

Cost Effective 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

Salbutamol alone should be stopped and diagnosis re-evaluated, if no prescription in last 2 years. Note ICS is initial therapy for confirmed asthma not Salbutamol. Salbutamol should always be prescribed alongside ICS 200mcg prn.

Device Type	1. Regular ICS following monitored initiation 400-500mcg BDP Equiv/day	2. ADD LABA in combination, If no better consider LTRA (Singulair 10mg nocte), LAMA (Spiriva Respimat 2.5mcg 2p bd)	3. Increase ICS If no better consider LTRA, LAMA	4. Increase ICS High dose Refer to Secondary care
MDI	Clenil Modulite 100mcg, 2p bd £4.45 / 30 days (based on 4 puffs / day)	Fostair 100/6 mcg, 1p bd £14.66 / 30 days (based on 2 puffs / day)	Fostair 100/6 mcg, 2p bd £29.32 / 30 days (based on 4 puffs / day)	Fostair 200/6 mcg, 2p bd £29.32 / 30 days (based on 4 puffs / day) Refer to Secondary care
DPI	Easyhaler Budesonide 100mcg 2p bd £5.32 / 30 days (based on 4 puffs / day)	Fostair NextHaler 100/6 mcg, 2p bd £14.66 / 30 days (based on 2 puffs / day)	Fostair NextHaler 100/6 mcg, 2p bd £29.32 / 30 days (based on 4 puffs / day)	Fostair NextHaler 200/6 mcg, 2p bd £29.32 / 30 days (based on 4 puffs / day) Refer to Secondary care

COPD

Device Type	Mild to Moderate 1. SABA 2. LAMA/LABA	Severe to Very Severe 1. LABA/LAMA	Frequent Exacerbator > 2/yr Previous Asthma Eosiniphils prev >0.3 add/keep ICS
MDI	Salbutamol 100mcg, 2p prn Tiotropium Bromide 2.5mcg 2p od £23.00 / 30 days (based on 2 puffs / day)	Spiolto 2.5/2.5mcg 2p od £32.50 / 30 days (based on 2 puffs / day)	Trimbow 8 /5/9mcg 2p bd £44.50 / 30 days (based on 4 puffs / day)
DPI	Easyhaler 100mcg, 2p prn £0.50 / 30 days (based on 1 puffs / day) Incruse Ellipta 65mcg od £27.50 / 30 days (based on 1 puffs / day)	Anoro Ellipta 55/22 mcg, 1p od £32.50 / 30 days (based on 1 puffs / day)	Trelegy Ellipta 92/55/22mcg 1P od £44.50 / 30 days (based on 1 puffs / day)

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