyl for any other indication should not have their dose increased under any circumstances.

**Prescribe BY BRAND to reduce dosing errors as the pharmacokinetic profiles differ between brands**.

**Recommendations:**

- Immediate release fentanyl products are licensed only for the management of breakthrough pain in adult patients using maintenance opioid therapy (defined as taking at least 60 mg of oral morphine equivalent daily) for chronic cancer pain.
- Do not offer IR fentanyl as a first-line rescue medication for breakthrough pain in patients who are already receiving maintenance opioid treatment (**a NICE Do Not Do Recommendation**).
- In line with NICE guidance offer immediate release morphine sulphate as the first line agent for breakthrough pain in patients who are already receiving maintenance opioid treatment. Oxycodone can be used in patients who cannot tolerate, or have a contraindication to, morphine.
- Immediate release fentanyl may be considered for breakthrough pain in adult patients using opioid therapy for chronic cancer pain, when other short-acting opioids are unsuitable. Prescribing must be initiated and stabilised by a palliative care specialist.
- Use outside of the license (e.g. for non-cancer pain, dressing changes or those on lower doses of opioid maintenance therapy i.e. not taking at least 60mg of oral morphine daily or equivalent) has safety implications and must not be initiated.
- Immediate release fentanyl is contraindicated in the management of acute or postoperative pain. Because life-threatening hypoventilation could occur at any dose in patients not taking chronic opiates, immediate release fentanyl must not be used in opioid non-tolerant patients, including those with only intermittent or “as needed” (PRN) prior exposure.

- The availability of a number of different formulations of immediate release fentanyl with different dosage instructions and pharmacokinetic profiles creates potential for prescribing and dispensing errors.
- If patients are regularly using more than two to four doses of IR fentanyl for breakthrough pain in 24 hours the palliative care specialist should be alerted so that they can review and optimise the background analgesia.
- If there are doubts about the safety of prescribing for an individual patient, primary care physician may request that prescribing is retained by the specialist

This position is supported by NHS England as part of the items which should not routinely be prescribed in primary care.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

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| **References** | ▪ PrescQIPP bulletin 132 Immediate release fentanyl (DROP-List): https://www.prescqipp.info/media/1309/b132-fentanyl-drop-list-briefing-21.pdf<br>▪ NHS England guidance on 'Items which should not routinely be prescribed in primary care' (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 |
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