Department of Health & Social Care

NHS England

Medicine Supply Notification

MSN/2025/071

Diamorphine 5mg, 10mg and 100mg powder for solution for injection ampoules

Tier 3 – high impact*
Date of issue: 23/12/2025
Link: Medicines Supply Tool

Summary

- Diamorphine **5 mg and 10 mg** powder for solution for injection ampoules are currently out of stock, with no confirmed resupply date.
- Diamorphine **100 mg** powder for solution for injection ampoules are expected to become unavailable from early January, with no currently confirmed resupply date.
- Diamorphine **30mg** powder for solution for injection ampoules are currently available but are unable to support any increase in demand.
- Morphine sulfate injection has been identified by clinical experts as the first-line alternative opioid.
- Sufficient supplies of morphine sulfate **10mg/ml** injection are available from Ethypharm and Hameln to cover the supply gap.
- During previous shortages of diamorphine, both primary and secondary care organisations were advised to switch to morphine, where clinically appropriate. This should be expedited as a permanent change in practice given the continuing unpredictable supply of diamorphine.

Actions Required

PRIMARY CARE

All healthcare professionals in primary care who prescribe, dispense or administer diamorphine hydrochloride injection should:

- identify a local lead within their organisation to manage the delivery of these actions;
- review and update guidelines and protocols with morphine sulfate 10mg/1ml injection as opioid of choice, with caveat to reserve remaining stock of diamorphine for patients considered unsuitable for morphine;
- identify and deliver required education and training to general practice and community nursing teams to support the switch to morphine;
- ensure no new patients are started on diamorphine hydrochloride injection unless other opioid options are not considered suitable;
- not switch patients to the 30mg strength of diamorphine injection as there is insufficient stock to support increased use; and
- place orders for morphine sulfate 10mg/1ml solution for injection ampoules (Ethypharm [Martindale] and Hameln) from major wholesalers and/or Hameln (order direct).

SECONDARY CARE

All healthcare professionals in secondary care, including hospices, who prescribe, dispense or administer diamorphine should work with their local Medication Safety Officer (MSO) to:

- identify a local lead within their organisation to manage the delivery of these actions and cascade information to relevant clinical areas;

*Classification of Tiers can be found at the following link:
https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/

- review and update guidelines and protocols with morphine sulfate 10mg/1ml injection as opioid of choice, with caveat to reserve remaining stock of diamorphine for patients considered unsuitable for morphine;
- identify and deliver education and training to clinical teams to support the move to morphine;
- ensure no new patients are started on diamorphine injection unless other opioid options are not considered suitable;
- manage the switch to morphine for patients currently on diamorphine where this is deemed safe and clinically appropriate;
- centralise any diamorphine at the Trust pharmacy and reserve remaining stock for use in patients who cannot be treated with morphine; and
- order morphine sulfate 10mg/1ml solution for injection ampoules from major wholesalers for Ethypharm (Martindale) and direct for Hameln product.

Supporting information

Clinical Information

Diamorphine is available for medicinal analgesia use only in the UK. It is licensed for the treatment of severe pain associated with surgical procedures, myocardial infarction or pain in the terminally ill and for the relief of dyspnoea in acute pulmonary oedema. It is metabolised to morphine and in terms of analgesic efficacy and effect on mood, it has no clinical advantages over morphine by oral or subcutaneous/intramuscular routes.

Morphine and diamorphine are not equipotent, and care should be taken when switching patients or amending guidelines to ensure equipotent dosage.

Palliative Care

NICE guidance on the effective prescribing of strong opioids for pain in palliative care recommends initiating subcutaneous opioids with the lowest acquisition cost for patients in whom oral opioids are not suitable and analgesic requirements are unstable, supported by specialist advice where needed.

CKS guidance on management of dyspnoea in people receiving palliative care notes diamorphine is much more soluble than morphine and therefore easier to administer in higher doses. However, morphine is an alternative, and most people do not require doses large enough to cause solubility issues.

In practice, patients who lose response to opioids (possibly due to tolerance), may be opioid rotated through the choices and diamorphine may be utilised where options are limited, as determined by the specialist.

Obstetrics

NICE guidance recommends that intrathecal diamorphine be offered to reduce the need for supplemental analgesia after a caesarean birth, and epidural diamorphine as an alternative if intrathecal diamorphine has not been given. If diamorphine is unavailable, it suggests intrathecal **preservative-free** morphine plus intrathecal fentanyl. Epidural preservative-free morphine is an alternative if intrathecal morphine has not been used. It notes that neuraxial morphine increases the risk of nausea, vomiting and itching compared with diamorphine, and these side effects may need treatment. When using neuraxial morphine in place of diamorphine, it is important to ensure that:

- only preservative-free morphine is used
- preservative-containing and preservative-free morphine are stored separately
- in settings where both types of morphine injection are kept, preservative-containing morphine is clearly identified as 'not for neuraxial administration'.

It also recommends that oral immediate-release morphine sulfate should be offered to women who have received spinal or epidural anaesthesia for caesarean birth. If the woman cannot take oral medication (for example, because of nausea or vomiting), offer intravenous, intramuscular or subcutaneous morphine.

NICE acknowledged at the time that preservative-free morphine could be used as an alternative due to intermittent shortages of diamorphine.

The Obstetrics Anaesthetists' Association had suggested strategies for preserving supplies of diamorphine that included a recommendation to consider switching from diamorphine to morphine combined with fentanyl for intrathecal or epidural administration in women after a caesarean section.

Intranasal opioids for acute pain in children

NPPG statement on the use of injection solutions to administer analgesics via the intranasal route refers to the use of fentanyl, which can be used as an alternative to intranasal diamorphine.

Converting parenteral diamorphine to parenteral morphine

As dose conversions are an approximate guide, it is recommended that they are carried out in consultation with specialists, with close patient monitoring after switching, and the dose titrated as needed.

Other considerations

Solubility

Morphine is not as soluble as diamorphine. For patients requiring high doses of subcutaneous morphine, particularly bolus doses for breakthrough pain, where the volume given should not exceed 2ml, advice should be sought from the palliative care team.

Compatibility

Drug compatibility in the syringe driver and the total volume of infused drugs will need to be considered.

Midwives

Midwives administer diamorphine under Midwives Exemptions within the Human Medicines Regulations 2012. This exemption also allows them to administer morphine. Protocols/e-prescribing systems that only include diamorphine, will need to be amended, and midwives trained on administering morphine.

Intrathecal/epidural administration

- When converting to alternative agent in regional anaesthesia, consideration will need to be given to use of **preservative-free** opioids.
- **The Hameln presentation of morphine sulfate 10mg/ml injection is preservative-free**.
- If using medicines that are not licensed for intrathecal use:
    - it is recommended that the pH and osmolarity of the injection solution are as close as possible to the normal physiological ranges for cerebrospinal fluid
    - it should be noted that the BP monograph for intrathecal injections has a significantly lower endotoxin limit than that for intravenous injections. The endotoxin limit is dependent on product and dose (refer to SPS pages linked below). Local assessment is required, that considers indication(s) and patient group.
- Significant clinical risks from introducing a new analgesic regimen for spinal anaesthesia must be mitigated.

- Training programmes to ensure that staff are familiar with drawing up and mixing the drugs accurately will be required.

Ordering, storage and administration processes should be reviewed to ensure clear identification of morphine that is suitable for intrathecal/epidural use with respect to preservatives, endotoxins, pH and osmolarity.

Substance Misuse Services

Patients in drug addiction treatment programmes may experience difficulties switching to alternatives and the community drug and alcohol team should be contacted for advice.

Links to further information
BNF Diamorphine Hydrochloride
SmPC Diamorphine Hydrochloride
NICE guidance on the effective prescribing of strong opioids for pain in palliative care
NICE guidance: Caesarean birth (NG192)
Obstetric Anaesthetists' Association: Commentary on alternatives to intrathecal and epidural diamorphine for caesarean section analgesia
CKS Palliative care - dyspnoea: Opioids
NPPG. Position statement 2023-03: Use of Injection Solutions to Administer Analgesics or Sedatives via the Intranasal Route
SPS. Choosing an injectable medicine for intrathecal administration
SPS. Morphine: informing intrathecal risk assessment (Hameln product last reviewed September 2025)

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist (RPPS) or Associate RPPS, who will escalate to national teams if required.

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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2025/071.

Email: DHSCmedicinesupplyteam@dhsc.gov.uk.