

Please use this inhaler guide in conjunction with local (<u>COPD Guidance for Management in Primary Care</u>) and national (<u>NICE guideline NG115</u>) guidance. All inhalers listed in tables below have a GREEN traffic light status in BSW formulary.

Please prescribe <u>ALL INHALERS</u> by their <u>BRAND NAME</u> only!

By prescribing inhalers generically, there is a risk that pharmacies may dispense a different brand to the one the patient normally uses, this may mean a different device that the patient is not familiar with and has not been trained to use. This may have implications on the control of their condition as they may have the incorrect inhaler technique. There may be differences in license as well.

Environmental Impact of Inhalers https://openprescribing.net/stp/E54000040/environmental_inhalers/

Why it matters: The NHS has committed to reducing its carbon footprint by 51% by 2025 to meet the target in the Climate Change Act, including a shift to Dry Powder Inhalers (DPI) to deliver a reduction of 4%. DPIs are less harmful to the environment than traditional metered dose inhalers (MDIs) and the NHS long term plan supports the use of DPI where it is clinically appropriate. NICE has produced an inhaler decision aid to facilitate discussion about inhaler options.

Pressurised Metered Dose Inhalers (pMDI) and Breath Actuated Metered dose Inhalers (BAI i.e. Easi-Breathe®, Autohaler®, K-haler®) contain propellants, known as hydrofluorocarbons (HFCs). HFCs do not have an effect on the ozone layer. However, they are powerful greenhouse gases and can contribute to global warming. This is referred to as their carbon footprint, measured in carbon dioxide equivalents (g CO2eq). The bigger the carbon dioxide equivalent, the bigger the impact on global warming. Dry powder inhalers (DPI i.e. Easyhaler®, Ellipta®, Nexthaler®, Spiromax®) and Soft Mist Inhalers (SMI i.e. Respimat®) do not contain a propellant, so they have a lower carbon footprint than a pMDI.

Used pMDI canisters still contain propellants that are powerful greenhouse gases and can contribute to global warming. **All used pMDI canisters should be returned to a pharmacy to dispose of in an environmentally safe way.** If there is no recycling scheme, they can be placed in the pharmacist's normal pharmaceutical waste bins. https://www.recyclenow.com/what-to-do-with/medicines-0. Spacers cannot currently be recycled. All inhalers can be recycled at some pharmacies.

NHS

Bath and North East Somerset, Swindon and Wiltshire

Clinical Commissioning Group

Long-Acting Muscarinic Agonist / Long Acting β2 Agonist (LAMA/LABA) Combination Treatment Inhaler Options

Inhaler Brand Name Follow link for SPC	Device Follow link for inhaler technique demo	Appearance	Drug and *Delivered dose	Pathway positioning	COPD dosage	Doses per inhaler and issue duration	Expiry (if <1 year)	Cost for 30 days ¹	Indicative carbon footprint per inhaler (g CO ₂ e) Midpoint value
Spiolto (LAMA/LABA)	Respimat SMI	Section 1970	Tiotropium 2.5mcg/ Olodaterol 2.5mcg		2 puffs OD	60 doses (30 days)	Use within 3/12 of opening	£32.50	775g
Anoro (LAMA/LABA)	Ellipta DPI	30	Umeclidinium 55mcg / Vilanterol 22mcg	Ellipta is the only device available at every step of the COPD pathway.	1 puff OD	30 doses (30 days)	Use within 6/52 of opening	£32.50	747g
Duaklir (LAMA/LABA)	<u>Genuair</u> <u>DPI</u>	Particular Editors	Aclidinium 340mcg /Formoterol 11.8mcg		1 puff BD	60 doses (30 days)	Use within 60 days of opening	£32.50	550.2g
Ultibro (LAMA/LABA)	Breezhaler <u>DPI</u>	Ultibro	Glycopyrronium 43mcg / Indacaterol 85mcg		Inhale contents of 1 capsule OD	30 doses (30 days)	Dispose inhaler after 30 days of use.	£32.50	562.5g
Bevespi (LAMA/LABA)	Aerosphere pMDI		Glycopyrronium 7.2 mcg / Formoterol 5mcg	The only LABA/LAMA pMDI. For patients who have not got enough inspiratory flow to use a DPI and not able to operate SMI. High CO₂ footprint.	2 puffs BD	120 doses (30 days)	Use within 3 months of opening	£32.50	13 104g

^{*}European licensing requirements now require inhaler devices to be named by their **delivery dose** rather than the **metered dose** which was the process used when some inhalers were first licensed.

Long Acting β2 Agonist (LABA) monotherapy not recommended, therefore LABA only inhalers are not listed in this inhaler guide.

NO NEW PRESCRIBING. Review existing patients and only continue if COPD well controlled/ no symptoms. They are listed in the BSW Formulary for existing, well controlled patients only.



Bath and North East Somerset, Swindon and Wiltshire

Clinical Commissioning Group

Long-Acting Muscarinic Agonist (LAMA) Inhaler Options

LAMA monotherapy for existing, well controlled patients only. Only use as part of triple therapy (separate LAMA plus ICS/LABA device) if single ICS/LABA/LAMA device (Trelegy/Trimbow/Trixeo) not suitable for patient. Be aware of possible difficulties with compliance/inhaler technique as patients must learn to operate several different devices.

This is also a more expensive and carbon footprint heavy option.

Inhaler Brand Name Follow link for SPC	Device Follow link for inhaler technique demo	Appearance	Drug and *Delivered dose	Pathway positioning	COPD dosage	Doses per inhaler and issue duration	Expiry (if <1 year)	Cost for 30 days ¹	Indicative carbon footprint per inhaler (g CO ₂ e) Midpoint value
Spiriva (LAMA)	Respimat SMI	Softer Regiment - Impact to Softer Regiment - Impact - Impac	Tiotropium 2.5mcg	1st Line LAMA if used for monotherapy for existing patients only. Only used as part of triple therapy if Trelegy/Trimbow/Trixeo not suitable.	2 puffs OD	60 doses (30 days)	Use within 3/12 of opening	£23.00	775g
Braitus (LAMA)	Zonda DPI	Beratus Sensor	Tiotropium 10mcg	1st Line LAMA if used for monotherapy for existing patients only. Only used as part of triple therapy if Trelegy/Trimbow/Trixeo not suitable.	Inhale contents of 1 capsule OD	30 doses (30 days)	Use within 60 days of opening bottle with capsules.	£25.80	562.5g
Eklira (LAMA)	<u>Genuair</u> <u>DPI</u>	The same of the sa	Aclidinium 322mcg	2 nd Line LAMA if used for monotherapy for existing patients only. (for patients with manual dexterity problems or an eGFR<30ml/min). Only used as part of triple therapy if Trelegy/Trimbow/Trixeo not suitable.	1 puff BD	60 doses (30 days)	Use within 90 days of opening pouch.	£32.50	520.2g
Incruse (LAMA)	Ellipta DPI	35	Umeclidinium 55mcg	3rd Line LAMA for monotherapy for existing patients only. Do NOT use as part of triple therapy.	1 puff OD	30 doses (30 days)	Use within 6/52 of opening	£27.50	731g
Seebri (LAMA)	Breezhaler DPI	breedus'	Glycopyrronium 44 mcg	3rd Line LAMA for monotherapy for existing patients only. Do NOT use as part of triple therapy.	Inhale contents of 1 capsule OD	30 doses (30 days)	Dispose inhaler after 30 days of use.	£27.50	562.5g

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Clinical Commissioning Group

Inhaled Corticosteroid / Long-Acting β2 Agonist (ICS/LABA) Combination Treatment Inhaler Options

Triple therapy - Inhaled Corticosteroid / Long-Acting Muscarinic Agonist /Long Acting β2 Agonist (ICS/LAMA/LABA) Inhaler Options

Inhaler Brand Name Follow link for SPC	Device Follow link for inhaler technique demo	Appearance	Drug and *Delivered dose	Pathway positioning	COPD dosage	Doses per inhaler and issue duration	Expiry (if <1 year)	Cost for 30 days ¹	Indicative carbon footprint per inhaler (g CO ₂ e) Midpoint value
Relvar (ICS/LABA)	Ellipta DPI	\$ 20	Fluticasone furoate 92mcg/ Vilanterol 22mcg	1 st Line ICS/LABA The Ellipta device is available at every step of the COPD pathway.	1 puff OD	30 doses (30 days)	Use within 6/52 of opening	£22.00	754g
	Easyhaler	Capheler Eagler	Budesonide 160mcg/ Formoterol 4.5mcg	1stLine ICS/LABA (This is the least expensive option with the lowest CO ₂	2 puffs BD	120 doses (30 days)	Use within 4/12 of opening	£21.50	484.47g
	<u>DPI</u>		Budesonide 320 mcg/ Formoterol 9mcg	footprint. Salbutamol also available in same device.)	1 puff BD	60 doses (30 days)	Use within 4/12 of opening	£21.50	484.47g
Fostair (ICS/LABA)	Nexthaler DPI	FOSTAR NEXTholer	Beclometasone 100mcg/ Formoterol 6mcg		2 puffs BD	120 doses (30 days)	Use within 6/12 of opening	£29.32	889.2g
Fostair (ICS/LABA)	<u>IDM</u> q	Fostair I	Beclometasone 100mcg/ Formoterol 6mcg	The ONLY licensed pMDI for COPD. Only use for patients who can't manage a first line DPI and need an MDI with spacer. High CO₂ footprint.	2 puffs BD	120 doses (30 days)	Keep refrigerated before dispensing. Use within 4/12 after dispensing when stored at room temp.	£29.32	11 248.8g

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Trelegy (ICS/LAMA/LABA)	Ellipta <u>DPI</u>	<u>2</u> 50	Fluticasone furoate 92mcg/ Umeclidinium 55mcg/ Vilanterol 22mcg	1st Line ICS/LAMA/LABA Ellipta is the only device available at every step of the COPD pathway. Triple therapy ICS/LAMA/LABA delivered via a single device is preferred to a combination of two inhalers.	1 puff OD	30 doses (30 days)	Use within 6/52 of opening	£44.50	765g
Trimbow (ICS/LAMA/LABA)	Nexthaler DPI		Beclometasone 88mcg/ Glycopyrronium 9mcg/ Formoterol 5mcg	Triple therapy ICS/LAMA/LABA delivered via a single device is preferred to a combination of two inhalers.	2 puffs BD	120 doses (30 days)	Use within 6/52 of opening	£44.50	890.4g
Trimbow (ICS/LAMA/LABA)	<u>IDM</u> q	The state of the s	Beclometasone 87mcg/ Glycopyrronium 9mcg/ Formoterol 5mcg	Triple therapy ICS/LAMA/LABA delivered via a single device is preferred to a combination of two inhalers. Use Trimbow pMDI only for patients who need a pMDI with spacer. High CO ₂ footprint.	2 puffs BD	120 doses (30 days)	Keep refrigerated before dispensing. Use within 4/12 after dispensing when stored at room temperature.	£44.50	14 203.2g



Trixeo (ICS/LAMA/LABA)	Aerosphere pMDI	TRICO	Budesonide 160mcg / Glycopyrronium 7.2 mcg / Formoterol 5mcg	ITIPLE therapy ICS/LAMA/LABA delivered via a single device is preferred to a combination of two inhalers. Use Trixeo only for patients who need a pMDI with spacer. High CO ₂ footprint.	2 puffs BD	120 doses (30 days)	To be used within 3 months of opening	£44.50	13 500g	
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- 1. Costs taken from the <u>Drug Tariff</u> (November 2021) or <u>SystmOne</u> (November 2021)
- 2. Carbon footprint data taken from PrescQIPP (November 2021)