



Respiratory Supplement

April 2017

Updated - Respiratory Chapter of NI Formulary

The Respiratory Chapter of the NI Formulary has recently been updated. The update contains the new recommended 1st line choices for inhalers and other respiratory products. The new updated respiratory chapter can be found on the NI Formulary website [here](#).



So what's new?

- First line choices of inhalers have been revised for asthma and COPD. A summary list of the [1st line inhaler choices](#) is available on the Intranet site.
- A new section has been added on LABA/LAMA combination inhalers.
- Links to useful resources have been added and updated, including the new BTS/SIGN asthma guidance 2016 and PrescQIPP 'Inhaled therapy in COPD' bulletin.
- New [inhaler technique videos](#) have been added to the Patient Zone (see below).

Sirdupla[®] Recommended as a Cost-Effective-Choice for Fluticasone/Salmeterol MDI in Asthma.



Prescribing fluticasone/salmeterol MDIs by the brand name **Sirdupla[®]** would save the NHS £2.2 million per annum in Northern Ireland. It is now recommended in the NI Formulary as a cost effective option and is licensed for the treatment of asthma in adults. A comparison of inhaler costs is provided below. Practices are asked to commence all new patients on this cost effective choice, and to consider switching

Product/Strength	125/50	250/50
Sirdupla[®] MDI	£26.25	£44.61
Seretide [®] MDI	£35.00	£59.48
Drug tariff (generic)	£35.00	£59.48

existing patients on other (equivalent) products where appropriate. An SOP has been developed to help practices identify suitable patients and also provides sample letters that can be issued. These resources are available on the respiratory section of the HSC [Intranet Site](#)

Additional Resources for Patients & GPs -



Inhaler Technique Videos & Patient Technique Leaflets

A full range of videos demonstrating inhaler technique for each device have been added to [Asthma/COPD](#) section in the [Patient Zone](#) of the NI Formulary. The videos are accessible to the public and can be used with patients to reinforce good practice and learning



points. The QR code on the left allows quick access to the Formulary website from mobile phones and laptops, and makes it easy to open the videos on these devices. Practices can also save the links to the videos in their 'favourites' in the web browser for easy access during consultations or clinics.

Focus on Inhaled Corticosteroids

HSCB would like practices to focus on two key areas around prescribing of inhaled corticosteroids:

1. Reviewing 'Triple Therapy' in COPD

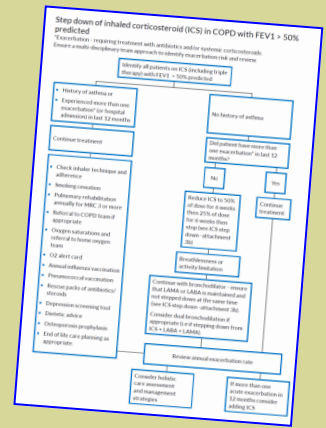
The updated [GOLD guidance](#) now recommends the use of dual bronchodilation with LABA/LAMAs in preference to LABA/ICS. Practices should review patients on 'triple therapy'. Where FEV₁ ≥50% and the patient has had less than 2 exacerbations in the last year, consider:

- Step wise reduction of the ICS, then maintain on LABA/LAMA inhaler, or
- Straight to maintenance with a LABA/LAMA combined inhaler

There is evidence to suggest that a large proportion of patients currently on triple therapy are suitable to try one of the newer combined LABA/LAMA combination inhalers. A guide to help practices review patients is provided - [here](#)

2. Stepping down ICS in Asthma

The [BTS guidelines](#) recommend adjusting treatment according to the response, and to 'step down' treatment to the lowest dose that ensures that the patient is free of symptoms. If asthma control has been achieved for over 3 months, then a reduced dose of ICS can be considered. Local audits have shown that many patients are 'stepped up' but not reviewed again to see if a lower dose of ICS would be appropriate. HSCB have produced [guidance](#) that can be incorporated into the ongoing asthma review processes. It can also be used as a stand alone piece of work to identify patients suitable for a trial 'step down'.



Device/Regimen	Complete Control	Partly Controlled	Uncontrolled
Low-dose ICS	Yes	No	No
Medium-dose ICS	Yes	Yes	No
High-dose ICS	Yes	Yes	Yes

Mucolytics - A Practice Review Tool

The evidence that mucolytics can reduce the frequency of exacerbation is of very low quality. The 2016 GOLD Strategy noted that **“although a few patients with viscous sputum may benefit from mucolytics, the overall benefits seem to be very small; the widespread use of these agents cannot be recommended at present”**. HSCB have produced a [Review Tool](#) to help practices identify patients and assess if continued therapy is required.

Action for Practices:

- Review mucolytic therapy after 4 weeks and only continue in patients with clear symptomatic improvement.
- **Do not offer mucolytics for acute conditions (e.g. “chesty cough”, URTI) or as a short term ‘cough bottle’.**

High Dose ICS Safety Cards

Practices can re-order further supplies of the high dose ICS safety cards/patient leaflets by emailing BSO stationary at:

pharmacystationeryorders@hscni.net

The cards and patient information leaflets are designed to make it easier to follow the CSM advice that **“steroid treatment cards should be routinely provided for patients (or their carers) who require prolonged treatment with high doses of inhaled steroids”**. Details about the cards and the background to their development can be found [here](#).

High Dose Inhaled Corticosteroid Safety Card

Name: _____ DOB: _____

I take: _____ Strength: _____

MDI + Spacer / Accuhaler / Turbohaler / _____

At a dose of: _____ puffs _____ time(s) a day

I may be at risk of corticosteroid insufficiency when I am ill and supplementation should be considered.

Prescriber: _____ Date: _____

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