








# Sunderland and South Tyneside COPD inhaler guide (RS4)





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Approved by	South Tyneside and Sunderland Area Prescribing Committee and relevant groups / committees within stakeholder organisations
Current Version	3
Published on	October 2020
Review date	October 2023
Version Control	V1: October 2017 - June 2018 V2: June 2018 – October 2020

# Sunderland and South Tyneside COPD inhaler guide – for use with guideline RS3

	Brand name	Drug, strength and minimum inspiratory effort required if applicable	Picture	Dose
<b>ALL PATIENTS</b>	Various e.g. <b>Ventolin Evohaler</b> <b>Easyhaler Salbutamol</b>	<b>Salbutamol 100mcg/dose</b> MDI - Low inspiratory effort DPI - Higher inspiratory effort		<b>TWO puffs</b> when required
Others: Terbutaline (Bricanyl Turbohaler® DPI)				
Regular treatment choice is determined by COPD features				
<b>COPD with NO asthmatic features and NO exacerbations.</b>		<b>OR</b>	<b>COPD with NO asthmatic features but WITH exacerbations</b>	
<b>FIRST CHOICE for NEW PATIENTS</b>	<b>Anoro Ellipta</b>	Umeclidinium/vilanterol 55/22mcg DPI  Short in-use shelf life of 6 weeks. If opened and closed without inhaling, the dose will be lost. Safe to use in patients with eGFR<50  <b>Medium/low inspiratory effort</b>		<b>ONE puff</b> <b>ONCE</b> a day
	<b>Spiolto Respimat</b>	Tiotropium/olodaterol 2.5/2.5mcg MDI-type  Needs dexterity to put device together but patients can ask their pharmacist to do this  <b>Low inspiratory effort</b>		<b>TWO puffs</b> <b>ONCE</b> a day
<b>Sunderland - may be continued in stable patients</b>	<b>Ultibro Breezhaler</b>	Glycopyrronium/indacaterol 85/43 mcg/dose DPI  <b>Check dexterity for capsule loading</b> <b>Low/medium inspiratory effort</b>		<b>ONE puff ONCE</b> a day
	<b>Duaklir Genuair</b>	Acridinium/formoterol 340/12 mcg/dose DPI Safe to use in patients with eGFR<50  <b>Medium inspiratory effort</b>		<b>ONE puff</b> <b>TWICE</b> a day
<b>IF STILL BREATHLESS OR FURTHER EXACERBATIONS SWITCH TO:</b>				
<b>Trelegy Ellipta</b>	Fluticasone furoate 92mcg/ umeclidinium 55mcg/vilanterol 22mcg DPI  Short in-use shelf-life - 6 weeks. If opened and closed without inhaling, the dose is lost. Safe to use in patients with eGFR<50  <b>Medium/low inspiratory effort</b>		<b>ONE puff</b> <b>ONCE</b> a day	
<b>Trimbow</b>	Beclomethasone 87mcg/ formoterol 5mcg/ glycopyrronium 9mcg MDI  If patient needs a spacer, manufacturer recommends <b>AeroChamberPlus</b> . The inhaler will work with most other spacers if this is not suitable.		<b>TWO puffs</b> <b>TWICE</b> a day	
<b>COPD with exacerbations but NO asthmatic features – consider Carbocysteine 750mg tds as well</b>				

## COPD WITH asthmatic features

<b>FIRST CHOICE FOR NEW PATIENTS</b>	<p><b>Fostair</b></p> <p><b>NEXT-haler</b></p> <p>Or</p> <p><b>MDI</b></p>	<p>Beclometasone/formoterol <b>100/6</b> mcg</p> <p>NEXThaler DPI – <b>Medium /high inspiratory effort</b></p> <p><b>MDI</b> – stored in fridge before dispensing, shelf life 5 months at room temp. If spacer needed - AeroChamberPlus</p> <p><i>Note - 200/6 strength is not licensed for COPD</i></p>		<p><b>TWO puffs</b></p> <p><b>TWICE a day</b></p>
	<p><b>Relvar</b></p> <p><b>Ellipta</b></p>	<p>Fluticasone furoate /vilanterol 92/22mcg DPI</p> <p>Short in-use shelf life of 6 weeks If opened and closed without inhaling, the dose will be lost</p> <p><i>Note - 184/22mcg is not licensed for COPD</i></p> <p><b>Medium/low inspiratory effort</b></p>		<p><b>ONE puff</b></p> <p><b>ONCE daily</b></p>
<p>Others e.g. Duoresp Spiromax, Symbicort - may be continued but should not be used for new patents.</p>				
<p><b>If exacerbations continue consider switching to</b></p>				
<p><b>Trelegy</b></p> <p><b>Ellipta</b></p>	<p>Fluticasone furoate 92mcg/ umeclidinium 55mcg/vilanterol 22mcg DPI</p> <p>Short in-use shelf-life - 6 weeks. If opened and closed without inhaling, the dose is lost. Safe to use in patients with eGFR&lt;50</p> <p><b>Medium/low inspiratory effort</b></p>		<p><b>ONE puff</b></p> <p><b>ONCE a day</b></p>	
<p><b>Trimbow</b></p>	<p>Beclomethasone 87mcg/ formoterol 5mcg/ glycopyrronium 9mcg MDI</p> <p>If patient needs a spacer, manufacturer recommends <b>AeroChamberPlus</b>.</p> <p>The inhaler will work with most other spacers if this is not suitable.</p>		<p><b>TWO puffs</b></p> <p><b>TWICE a day</b></p>	

### LOW CARBON INHALERS

Dry powder inhalers (DPI) and the RespiMat device do not contain a propellant and therefore are considered to be low carbon inhalers.

Fostair and Trimbow are MDIs which contain the propellant HFA-134a. They have a lower carbon footprint than MDIs which contain a different propellant but have a higher footprint than DPIs and RespiMat.

**CHECK INHALER TECHNIQUE AT EVERY OPPORTUNITY**

**IF PATIENT IS STABLE ON TREATMENT REGIME DO NOT CHANGE EMPIRICALLY**

**DPI** – Dry powder inhaler **MDI** – Metered dose inhaler.