



Somerset

Medicines Management Scorecard Opioid Prescribing Indicators 22/23

This document is an update on the opioid prescribing indicators. There are three indicators in the scorecard in 22/23.

Indicator 12 - Reduction in oral morphine solution prescribing

This is a new indicator for the 22/23 scorecard.

Target: < 150ml per 1000 analgesic star PU, or 20% reduction from baseline.

Rationale: There are very few indications where the prescribing of oral morphine solution is appropriate, yet it is prescribed to large numbers of patients in Somerset, sometimes for many months/years.

**It is a high-risk medication with increased risk of overdose and death.
Coroners have raised concerns about its safety.**

This new scorecard indicator is intended to encourage more appropriate prescribing.

When could oral morphine solution be prescribed? Only a limited role for pain control in palliative patients.

Acute (short term) Pain	Chronic (long term) pain	Palliative Care <i>Limited Role Only</i>
		
Patients may be discharged from hospital with this preparation for SHORT TERM use post operative analgesia	Prescribers asked not to initiate it. Where patients are already taking long term, take steps to change to a long-acting formulation and taper down. ☺	Could be prescribed for breakthrough pain in certain circumstances.
<i>GPs not to continue prescribing once the patient is home –should not add to repeat</i>	<i>Not recommended for use in Chronic Pain</i> NICE NG 193	Consider Sevredol® tablets or Actimorph® oro-dispersible tablets if alcohol or sugar concerns.

Morphine sulfate liquid

- ❖ is not suitable for repeat prescribing
- ❖ is a high-risk medication associated with increased risk of overdose and death.
- ❖ coroners have raised concerns about it's safety.
- ❖ has a very short duration of action, so pain is poorly controlled.



Oramorph[®] is the usual brand dispensed
One 300ml bottle contains
60 x 10mg doses of morphine

Plus
Alcohol (10% by volume)
equivalent to 600ml of beer
Sugar (90g)
equivalent to 18 teaspoonfuls

Suggested interventions:

Short acting opioids are associated with poor pain control, however if a short acting preparation is required then please consider Actimorph[®] (morphine sulfate) orodispersible tablets (available as 1, 2.5, 5, 10, 20 or 30mg). These have recently been added to the Somerset CCG formulary and are a preferable short acting morphine sulfate formulation if longer acting (MR) morphine formulations are not an option. Actimorph[®] orodispersible tablets disperse rapidly in the mouth before swallowing. The dose interval is [every 4-6 hours](#) - see [SPC](#) for further details.

Resources: A poster has been developed displaying the above information to support work on this prescribing indicator.