

Medicines Optimisation Newsletter

[January 2025] (Issue No. 67)



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Kent and Medway ICB Updates

Promethazine Prescribing in NHS Kent and Medway

The use of promethazine in primary care in NHS Kent and Medway (K&M) has been increasing. Promethazine is a drug of abuse which potentiates the 'high' from opioids; it is often combined with codeine from purchased cough/cold medicines & alcohol/fizzy drinks to make 'lean / purple drank'.

A recent scoping conducted in twelve practices across NHS K&M looked at prescribing in patients over and under the age of 75 years. The majority of prescribing was initiated by GPs (72%), as well as some prescribing by specialist mental health services. Most commonly prescribing was for insomnia / sleep disturbance (46%), although there was a significant number where it appeared to be for mental health and behavioural issues e.g. anxiety, agitation, mood swings, depression. Furthermore, 14 patients 75 years and over and 7 patients under 75 years had a fall recorded on their notes while on promethazine. 40% of patients over the age of 75 years prescribed promethazine also had a diagnosis of dementia. The results of the scoping have highlighted the importance of appropriate prescribing of promethazine and regularly reviewing patients.

The NHS K&M ICB Medicines Optimisation team is developing a local position statement with guidance for prescribers.

Action for prescribers: Please note the following points below and ensure that patients are regularly reviewed, especially frail and elderly patients, patients with dementia and those with falls risk. It is important that the indication is documented and there is a plan for reviewing the ongoing need of the medication at the time of initiation.

Key information:

Promethazine hydrochloride (HCl) licensed indications

Symptomatic relief of allergy such as hay fever and urticaria, insomnia associated with urticaria and pruritus, sedation (short-term use), nausea, vomiting, vertigo, labyrinthine disorders and motion sickness.

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Anticholinergic burden (ACB)/Anticholinergic effects on cognition (AEC)

Promethazine HCl and promethazine teoclate have an AEC score of 3 ([Medicheck](#)). Anticholinergic properties can cause adverse effects such as confusion, dizziness and falls.

[Using tools to support medication review – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Insomnia

Promethazine is not recommended as a treatment for insomnia by NICE in their [Insomnia | Health topics A to Z | CKS | NICE](#) and it is classed as less suitable for prescribing for sedation in the BNF. The BNF states: “Some antihistamines such as promethazine hydrochloride are on sale to the public for occasional insomnia; their prolonged duration of action can often cause drowsiness the following day.” [Hypnotics and anxiolytics | Treatment summaries | BNF | NICE](#)

Consider non-medication strategies to support sleep.

Non-cognitive symptoms of dementia

NICE does not recommend the use of sedatives for the treatment of non-cognitive symptoms of dementia. The recent local scoping showed that there is off-label use in NHS K&M. These patients require regular review.

Promethazine and Promazine – look alike/sound alike prescribing error

There have been reports of **promazine** (antipsychotic) being prescribed in error when **promethazine** (sedating antihistamine) was intended to be prescribed.

Actions for practices:

We advise all GP Practices review all patients on promazine to ensure that this antipsychotic medication is intended and appropriate, and that essential monitoring and review (as per [BNF](#) and [SmPC](#)) is taking place and the patient is under specialist mental health services.

The Medicines Optimisation team will be in touch with you if you have prescribed promazine in the last 6 months.

Vitamin D – Medicinal Products or Food Supplements

The Medicines Optimisation Team have been updating the vitamin D (colecalfiferol) messages on the ScriptSwitch profiles. We would welcome any feedback from you regarding these messages either via the feedback function on ScriptSwitch or via email to your local medicines management team.

Vitamin D maintenance therapy should not be routinely prescribed, please see embedded document below or your local guidelines on the formularies for further information. The vitamin D preparations listed on the formularies and within the Kent and Medway vitamin D prescribing guidelines are **licensed medicinal products**.



Kent and Medway
Vitamin D prescribing

We have highlighted in our ScriptSwitch messages which products are **unlicensed**. Although some of these products are less costly, there is an important distinction regarding the regulation of vitamin D products,

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specifically those that are licensed as **food supplements** rather than medicines. This clarification may help inform prescribing and patient guidance.

Vitamin D products licensed as medicines undergo a strict evaluation process to demonstrate their safety, efficacy, and quality, and are often prescribed for vitamin D deficiency. In contrast, food supplement vitamin D products are marketed as general dietary supplements, subject to less stringent regulatory requirements, and are typically not approved for treating any medical condition.

We hope this highlights the distinction between vitamin D products and guides in the appropriate prescribing of vitamin D supplementation. While food supplements may be widely available without prescription, licensed vitamin D medicinal preparations should be prioritised for patients requiring higher doses.

Discontinuation of Ralvo® Plasters

Ralvo® (lidocaine) plasters have been an area of focus in Kent and Medway, because they are classified by NHS England (NHSE) as 'an item of low clinical value'. Such items are classified as 'low clinical value' because either there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. Lidocaine plasters are commonly used 'off-label' for a number of pain conditions where their value is of even less certainty.

In 2008 NHSE made the following recommendation:

Lidocaine 5% medicated plaster is accepted for restricted use within NHS England for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).

There is only limited comparative data available for lidocaine plasters, so the comparative clinical effectiveness remains unclear. It is restricted to use in patients who are intolerant of first-line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.

Kent and Medway ICB Position Statement: [lidocaine-position-statement-final.pdf](#) (due for review).

Ralvo® plasters have been discontinued, presenting an opportunity to review any current prescribing of Ralvo® plasters, assessing the benefit and ongoing need for this medication.

Actions for GP Practices:

- Review the ongoing need for Ralvo® plasters in line with NHSE Recommendations: [NHS England » Items which should not be routinely prescribed in primary care](#) and de-prescribe where appropriate.
- If continued use is appropriate and in line with licensed indications, please prescribe **generic** lidocaine 5% medicated plasters.
- As mentioned above, the review of efficacy for lidocaine plasters is ongoing work for the GP practice teams and it is recommended that the prescribing of this medication is reviewed at regular intervals.

Actions for Community Pharmacy Staff:

- Where patients present with a prescription for Ralvo® plasters, and the pharmacy is unable to obtain this item, we request that for this specific item, teams bypass the usual shortages protocol and instead direct patients back to their GP surgery for review of their prescription.

My mHealth

NHS Kent & Medway ICB are proud to be in partnership with My mHealth to support patients living with long term conditions.

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The My mHealth app is being decommissioned from April 2025. However, patients already registered and signed up to the app will still have ongoing access to the platform.

My mHealth is a web-based evidence-driven digital therapeutics platform designed to assist patients managing Diabetes, COPD, Asthma, and Heart Disease.

The platform facilitates management of long-term conditions by empowering patients to enhance their health literacy and adhere to a personalised self-management plan.

Additionally, it incorporates a range of condition-specific measures to optimise patient well-being and encourage patient initiated follow up.

This partnership provides Unlimited Access to all apps and each licence is valid life-long for patients.

My mHealth have now partnered with more than 100 practices, with over 27,000 patients within Kent & Medway ICB benefitting from the self-management tool. There is also additional workforce resource included and a drive to support digital inclusion in the form of my mHealth Digital Health Advisers (DHAs).

DHAs are non-clinical members of the My mHealth team that will drive registrations and engagement, reducing demand on clinical services.

myCOPD spotlight

As we enter the colder months and winter pressures intensify, there is an increased focus on encouraging patients to take advantage of their free access to the respiratory apps.

myCOPD is the only digital therapeutic to receive two NICE recommendations for use in the NHS and has been shown to support:

- Improved health literacy
- Patient empowerment
- Improved inhaler technique
- Increased access to pulmonary rehabilitation.

This results in:

- Improved disease control
- Reduced unplanned health care utilisation
- Reduced exacerbations and readmissions
- Increased uptake and completion of pulmonary rehabilitation.

myCOPD can be distributed and used by patients without the need for close clinical oversight, **making it extremely cost-effective to distribute at a population scale without the need to expand the workforce.** An independent economic review suggests that if 10% of the total COPD population within the ICB uses myCOPD, it could generate a value release of up to £467k back to the system.

Next steps

Please contact our DHA support team to get your practice up and running: dha.support@mymhealth.com and include your practice name alongside Kent & Medway ICB in the subject line.

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National Updates

MHRA Drug Safety Update – December 2024

The latest MHRA Drug Safety Updates can be accessed at [Drug Safety Update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update). This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

The December Drug Safety Update includes:

- [Letters and medicine recalls sent to healthcare professionals in November 2024 - GOV.UK](https://www.gov.uk/letters-and-medicine-recalls-sent-to-healthcare-professionals-in-november-2024)

National CAS Alerts (National Patient Safety Alerts and CMO Messages):

The MHRA Central Alerting System alerts can be accessed at [CAS - Home \(mhra.gov.uk\)](https://cas.mhra.gov.uk)

- 18th December 2024 [Shortage of Pancreatic enzyme replacement therapy \(PERT\)](#) – follow the link for additional actions. An update on local plans will follow.

****Please follow the link in the titles above for more information and resources****

Shortages

Shortages Summary

From February 2024 onwards, the monthly Medicines Optimisation newsletter will no longer contain the medicines shortages update document, which was compiled each month from the shortages listed on the SPS (Specialist Pharmacy Services) Medicines Supply tool. The information published on the SPS Medicines Supply tool is provided by DHSC and NHSEI Medicines Supply Teams and was not formally reviewed by the NHS Kent and Medway Medicines Optimisation team.

During the time that the shortages update was compiled and included in the Medicines Optimisation newsletter, practices and healthcare professionals were still encouraged to **register for free access to the [SPS website](#)** and to **access the SPS Medicines Supply tool directly** in real time, to have access to the most up-to-date and complete information and advice available. Now that the shortages update will no longer be compiled by the Medicines Optimisation team for inclusion in the newsletter, healthcare professionals will be required to access the SPS Medicines Supply tool to access information on the latest shortages. Serious Shortage Protocols (SPPs) can be found on the NHS BSA website [here](#).

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