**Practice ‘How-to’ Guide for Switching Patients from Clenil MDI to Soprobec MDI**

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| **Background**   * Soprobec® Metered Dose Inhaler (MDI) contains the same active ingredient (beclometasone), excipients and propellant as Clenil® MDI. * Soprobec® MDI and Clenil® MDI are available in four strengths: 50micrograms, 100micrograms, 200micrograms, 250micrograms per metered dose with both inhalers having the same licensing agreements. * AeroChamber Plusis the formulary recommended compatible spacer for Soprobec® MDI. Please visit the [RightBreathe](https://www.rightbreathe.com/) website for other compatible devices. * Please note: Soprobec® MDI does not have a dose counter. |

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| **Change Process**   * Practices can use the “Bulk Switch” tool on SystmOne to perform this switch however each practice may wish to use their own process to enable the change. * Please find below guidance on a bulk switch from Soprobec® MDI to Clenil® MDI ensuring that separate bulk switches are performed for each strength (50,100,200 and 250micrograms). |

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| **Communication with Patients**   * Patient notification of this change will use standard practice procedure such as Accurx SMS text or letter. A patient information leaflet (that can be attached to a SMS text) and a patient letter template accompany this guidance. * For those patients for whom written communication may not be appropriate (i.e. learning/physical disability; English not their first language); please consider alternative methods of communication. |

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| **Patient Considerations**   * Ideally there should be a timely face-to-face review following this change. Performing the bulk switch in batches could facilitate this. * A timely face-to-face medication review is particularly important for patients with poorly controlled asthma, severe asthma, frequent exacerbators or those under secondary respiratory care. * For those patients clinically suitable to switch to a “Greener Inhaler” please discuss suitable options at the patient’s next face-to-face respiratory review |

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| **Communication with Community Pharmacy**   * It is advisable that all local community pharmacies are contacted 2 weeks prior to performing the bulk switch to enable appropriate stock management. Please find a Community Pharmacy letter template within the “Prescriber Pack”. |

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| **Communication within the Practice**   * Please ensure that this switch is explained to practice admin staff to ensure that Clenil® MDI is not inadvertently put back onto the repeat template. |

**SystmOne Practice Operational Guide to Bulk Switching Clenil MDI to Soprobec MDI**

Prior to performing the bulk switch, please run the following F12 searches on SystmOne:

1. Clenil 50 (repeat) >18: accessed via the F12 drug database, using zz F12 Drug DB then ▪ C
2. Clenil100 (repeat) >18: accessed via the F12 drug database, using zz F12 Drug DB then ▪ C
3. Clenil 200 (repeat) >18: accessed via the F12 drug database, using zz F12 Drug DB then ▪ C
4. Clenil 250 (repeat) >18: accessed via the F12 drug database, using zz F12 Drug DB then ▪ C

* Set up > Bulk operations > Repeat template replacement.

Read the warning that comes up with exact details for how this function works. Repeat templates are replaced with the same authorisation dates, problem linking etc.

Step 1 – Drug to be replaced:

* Add Clenil® MDI and strength (50,100,200 or 250mcg) to outgoing drug section - choose ‘Formulary substitution’ as the reason for switch. The notes section can be used to add further information. This will appear in the administration section of the new repeat template. Add text ‘Clenil® switch to Soprobec® by practice’.
* Each strength of Clenil® MDI (50,100,200 or 250mcg) will have to be bulk switched separately
* Select Replacement applies to ‘a particular report’. Click on the red ‘Select Clinical Report’ icon next to this and select the correct report from the list. Make sure the report you need has been run that day otherwise you will not be able to proceed. Select Continue

Step 2 – Patients:

* A list will be produced of all patients in that search who are affected by the changes – this can be printed if needed. Select Continue

Step 3 - Replacement

* Enter Soprobec® MDI ensuring the correct strength (50,100,200 or 250mcg) has been selected into the replacement drug box. Click each pencil icon in the list to map the Soprobec® MDI we will be switching to. Select Continue

Step 4 – Doses and Quantities:

* In the Doses section double click on each dose keeping the same direction but adding the text ‘This is the same as Clenil® Inhaler’ to the end of the directions
* In the Quantities section double click onto each quantity and select the same quantity for the Soprobec® MDI (200 doses)
* Select Continue

Step 5 – Confirmation:

* Read the summary of what is to be switched and double check all details carefully. Then press RUN to confirm. The switch is usually carried out at 7pm the same evening. Press Close.

Ensure that patients who are being switched are being contacted in the relevant manner (see practice agreement and leaflet available).

One option is to add a one-off message to each prescription; this can be done for up to 100 patients at a time. You can do this via your search in Clinical Reporting. Alternatively, Accurx messages can be sent to groups of patients using the batch messaging facility.

Another option is to inform them by letter. Letters can be sent in bulk via the MailMerge tool if needed. See sample letter attached in the Prescriber Pack.

A read code can also be added in bulk for up to 100 patients at a time by right clicking on your selected patients and selecting add diagnosis. A suggested read code for this is:

**“Drug changed to cost effective alternative (XaJKo)”** SystmOne

SnoMed 408374000

**Dislaimer**

*This resource has been developed to facilitate the safe and effective switch from Clenil*® *Inhaler to Soprobec*® *inhaler using current accessible references and is correct at the time of approval.*

*The output of the searches relies on accurate read coding. Clinicians using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.*

*Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation Team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any prescribing errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.*

*Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within this document or supporting information.*