





Long Acting Muscarinic Agonist / Long Acting β 2 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
Spiolto (LAMA/LABA)	Respimat SMI		Tiotropium 2.5mcg/ Olodaterol 2.5mcg		2 puffs OD	60 doses (30 days)	Use within 3/12 of opening	£32.50
Anoro (LAMA/LABA)	Ellipta DPI		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
Duaklir (LAMA/LABA)	Genuair DPI		Aclidinium 340mcg / Formoterol 11.8mcg		1 puff BD	60 doses (30 days)	Use within 60 days of opening	£32.50
Ultibro (LAMA/LABA)	Breezhaler DPI		Glycopyrronium 43mcg / Indacaterol 85mcg		Inhale contents of 1 capsule OD	30 doses (30 days)	Dispose inhaler after 30 days of use.	£32.50






*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 β 2 Agonist (LABA)

In COPD LABAs should be offered in a combination with LAMA if there are no asthmatic features/features suggesting steroid responsiveness or considered in combination with ICS if there are asthmatic features/features suggesting steroid responsiveness. 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 BSW Formulary for existing, well controlled patients only.](#)






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) 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 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
Spiriva (LAMA)	Respimat SMI		Tiotropium 2.5mcg	1 st Line LAMA if used for monotherapy for <u>existing patients only</u> . Only used as part of triple therapy if Trelegy/Trimbow not suitable.	2 puffs OD	60 doses (30 days)	Use within 3/12 of opening	£23.00
Bratus (LAMA)	Zonda DPI		Tiotropium 10mcg	1 st Line LAMA if used for monotherapy for <u>existing patients only</u> . Only used as part of triple therapy if Trelegy/Trimbow not suitable.	Inhale contents of 1 capsule OD	30 doses (30 days)	Use within 60 days of opening bottle with capsules.	£25.80
Eklira (LAMA)	Genuair DPI		Acclidinium 322mcg	2 nd Line LAMA if used for monotherapy for <u>existing patients only</u> . (for patients with manual dexterity problems or an eGFR<30ml/min). Only used as part of triple therapy if Trelegy/Trimbow not suitable.	1 puff BD	60 doses (30 days)	Use within 90 days of opening pouch.	£28.60
Incruse (LAMA)	Ellipta DPI		Umeclidinium 55mcg	3 rd Line LAMA for monotherapy for <u>existing patients only</u> . Do NOT use as part of triple therapy.	1 puff OD	30 doses (30 days)	Use within 6/52 of opening	£27.50
Seebri (LAMA)	Breezhaler DPI		Glycopyrronium 44 mcg	3 rd Line LAMA for monotherapy for <u>existing patients only</u> . 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



*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.

Inhaled Corticosteroid / Long Acting β 2 Agonist (ICS/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
Relvar (ICS/LABA)	Ellipta DPI		Fluticasone furoate 92mcg/ Vilanterol 22mcg	1 st Line ICS/LABA 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	£22.00
Fobumix (ICS/LABA)	Easyhaler DPI		Budesonide 160mcg/ Formoterol 4.5mcg	1 st Line ICS/LABA (This is the least expensive option)	2 puffs BD	120 doses (30 days)	Use within 4/12 of opening	£21.50
			Budesonide 320 mcg/ Formoterol 9mcg		1 puff BD	60 doses (30 days)	Use within 4/12 of opening	£21.50
Duoresp (ICS/LABA)	Spiromax DPI		Budesonide 160mcg/ Formoterol 4.5mcg		2 puffs BD	120 doses (30 days)	Use within 6/12 of opening	£27.97
			Budesonide 320 mcg/ Formoterol 9mcg		1 puff BD	60 doses (30 days)	Use within 6/12 of opening	£27.97
Fostair (ICS/LABA)	Nexthaler DPI		Beclometasone 100mcg/ Formoterol 6mcg		2 puffs BD	120 doses (30 days)	Use within 6/12 of opening	£29.32
Fostair (ICS/LABA)	pMDI		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

*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.

Triple therapy - Inhaled Corticosteroid / Long Acting Muscarinic Agonist /Long Acting β 2 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
Trelegy (ICS/LAMA/LABA)	Ellipta DPI		Fluticasone furoate 92mcg/ Umeclidinium 55mcg/ Vilanterol 22mcg	1 st 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
Trimbow (ICS/LAMA/LABA)	pMDI		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 only for patients who need a pMDI 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 temperature.	£44.50

*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.

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

Please prescribe **ALL INHALERS** by their **BRAND NAME** 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 hasn't 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-Beathe[®], 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.

All inhalers can be recycled at some local pharmacies. 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.

1. Costs taken from the [Drug Tariff](#) (November 2019) or [MIMS](#) (November 2019)