MEDICATION SAFETY COMMUNICATION

Information for health professionals in NSW public health organisations

MS Contin (granules for) suspension – 16 February 2021	
Details of affected product(s)	MS Contin (granules for) suspension 20 mg – ARTG 45838 MS Contin (granules for) suspension 30 mg – ARTG 45841 MS Contin (granules for) suspension 60 mg – ARTG 65397 MS Contin (granules for) suspension 100 mg – ARTG 65398 MS Contin (granules for) suspension 200 mg – ARTG 65399
Reason for communication	Discontinuation, some strengths will be unavailable from March 2021 with total run-out of stock by end of 2021
Date issue made apparent	October 2020
Estimated resolution date	Not applicable

Main therapeutic applications

MS Contin (granules for) suspension is a **sustained release** formulation of morphine sulfate, an opioid analgesic indicated for the management of severe pain where other treatment options have failed, are contraindicated, not tolerated or are otherwise inappropriate to provide sufficient management. Additionally, the pain should be opioid-responsive and severe enough to require daily, continuous, long-term treatment. In practice, MS Contin (granules for) suspension are generally used for patients with swallowing difficulties and/or those with enteral feeding tubes.

Alternative agents

Alternative opioid analgesics that can be considered based on the patient's clinical condition and prescriber's preference may include –

- Sustained release: MS Mono (24-hourly dosing) and Kapanol (12- or 24-hourly dosing) capsules (morphine sulfate) not suitable for nasogastric tubes and should only be used for gastrostomy tubes 16 French or larger. See Australian Don't Rush to Crush Handbook for further information. Note pellets (from inside the capsules) should not be crushed, chewed or broken. The use of part/divided doses removed from a capsule can lead to inaccurate dosing and is not recommended.
- **Immediate release**: Ordine oral solution (morphine hydrochloride), Anamorph and Sevredol tablets (morphine sulfate), which can be crushed require more frequent administration within a 24-hour period when compared to sustained release formulations.
- **Immediate release**: Methadone oral liquid for patients with enteral feeding tubes, see *Australian Don't Rush to Crush Handbook* for further information. Methadone can prolong QT interval and has a long half-life; dose conversion should only be managed by practitioners experienced in its use.
- Transdermal opioid preparations such as buprenorphine and fentanyl patches.
- Injectable opioid preparations.

Precautions and safety issues associated with alternative products

There is no direct substitute available for MS Contin (granules for) suspension and thus choice of alternative agent should be made on a case-by-case basis. Different preparations of sustained release morphine **may not be bioequivalent** – doses may need to be titrated to response. Referral to a pain or opioid stewardship specialist may be required to ensure dose conversion is performed accurately.

Impacts of this communication on clinical practice

Existing patients utilising MS Contin (granules for) suspension should be reviewed and switched to an appropriate alternative morphine or non-morphine agent(s). Dose equivalence must be calculated using the Opioid Calculator from Faculty of Pain Medicine, a tool expressing equianalgesic dose as total oral Morphine Equivalent Daily Dose (oMEDD), or evidence-based dose equivalent tables (e.g. AMH 2021, eTG 2020). Monitoring will be required until stabilising of dosing on an alternative opioid. Patients should not be commenced on this medication due to uncertainty regarding the availability of ongoing supply during 2021.

Associated regulatory or policy issues

PD2013_043 Medication Handling in NSW Public Health Facilities PD2020_045 High-Risk Medication Management

Key contacts

Clinical Excellence Commission (Medication Safety) – <u>CEC-MedicationSafety@health.nsw.gov.au</u>
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