Safety Notice 005/21

HYDROmorphone (Dilaudid®) Oral Liquid 1 mg/mL – Discontinued

17 March 2021

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director, Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Palliative Care Services
- Pain Services
- Renal Units
- Directors of Medical Services
- Directors of Pharmacy
- Directors of Nursing
- Drugs and Therapeutics Committees and subcommittees

Expert Reference Group

Content reviewed by:

- State Preparedness and Response Branch
- Chief Pharmacist Unit
- Medication Safety Expert Advisory Committee

Clinical Excellence Commission

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Intranet Website
http://internal.health.nsw.gov.au/quality/sabs/

Review date

March 2022

Background

HYDROmorphone (Dilaudid®) oral liquid 1 mg/mL will be discontinued from April 2021. There are no other brands of oral liquid HYDROmorphone available globally at this stage. HYDROmorphone tablets and injections will remain available.

HYDROmorphone is a potent opioid (five to seven times more potent than morphine) used to treat severe, acute or chronic pain in patients for whom other opioid medicines were deemed inappropriate or not tolerated. All patients on HYDROmorphone oral liquid should be reviewed for continued need by a relevant speciality, for example; palliative care, oncology, renal supportive care, geriatrics or pain team.

For patients deemed appropriate and necessary to continue on HYDROmorphone, tablets are available in 2 mg, 4 mg and 8 mg strengths (note: only the 8 mg tablets are scored and can be halved accurately). These tablets can be swallowed whole or crushed and mixed with water (see Don't Rush to Crush Handbook for instructions).

Due to HYDROmorphone's high potency, errors with this medicine may result in serious adverse patient outcomes and switching patients from HYDROmorphone to another opioid can be complex. Clinicians should seek specialist advice and carefully consider individual patient factors to ensure the most appropriate alternative is selected (e.g. in patients with severe kidney disease, dose adjusted oxycodone is the preferred oral opioid).

Alternative oral opioid liquid formulations available include:

- Oxycodone (OxyNorm®) oral liquid 1 mg/mL, 250 mL bottle
- Morphine (Ordine®) oral liquid 1 mg/mL, 2 mg/mL, 5 mg/mL and 10 mg/mL; 200 mL bottle

There are other alternatives available, e.g. methadone oral liquid, tapentadol tablets and opioids delivered via an alternative route e.g. patches), which could be considered after specialist consultation.

Opioid conversion tools should be used when determining a suitable dose (refer to your locally approved opioid conversion tool). **Specialist advice from an appropriate specialty should be sought for conversions if there is limited experience with opioid conversions. Monitoring is required until patient is stabilised on a dose of an alternative opioid.**

References

1. High-Risk Medicines Management Policy https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_045
2. *Australian Medicines Handbook* 2021 (online). Adelaide: Australian Medicines Handbook Pty Ltd; 2021 January. Available from: http://amhonline.amh.net.au
3. Changing to a different opioid in palliative care patients [amended 2020 December]. In: eTG complete [Internet]. Melbourne: Therapeutic Guidelines Limited; 2020 December.
4. Safety Alert 001/17 – HYDROmorphone: High-risk medicine

Suggested Actions by Local Health Districts/Networks

1. Distribute this Safety Notice to all stakeholders and clinical departments affected by the discontinuation of HYDROmorphone (Dilaudid®) oral liquid 1 mg/mL.
2. Develop a local plan to manage the unavailability which should include –
   a. an assessment of the current status of HYDROmorphone (Dilaudid®) oral liquid available in each facility
   b. when converting patients to an alternative opioid:
      i. ensuring the availability of locally approved opioid conversion tools and implementing strategies to minimise conversion errors e.g. independent second person check, obtaining specialist advice if limited experience with opioid conversions
      ii. ensuring the alternative opioid is commenced at a lower dose than the calculated equianalgesic dose considering patient factors, including age, renal impairment and opioid characteristics (refer to Therapeutic Guidelines[3]) and then titrated to effect.
   c. clear communication of any changes to the patient's opioid therapy in the patient notes, to nursing, pharmacy staff and to primary healthcare providers
   d. in facilities utilising eMM systems, liaison with local eMeds/ICT teams to review and modify available order sentences.
3. Verbally inform patients/carers affected by the discontinuation of potential changes to their treatment. Provide written information of alternatives including dosing and adverse effects.
4. Ensure a system is in place to document actions taken in response to this Safety Notice.

Made Obsolete January 2023 – Known issue, section 19A alternatives are available (as of November 2022).