

Medicines Optimisation intervention brief

Medicines Optimisation Incentive Scheme 18/19 – NHSE (Items which should Not be routinely Prescribed in primary care) Interventions – immediate release fentanyl

TITLE?
INP1.4 Deprescribe immediate release fentanyl preparations
WHAT?
<ul style="list-style-type: none"> In December 2017 NHS England¹ made the following recommendation regarding immediate release fentanyl: <ul style="list-style-type: none"> Prescribers in primary care should not initiate immediate release fentanyl products for any new patient. All existing patients should have their immediate release fentanyl stopped as part of a review of their ongoing treatment If, in exceptional circumstances, there is a clinical need for immediate release fentanyl to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. The standard procedure for exceptional use of a preparation should be followed. <p>Exception: These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl is in line with NICE CG140 and has been made by a multi-disciplinary team and/or other healthcare professional with a recognised specialism in palliative care.</p>
WHY?
<ul style="list-style-type: none"> Fentanyl is a strong opioid analgesic. It is available as an immediate release substance in various dosage forms; tablets, lozenges, films and nasal spray. Immediate release fentanyl is licensed for the treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent.¹ NICE states that oral immediate-release morphine should be offered as first-line rescue medication of breakthrough pain in patients on maintenance oral morphine treatment. Fast-acting fentanyl should not be offered in this circumstance.² The recommendation regarding primary care prescribing does not apply to sustained release versions of fentanyl which come in patch form.
WHO?
<ul style="list-style-type: none"> All patients prescribed immediate-release fentanyl, other than short term use as recommended by a palliative care specialist
TIPS?
<ul style="list-style-type: none"> Out Of Hours providers have been notified of this intervention Immediate release fentanyl should always be prescribed by brand name. Different formulations



vary in their pharmacokinetic characteristics and are not interchangeable.³

- PecFent and Abstral are the only products that are supported by the Basingstoke, Southampton & Winchester District Prescribing Committee for use in palliative care.

HOW?

- Immediate –release fentanyl is available in the following formulations
 - Abstral sublingual tablets 100, 200, 300, 400, 600 and 800microgram
 - Actiq lozenges 200, 400, 600, 800, 1200 and 1600microgram
 - Breakyl buccal film 200,400 and 800microgram
 - Effentora buccal tablets 100, 200, 400, 600 and 800microgram
 - Instanyl nasal spray 50, 100 and 200microgram
 - PecFent nasal spray 100 and 400microgram
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- Search for patients taking these preparations using both brand and generic names.
- Having identified any patients receiving IR fentanyl (otherwise than for short term use in palliative care), the GP should discuss with the patient alternative treatment strategies with the objective being to agree a plan to reduce and stop the prescribing of the IR fentanyl.
- Patients should be informed of the national (NHS England) guidance issued in December 2017 regarding the prescribing of these products by GPs.
- This review and plan should be discussed within the practice and will normally involve discussion and / or referral to a specialist service, e.g. pain service, drug and alcohol service as part of the plan to stop the IR fentanyl.

SO WHAT?

- NHS England guidance implemented

FURTHER INFORMATION

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England December 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>
2. NICE Clinical Guideline 140. Palliative Care for Adults: Strong Opioid Relief. August 2016 <https://www.nice.org.uk/guidance/cg140/chapter/1-Recommendations#first-line-maintenance-treatment>
3. PrescQIPP Bulletin B132: Immediate-release fentanyl.
4. Summary of Product Characteristics <https://www.medicines.org.uk/emc/>
5. WHCCG Policy Statement reference no. [PS011](#)

