

INHALER FORMULARY

ACTIONS FOR PRACTICES:

REMIN ALL RESPIRATORY PATIENTS **TO BRING THEIR INHALERS IN** WHEN THEY HAVE AN ASTHMA/COPD REVIEW

ORDERING: FLAG OVER ORDERING TO NURSE/PHARMACIST OR HEALTHCARE ASSISTANTS

- FLAG ALL PATIENTS WHO USE LESS THAN 6 INHALED CORTICOSTEROIDS (ICS) OR (ICS/LABA) OF 30 DAYS SUPPLY IN 12 MONTHS
- **NOTE: DIFFERENT INHALERS HAVE DIFFERENT DOSE QUANTITIES SO THE TABLE BELOW HAS BEEN CREATED AS A GUIDE**

BRAND: ALL INHALERS TO BE PRESCRIBED BY BRAND ESPECIALLY **COMBINATION INHALERS**

SPACER DEVICES SHOULD BE REPLACED ONCE A YEAR (AEROCHAMBER®/ ABLE®/VOLUMATIC®)

ASSIST ME WITH INHALERS APP

Download Assist Me with Inhalers now



MEDICATION NAME	BRAND NAME	DEVICE	DOSES	
SHORT ACTING BETA 2 AGONIST (SABA)				
Salbutamol 100mcg	Ventolin®	Evohaler® pMDI	200	SALBUTAMOL INHALERS: PRESCRIBE MAXIMUM ONE INHALER PER MONTH SHOULD BE USED AS A RESCUE INHALER SHOULD NOT BE USED DAILY IF WELL CONTROLLED SHOULD NOT ORDER MORE THAN 12 OVER 12 MONTHS SALBUTAMOL SHOULD ONLY BE USED WHEN REQUIRED (PRN)
	Salbutamol Easyhaler®	Easyhaler®	200	
	Airomir®	Autohaler®	200	
	Salamol®	Easi-breathe®	200	
	Ventolin®	Accuhaler®	60	
Terbutaline	Bricanyl®	Turbohaler®	100	Maximum 4 puffs in 24 hours
SHORT ACTING MUSCARINIC ANTAGONIST (SAMA)				
Ipratropium bromide	Atrovent®	pMDI	200	1 to 2 puffs 3 to 4 times a day.

MEDICATION NAME	BRAND NAME	DEVICE	DOSES	HOW LONG ONE INHALER WOULD LAST IF USING:								Guidance
				1 PUFF ONCE A DAY		1 PUFF TWICE A DAY		2 PUFFS ONCE A DAY		2 PUFF TWICE A DAY		
				Months	Days	Months	Days	Months	Days	Months	Days	
INHALED CORTICOSTEROIDS (ICS)												
Beclometasone Dipropionate	Clenil Modulite®	pMDI	200		3 months	100 days		Approx. 2 months	50 days	Qvar® is more potent than traditional beclometasone dipropionate CFC-containing inhalers. It is approximately twice as potent as <i>Clenil Modulite</i> ®.		
	QVAR®	pMDI/ Autohaler®/ Easi-breathe®										
Budesonide	Easyhaler®	Easyhaler®	200		3 months	100 days		Approx. 2 months	50 days			
	Pulmicort®	Turbohaler®	200									
Fluticasone propionate	Flixotide®	Accuhaler®	60		1 month	30 days		2 devices per month	15 days	500mcg accuhaler max. dose 1puff BD		
	Flixotide®	Evohaler® pMDI	120								2 months	60 days

MEDICATION NAME	BRAND NAME	DEVICE	DOSES	HOW LONG ONE INHALER WOULD LAST IF USING:								Guidance
				1 PUFF ONCE A DAY		1 PUFF TWICE A DAY		2 PUFFS ONCE A DAY		2 PUFF TWICE A DAY		
				Months	Days	Months	Days	Months	Days	Months	Days	
COMBINATION INHALED CORTICOSTEROIDS & LONG ACTING BETA AGONISTS (ICS/LABA)												
Beclometasone Dipropionate & Formoterol fumarate	Fostair®	pMDI	120			2 months	60 days			1 month	30 days	
	Fostair®	Nexthaler®										
Budesonide & Formoterol	DuoResp® 160/4.5mcg	Spiromax®	120			2 months	60 days			1 month	30 days	
	DuoResp® 320/9mcg	Spiromax®	60			1 month	30 days			2 devices per month	15 days	May be increased to 2 puffs BD in Asthma Only.
	Symbicort® 100/6, 200/6	Turbohaler®	120			2 months	60 days			1 month	30 days	
	Symbicort® 200/6	pMDI	120							1 month	30 days	After inhaler is removed from foil wrapper, use within 3 months
	Symbicort® 400/12	Turbohaler®	60			1 month	30 days					
Fluticasone propionate & Formoterol fumarate	Flutiform®	pMDI	120			2 months	60 days			1 month	30 days	
Fluticasone propionate & Salmeterol	Sereflo®	pMDI	120			2months	60 days			1 month	30 days	
	Seretide®	Evohaler® pMDI										
	Sirdupla® (over 18 years)	pMDI										
	AirFluSal®	pMDI										
	Seretide®	Accuhaler®	60			1 month	30 days					
AirFluSal®	Forspiro®											
Fluticasone furoate & vilanterol	Relvar®	Ellipta®	30	1 month	30 days							
COMBINATION INHALED CORTICOSTEROID / LONG ACTING BETA AGONIST / LONG ACTING MUSCARINIC ANTAGONIST (ICS/LABA/LAMA)												
Beclometasone/ Formoterol/ Glycopyrronium	Trimbow®	pMDI	120							1 month	30 days	Initiate following specialist advice
Fluticasone/ Umeclidinium/ Vilanterol	Trelegy®	Ellipta®	30	1 month	30 days							Initiate following specialist advice
LONG ACTING BETA AGONISTS (LABA)												
Formoterol	Atimos Modulite®	pMDI	100			Approx. 2 months	50 days					
	Formoterol Easyhaler	Easyhaler®	120			2 months	60 days					
	Oxis®	Turbohaler®	60			1 month	30 days			2 devices per month	15 days	

MEDICATION NAME	BRAND NAME	DEVICE	DOSES	HOW LONG ONE INHALER WOULD LAST IF USING:								Guidance
				1 PUFF ONCE A DAY		1 PUFF TWICE A DAY		2 PUFFS ONCE A DAY		2 PUFF TWICE A DAY		
				Months	Days	Months	Days	Months	Days	Months	Days	
Salmeterol	Neuvent®	pMDI	120							1 month	30 days	
	Serevent®	Evohaler® pMDI	120							1 month	30 days	
		Accuhaler®	60			1 month	30 days					
Olodaterol	Striverdi®	Respimat®	60					1 month	30 days			
Indacaterol	Onbrez®	Breezhaler®	30	1 month	30 days							
LONG ACTING MUSCARINIC ANTAGONIST (LAMA)												
Tiotropium	Spiriva®	Respimat®	60					1 month	30 days			
	Spiriva®	Handihaler®	30	1 month	30 days							Prescribe device on first issue then annually
	Braltus®	Zonda®	30	1 month	30 days							Discard Zonda device after 30 uses
Aclidinium	Eklira®	Genuair®	60			1 month	30 days					
Glycopyrronium	Seebri®	Breezhaler®	30	1 month	30 days							
Umeclidinium	Incruse®	Ellipta®	30	1 month	30 days							
COMBINATION LONG ACTING MUSCARINIC ANTAGONISTS & LONG ACTING BETA AGONISTS (LAMA/LABA)												
Tiotropium/Olodaterol	Spolto®	RESPIMAT®	60					1 month	30 days			
Aclidinium/Formoterol	Duaklir®	GENUAIR®	60			1 month	30 days					
Glycopyrronium/Indacaterol	Ultibro®	BREEZHALER®	30	1 month	30 days							
Umeclidinium/Vilanterol	Anoro®	ELLIPTA®	30	1 month	30 days							

SPACER DEVICE	AEROCHAMBER PLUS®	Compatible with most MDI device	Consider prescribing a compatible spacer for use with MDI devices in ALL patients with poor inhaler technique. Replace annually
	ABLE SPACER®	Compatible with most MDI devices	
	VOLUMATIC®	Only compatible with Ventolin®, Salamol®, Seretide®,	

Resources:

- Right Breathe Inhaler prescribing information: <https://www.rightbreathe.com/>