

Immediate release fentanyl (DROP-List)

A number of immediate release 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.¹ 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 morphine for the first line rescue medication of breakthrough pain in patients on maintenance oral morphine treatment. Do not offer fast-acting fentanyl as first line rescue medication (a NICE Do Not Do Recommendation).²
- 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.³ Prescribing should be in line with local policy (e.g. formulary guidelines) and undertaken by health professionals fully aware of the prescribing information.
- Immediate release fentanyl products have different dosage instructions and different pharmacokinetic characteristics. They are not interchangeable and should be prescribed by brand.⁴
- An individual's circumstances should be considered carefully to ensure they fulfil the necessary requirements for use of a transmucosal product, e.g. current opioid dose, ability to access, use, store and dispose of the product reliably, etc.⁴
- Patients regularly using more than 2-4 doses of immediate release fentanyl for breakthrough pain/24 hours should be reviewed by an appropriate person and an increase of background analgesia considered.^{1,4}
- All strengths of each brand of immediate release fentanyl product cost the same.⁵ 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.
- Immediate release fentanyl products are licensed only for the management of breakthrough pain in adult patients using opioid therapy for chronic cancer pain.¹ 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.⁶
- As with all opioids, the risk of addiction and misuse should be borne in mind.

Additional resources available: <https://www.prescqipp.info/resources/viewcategory/170-fentanyl>



Bulletin



Data pack



Audit, letters

Supporting evidence

Limited evidence from a Cochrane review suggested that immediate release fentanyl gives better pain relief at 15 minutes than immediate release morphine.⁷ Meta-analysis of data from two studies (n=154) comparing transmucosal fentanyl with morphine tablets was reported to demonstrate a statistically significant difference in pain intensity at 15 minutes favouring fentanyl (mean difference=0.37, 95% CI 0.00 to 0.73, p=0.048). However, following feedback questioning both the clinical and statistical significance of this finding, the Cochrane Editorial Unit withdrew the review.⁸

Since the publication of the Cochrane review, a randomized controlled trial comparing sublingual fentanyl to oral morphine solution has been published.⁹ A statistically significant difference between treatments favouring sublingual fentanyl was reported, however the study size (n=40) and methodological limitations (including lack of proper randomization) mean that further studies addressing this question are needed.

Costs and savings

Immediate release fentanyl products cost between £4.24 - £7.01 per dose. By comparison a 10mg dose of morphine sulphate (as oral solution or tablet) costs £0.09, so even high doses of immediate release morphine costs considerably less than immediate release fentanyl.⁵

In England and Wales, over £10.8 million is spent on immediate release fentanyl products over the course of a year (ePACT Oct - Dec 2015). Significant savings that could be made by reducing and optimising the use of immediate release fentanyl products.

Annual savings in the order of over £9.1 million (£15,118 per 100,000 patients) could be achieved if the 10th percentile of cost per 1000 patients reached by all currently above it.

References

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. Accessed June/July 2015 via <https://www.medicinescomplete.com/mc/bnf/current/>
2. National Institute for Health and Care Excellence (NICE). Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults (CG140). May 2012 <https://www.nice.org.uk/guidance/cg140> Accessed 28/6/15
3. Scottish Medicines Consortium advice (Abstral, Effentora, Instanyl, PecFent). Accessed via www.scottishmedicines.org.uk on 30/06/15
4. Fentanyl (transmucosal) monograph. Palliative Care Formulary. Accessed via www.palliativedrugs.com on 30/6/15
5. MIMS Accessed via <http://www.mims.co.uk> on 24/5/15
6. U.S. Food and Drug Administration (FDA). Information for Healthcare Professionals: Fentanyl Buccal Tablets (marketed as Fentora). FDA Alert [9/2007]. Accessed via www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm126082.htm on 28/6/15
7. Zeppetella G, Davies AN. Opioids for the management of breakthrough pain in cancer patients. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD004311. DOI: 10.1002/14651858.CD004311.pub3. Accessed via <http://www.cochranelibrary.com> on 28/6/15
8. Zeppetella G, Davies AN. Opioids for the management of breakthrough pain in cancer patients. Cochrane Database of Systematic Reviews 2015, Issue 8. Art. No.: CD004311. DOI: 10.1002/14651858.CD004311.pub4. Accessed via <http://www.cochranelibrary.com> on 19/1/16
9. Velázquez Rivera I, Muñoz Garrido J et al. Efficacy of sublingual fentanyl vs. oral morphine for cancer-related breakthrough pain. Advances in therapy 2014;31(1):107-117

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