



5 March 2021

## **Medicine Supply Alert Notice**

### **Morphine sulphate (MST CONTINUS®) 20mg, 30mg, 60mg, 100mg and 200mg prolonged release granules for oral suspension**

**Priority: Level 3\***  
**Valid until: being discontinued**

#### **Issue**

1. All strengths of MST Continus® prolonged release granules for oral suspension are being permanently discontinued during 2021 due to difficulty sourcing a key excipient.
2. Alternative morphine presentations, both prolonged release and immediate release, remain available and will be able to support increased demand.
3. The following table provides information on anticipated out of stock dates for each presentation.

| <b>Product details</b>                     | <b>Anticipated out of stock date</b> |
|--|--------------------------------------|
| MST CONTINUS granules for suspension 20mg  | Nov-21                               |
| MST CONTINUS granules for suspension 30mg  | Aug-21                               |
| MST CONTINUS granules for suspension 60mg  | Jun-21                               |
| MST CONTINUS granules for suspension 100mg | May-21                               |
| MST CONTINUS granules for suspension 200mg | Jan-22                               |

#### **Advice and Actions**

4. All healthcare professionals in primary, secondary and specialist healthcare services should:
  - not initiate MST Continus® prolonged release granules for oral suspension in patients;
  - identify patients currently prescribed MST Continus® prolonged release granules for oral solution and make early contact for a review of treatment;
  - review treatment and, if following discussion with the patient ongoing treatment with an opioid is considered necessary and appropriate, switch to an alternative opioid therapy taking into account current morphine dose and the patient's ability to administer alternative formulations (see Supporting Information below);
  - counsel patients and their carers on the use of any newly prescribed formulation or opioid; and
  - review patients following any switch to ensure pain is controlled and no signs of toxicity are evident (see Advice on Switching and Monitoring section).

## Additional Information

### Product details

5. Morphine sulphate (MST CONTINUS<sup>®</sup>) 20mg, 30mg, 60mg, 100mg and 200mg prolonged release granules for oral suspension (Napp Pharmaceuticals Ltd).

### Background

6. Napp Pharmaceuticals Ltd are sole suppliers of MST CONTINUS<sup>®</sup> 20mg, 30mg, 60mg, 100mg and 200mg prolonged release granules for oral suspension, which are being discontinued throughout 2021 due to difficulty sourcing a key excipient for the product.

### Advice on switching to alternative modified release morphine preparation

7. Each patient needs to be considered on a case by case basis.
8. The only modified release morphine preparations that are licensed to be manipulated to enable administration to patients with swallowing difficulties or who are being tube fed, are Zomorph<sup>®</sup> and MXL<sup>®</sup> capsules:
  - Contents of Zomorph<sup>®</sup> capsules can be administered directly in semi-solid food (puree, jam, yoghurt) but should not be chewed or crushed. Alternatively, contents can be administered via gastric or gastrostomy tubes of a diameter of more than 16 F.G. with an open distal end or lateral pores, and tube rinsed with 30ml to 50ml of water. The [Handbook of Drug Administration via Enteral Feeding Tubes](#) suggests that the contents of Zomorph capsules can **also** be put down an 8Fr NG tube (unlicensed), however, the granules settle quickly in the syringe and care must be taken to deliver the complete dose. **Please note: Zomorph capsules are a 12 hourly preparation and administered twice daily.**
  - MXL<sup>®</sup> capsules can be opened and the contents sprinkled on to soft cold food. Contents should not be chewed or crushed and cannot be administered down enteral feeding tubes as the granules in the capsules are highly lipophilic and will clump together when in contact with water or saline. **Please note: MXL<sup>®</sup> capsules are a 24-hour preparation and administered once daily.**
  - Other modified release morphine preparations are available but may not be suitable for administering via a tube.
  - Further information on administration through feeding tubes can be found in the [Handbook of Drug Administration via Enteral Feeding Tubes](#), which may contain information relating to unlicensed uses, and the SPCs (links in the next section).

### Advice on switching and monitoring if other modified release morphine preparations are not appropriate

#### Switching:

9. When modified release morphine preparations are not appropriate, clinicians should consider prescribing:
  - standard release morphine preparations with as required pain relief provided for breakthrough pain;
  - opioid transdermal patches with as required pain relief provided for breakthrough pain (in patients whose pain control has been stabilised); or
  - other oral opioids (e.g. oxycodone), if appropriate.

10. Care should be taken to ensure correct dose conversion when switching from MST Continus suspension (twice daily preparation) to standard release morphine preparations or to alternative opioid products. Equivalence tables should be used as a guide as individual responses may vary. Clinical judgement and review are important before and after switching.

11. Further advice is available from following sources:

- [BNF Prescribing in Palliative Care](#)
- [UKMi Q&A Opioid Conversion](#)
- [SPC Zomorph Capsules](#)
- [SPC MXL Capsules](#)

**Monitoring:**

12. Patients should be monitored for signs of opioid toxicity following a change in formulation of their opioid. Signs of opioid toxicity include but are not limited to:

- Drowsiness and coma
- Decreased respiratory rate
- Pinpoint pupils

13. Patients and their carers should be counselled on the signs of toxicity and advised to contact their prescriber if concerned. Further information on signs of toxicity can be found [here](#).

14. Patients should be monitored for lack of pain control and advised to seek advice if pain is not controlled following any switch in therapy.

**Enquiries**

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