



OPIOID AGONIST TREATMENT ALERT
SLOW RELEASE ORAL MORPHINE SHORTAGE RESOLVED
UPDATE: February 27, 2018

The shortage of slow-release oral morphine, brand name KADIAN[®], for the treatment of opioid use disorder has been resolved.

Clinical management FOR ALL PATIENTS ON KADIAN[®] FOR OPIOID USE DISORDER PRIOR TO JANUARY 2018 SHORTAGE:

- Contact the patient to inform them of the shortage resolution and discuss their treatment plan to resume KADIAN[®] for the treatment of their opioid use disorder. It is important to discuss any changes in treatment and make a collaborative decision with your patients.
- Document this discussion and any treatment decisions in the patient’s medical record.
- Contact the pharmacy to discuss the clinical management strategy with the pharmacist.

OPTION 1—Convert patients from M-ESLON[®] back to KADIAN[®]

- Convert and write a prescription for slow-release oral morphine brand name KADIAN[®] (same therapeutic dosage of M-ESLON[®]).
 - This is a 1:1 ratio conversion (e.g., M-ESLON[®] 200 mg BID is equivalent to KADIAN[®] 400 mg/day).
 - There is no need to decrease the dose by 25%, as it is the same opioid class.
- The prescription must clearly specify “**for OAT**” (opioid agonist treatment). An example prescription is provided on next page.
- KADIAN[®] must be prescribed as **daily witnessed ingestion (DWI)**.
- Indicate to the patient that KADIAN[®] must be taken at the same time every day.
- KADIAN[®] is a 24-hour formulation, and requires only one dose per day, unlike the 12-hour M-ESLON[®] formulation which required two doses per day.
- KADIAN[®] is available in the following dosage strengths:

NAME	PIN (for OAT)	DIN
Kadian [®] 10 mg capsule	22123349	2242163
Kadian [®] 20 mg capsule	22123346	2184435
Kadian [®] 50 mg capsule	22123347	2184443
Kadian [®] 100 mg capsule	22123348	2184451

OPTION 2—Convert patients from buprenorphine/naloxone back to KADIAN[®]

- Ensure this option is collaboratively agreed upon with your patient.
- See the [BCCSU Guideline for the Clinical Management of Opioid Use Disorder](#) or call the RACE Line (1-877-696- 2131, press 1 for addiction medicine) for more information on transitioning from buprenorphine/naloxone to slow-release oral morphine.





OPTION 3—Convert patients from methadone back to KADIAN®

- Ensure this option is collaboratively agreed upon with your patient.
- Refer to the [BCCSU Guideline for the Clinical Management of Opioid Use Disorder](#) or call the RACE Line (1-877-696- 2131, press 1 for addiction medicine) for more information on transitioning from methadone to KADIAN®.

EXAMPLE PRESCRIPTION—KADIAN® FOR OAT

B.C. CONTROLLED PRESCRIPTION FORM						
Take to pharmacy of choice.						
PLEASE PRINT						
PERSONAL HEALTH NO.	123456789			02	01	16
				DAY	MONTH	YEAR
PATIENT NAME	FIRST	INITIAL	LAST			
	John	X	Smith			
ADDRESS	123 45th Street					
CITY	Vancouver	PROV.	BC	26	12	76
				DAY	MONTH	YEAR
Rx - DRUG NAME AND STRENGTH		ONLY ONE Rx PER FORM		VOID if altered		
Kadian 400mg (for OAT)						
NUMERIC	QUANTITY	ALPHA				
11,200mg		eleven thousand two hundred mg				
DIRECTIONS FOR USE						
400mg PO once daily						
DWI						
Open capsule and sprinkle pellets						
No carries, no deliveries						
Rx: Jan 3 - Jan 30/2016 (28 days)						
NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE		PRESCRIBER'S SIGNATURE				
		<i>W. Osler</i>				
DR. WILLIAM OSLER		COLLEGE I.D. #				
543 21st ST		12345 67				
VANCOUVER BC V6Z 1Y6						
		FOLIO 12345678				
PHARMACY USE ONLY						
RECEIVED BY - PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST			
PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE						
PRESS HARD						
YOU ARE MAKING 2 COPIES						
PRINTED IN B.C.						

