



9 April 2020

Medicine Supply Alert Notice

Diamorphine Hydrochloride powder for reconstitution and injection 5mg & 10mg ampoules

Priority: Level 3* - update to MSAN (2020)10, issued 27 February 2020
Valid until: Spring / Summer 2020

Issue

This update asks healthcare professionals to make permanent the recommended actions originally communicated on 27 February 2020 in MSAN (2020)10.

1. There are two suppliers of diamorphine hydrochloride 5mg and 10mg in the UK, Wockhardt and Accord.
2. Accord are out of stock of both 5mg and 10mg strengths, with a re-supply date of Summer 2020.
3. Wockhardt are out of stock of both 5mg and 10mg strengths with limited supplies expected to be available w/c 6 April 2020.
4. The indication from both suppliers of diamorphine 5mg and 10mg strengths is that the supply will remain unpredictable for the foreseeable future.
5. Diamorphine hydrochloride 30mg, 100mg, 500mg are available but manufacturers are unable to support an increase in demand on these strengths.
6. Morphine sulfate solution for injection 10mg/mL has been identified by clinical experts as the most appropriate first-line alternative. In MSAN (2020)10, both primary and secondary care were advised to temporarily switch to morphine, where clinically appropriate. Given the continuing unpredictability of supply of diamorphine both primary and secondary care should now **make this change permanent**.
7. Morphine and diamorphine are not equipotent, and care should be taken when switching patients or amending guidelines, the UKMi memo (see paragraph 12) gives further information.
8. Sufficient supplies of morphine sulfate 10mg/mL injection are available from Ethypharm and Hameln to support this supply disruption. The Hameln presentation is preservative free.

Advice and Actions

Primary Care

9. All healthcare professionals in primary care who prescribe, dispense or administer diamorphine hydrochloride injection 5mg and 10mg should:
 - review and update guidelines and protocols, moving to morphine sulphate injection as opioid of choice, where clinically appropriate, in place of diamorphine 5mg and 10mg for the duration of this supply disruption;

- identify and deliver required education and training to General Practice and community nursing teams to support the switch over to morphine;
- ensure no new patients are started on diamorphine hydrochloride 5mg or 10mg injection;
- review patients currently receiving diamorphine 5mg or 10mg injection and manage the switch to an alternative opioid;
- **not** switch patients to higher strengths of diamorphine injection as there is insufficient stock to support increased use;
- consider morphine 10mg/mL injection as the first line opioid, supplies of other alternative opioid agents are limited and should be prescribed for patients where morphine is not clinically appropriate while stocks remain; and
- place orders for morphine sulfate 10mg/1mL solution for injection ampoules (Ethypharm (Martindale) and Hameln) from major wholesalers.

Secondary Care

10. All healthcare professionals in secondary care, including hospices, who prescribe, dispense or administer diamorphine should:
- identify a local lead within their organisation to manage the delivery of actions as advised in this document and appropriate cascade of information to clinical areas and teams impacted;
 - review and update guidelines and protocols, moving to morphine sulphate 10mg/1mL; injection as opioid of choice in place of diamorphine 5mg and 10mg for the duration of this supply disruption, clearly identifying groups of patients or indications for whom any available diamorphine should be reserved;
 - identify and deliver required education and training to clinical teams to support the move over to morphine;
 - ensure no new patients are started on diamorphine hydrochloride 5mg or 10mg injection;
 - manage the switch over to morphine for patients currently on diamorphine where this is deemed safe and clinically appropriate;
 - centralise all diamorphine in the hospital pharmacy and reserve remaining stock for use in patients who cannot be treated with alternatives;
 - only order diamorphine hydrochloride 5mg and 10mg injection to meet individual patient demand once local stock holding has been used, while stocks remain;
 - not change prescribing practice to alternative opioids, other than morphine 10mg/1mL, unless a pharmacy procurement colleague has confirmed sufficient stock is available to support an uplift; and
 - order morphine sulfate 10mg/1mL solution for injection ampoules from major wholesalers for Ethypharm (Martindale) and direct for Hameln product.

Additional Information

11. Diamorphine is used extensively in secondary care mainly for the treatment of severe pain in obstetrics, surgery and in palliative care. The use in primary care is mainly for palliative care patients. There is some use of diamorphine for substance misuse related indications, but this is generally at much higher doses and therefore it is unlikely that a shortage of the 5mg and 10mg vials will have an impact on these patients.
12. The UK has been experiencing intermittent supply issues of diamorphine 5mg and 10mg injection since May 2018. To date these issues have largely been managed by secondary care allocations which has allowed primary care to continue to purchase at usual forecasted demand. However, in addition to the Accord out of stock position, Wockhardt has experienced an unexpected delay in delivery of the active pharmaceutical ingredient, which means that the UK

will go out of stock of both strengths in March 2020. This supply issue will impact both primary and secondary care.

13. Morphine sulphate is deemed to be an appropriate alternative to diamorphine hydrochloride for most patients. A clinical guidance document has been developed by UKMi to support local management plans <https://www.sps.nhs.uk/articles/shortage-of-diamorphine-5-and-10mg/>.
14. The Department of Health and Social Care will continue to work closely with manufacturers of diamorphine and morphine and clinical experts, over the coming weeks, to assess the mid to long-term supply picture of the two agents and how this may impact clinical practice.

Enquiries

15. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to PharmacyTeam@gov.scot (primary care) or NSS.NHSSMedicineShortages@nhs.net (secondary care).