

Value Prescribing of Inhaled Treatments for Asthma and COPD

Background

There is a vast array of inhalers now on the market, for both asthma and COPD representing 16 drugs, 25 single and combination drug inhalers with over 60 brands. When the different strengths that are available are included, there are around **100+ different inhalers available**. Cost-effective inhaler equivalents to the established brands have also come on the market giving the NHS opportunities to manage the prescribing costs in this area.

Due to the increasing number of inhalers coming off patent, **generic prescribing is not recommended** for inhalers except for salbutamol; the brand is often linked to a specific device type and incorrect interpretation could lead to patient harm. Additionally, brands of corticosteroid inhalers may differ in their particle size and therefore bioavailability. As community pharmacists are not in a position to interpret the prescriber's intentions regarding type of inhaler device intended, **all inhalers, except salbutamol, must be prescribed by the brand name to avoid confusion.**

Aim

To encourage use of cost-effective **BRAND** prescribing of inhalers used in the management of asthma and COPD pathways

Respiratory reviews for asthma / COPD may be used as an opportunity to review the use of combination inhalers and ensure that treatment is appropriate, cost effective and following local formulary guidance where applicable.

*This document does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer. **Remember before 'stepping up treatment' always check inhaler technique and adherence.***

Note

A change in inhaler device must only be done following consultation with the patient and checking their understanding and appropriate technique for using the new device.

Changing a patient's inhaler by letter is not appropriate.

ASTHMA (based on BTS/SIGN 2019)

Salbutamol alone should be stopped and diagnosis re-evaluated, if no prescription in last 2 years. Note ICS is initial therapy for confirmed asthma with Salbutamol (pMDI - AirSalb100mcg prn, £0.23 / 30 days based on 1 puffs / day), DPI – Easyhaler Salbutamol, (£0.50 / 30 days (based on 1 puffs / day)).

Note: When prescribing DPI salbutamol, when opened they expire within 6/12.

Device Type	1. Regular Preventer following monitored initiation 400mcg/day Low Dose	2. Initial add-on Therapy: Add LABA in combination inhaler (fixed dose or MART)	3. Additional controller therapy If no better consider LTRA (Singulair 10mg nocte), or increase ICS to 800mcg/day medium dose	4 Refer to Secondary care after you are sure you have considered: driving factors, inhaler technique, adherence to treatment, co-morbidities
MDI	Kelhale 100mcg 2p bd £3.12 / 30 days (based on 4 puffs / day)	Luforbec (beclometasone/formoterol) 100/6 mcg, 1p bd £10.26 / 30 days (based on 2 puffs / day)	Luforbec (beclometasone/formoterol) 100/6 mcg, 2p bd £20.52 / 30 days (based on 4 puffs / day)	Consider discussing with Somerset LMC Respiratory advisor before referral. Dlong1@nhs.net
DPI	Easyhaler Budesonide 100mcg 2p bd £5.32 / 30 days (based on 4 puffs / day)	Fostair NextHaler (beclometasone/formoterol) 100/6 mcg, 1p bd £14.66 / 30 days (based on 2 puffs / day)	Fostair NextHaler (beclometasone/formoterol) 100/6 mcg, 2p bd £29.32 / 30 days (based on 4 puffs / day)	

COPD (Based on GOLD COPD 2019)

Device Type	Mild to Moderate 1. SABA 2. LAMA 3. LAMA/LABA	Severe to Very Severe 1. LABA/LAMA 2. Increase SABA use qds/prn	Previous Asthma or Eosiniphils prev >0.3 add/keep ICS
MDI	<p>Ventolin 100mcg prn, £0.23 / 30 days based on 1 puffs / day)</p> <p>Tiotropium Bromide 2.5mcg 2p od £23.00 / 30 days (based on 2 puffs / day)</p> <p>Spiolto 2.5/2.5mcg (tiotropium/olodaterol) 2p od £32.50 / 30 days (based on 2 puffs / day)</p>	<p>Spiolto 2.5/2.5mcg (tiotropium/olodaterol) 2p od £32.50 / 30 days (based on 2 puffs / day)</p>	<p>Trimbow (beclometasone/formoterol/glycopyrronium) 87 /5/9mcg 2p bd £44.50 / 30 days (based on 4 puffs / day)</p>
DPI	<p>Easyhaler Salbutamol 100mcg, 2p prn £0.50 / 30 days (based on 1 puffs / day)</p> <p>Eklira 322mcg , (Acidinium bromide), 1p bd £32.50 / 30 days (based on 2 puffs / day)</p> <p>Duaklir 340/12 mcg, (Acidinium bromide/Formoterol), 1p bd £32.50 / 30 days (based on 2 puffs / day)</p>	<p>Duaklir 340/12 mcg, (Acidinium bromide/Formoterol), 1p bd £32.50 / 30 days (based on 2 puffs / day)</p>	<p>Trimbow NextHaler (beclometasone/formoterol/glycopyrronium) 88 /5/9mcg 2p bd £44.50 / 30 days (based on 4 puffs / day)</p>

Note: When prescribing most DPI including salbutamol, when opened they expire within 6/12.