

KEY: **Green:** Recommended as first line
Blue: Alternative when first line not suitable
Amber: Specialist initiated drugs. They are suitable for long term prescribing in primary care but specialist knowledge is required when initiating therapy. GP's may be invited to formally share patient care, through a shared care agreement.
Red: Hospital only products

3. Respiratory System

For inhaled therapy MDI devices with or without a spacer should be used first line. Dry powder and breath-activated devices are usually second line devices

For local prescribing guidance in **COPD** see: [Respiratory - Herefordshire CCG](#)

3.1 **Bronchodilators**

3.1.1 Adrenoceptor agonists

3.1.1.1 *Selective beta2 agonists*

Short acting Beta 2 agonists

Salbutamol

Pressurised metered dose inhaler (MDI)

Easyhaler®

Easi-Breathe®

Accuhaler®

Nebuliser solution

Oral - specialist advice

Injection

Terbutaline Sulphate

Used only when patients are known to be allergic to, or poorly tolerant of salbutamol.

MDI

Turbohaler

Nebuliser solution

Long acting Beta 2 agonists (LABA)

For local *interim* prescribing guidance in **COPD** see: [Respiratory - Herefordshire CCG](#)

Formoterol Fumarate first line

Easyhaler®

MDI

Oxis Turbohaler®

Indacaterol

Onbrez Breezhaler®

Salmeterol

MDI

Accuhaler®

3.1.2 Antimuscarinic bronchodilators

For local prescribing guidance in **COPD** see: [Respiratory - Herefordshire CCG](#)

Ipratropium Bromide

MDI

Autohaler®

Nebuliser solution

Long Acting Antimuscarinic Antagonists (LAMA) Licensed for maintenance treatment of COPD

Tiotropium - do not exceed recommended once daily dose for tiotropium. Prescribe by brand to ensure continuity of product and device.

Soft Mist (Respimat device)

Spiriva Respimat® device – cost effective first line choice (soft mist)

Dry Powder devices

Braltus® Zonda device 10mcg delivered dose cost effective alternative to Handihaler

(Braltus® 10mcg is equivalent to 18mcg Spiriva Handihaler)

Spiriva Handihaler® device 18mcg capsules / 10mcg dose delivered to lungs (retained for existing patients only)

Glycopyrronium

Seebri Breezhaler®

Umeclidinium

Incruse Ellipta®

3.1.3 Theophylline

Modified release preparations: always prescribe by brand name because release profiles may vary between brands.

Theophylline Modified release

Nuelin SA®

Slo-Phyllin®

Uniphyllin Continus®

Aminophylline modified release

Phyllocontin Continus®

Long Acting Beta-2 Agonist (LABA) & Long Acting Muscarinic Antagonists (LAMA)
licensed for maintenance treatment of COPD

For local prescribing guidance in **COPD** see: [Respiratory - Herefordshire CCG](#)

Anoro Ellipta® umeclidinium & vilanterol

Duaklir Genuair® formoterol & aclidinium

Ultibro Breezhaler® indacaterol & glycopyrronium

Spiolto Respimat® olodaterol & tiotropium

3.1.5 Peak flow meters, inhaler devices, nebulisers

Peak flow meters

Drug Delivery Devices

AeroChamber® Plus – medium volume spacer, fits all MDIs

Volumatic® - large volume spacer – fits Clenil, Seretide etc

Haleraid® - inhalation aid

Nebuliser diluent

Sodium Chloride 0.9% - use saline injection (hospital) or

Saline Steripoule® in primary care

Hypertonic sodium chloride – please see section 3.7 mucolytics

3.2 Corticosteroids

Ensure **strength** and **brand** specified as appropriate for inhaled corticosteroids (ICS)

For oral steroid prescribing in respiratory conditions see [local guidance](#)

Beclometasone Dipropionate

Prescribe by BRAND - products are not bioequivalent

Clenil® MDI

Qvar® NB Qvar® is up to **twice** as potent as Clenil® due to small particle size and increased lung deposition

MDI

Easi-Breathe®

Autohaler®

Easyhaler® - dry powder

Budesonide

MDI

Easyhaler®

Turbohaler®

Respules®

Fluticasone Propionate

NB double potency of beclometasone and budesonide; increased risk of adrenal suppression.

Use second line and review regularly

MDI

Accuhaler®

Combination corticosteroid and long acting beta 2 agonist preparations ICS/LABA

For local prescribing guidance in **COPD** see: [Respiratory - Herefordshire CCG](#)

Fostair® 100/6 200/6 beclometasone dipropionate & formoterol fumarate (MDI) & NEXThaler (DPI)

NB beclometasone equivalent to QVAR® and therefore double potency BDP

First line combination in **asthma** for new patients and those stepping down

Consider first line in **COPD** where a combination ICS/LABA product is required in MDI presentation

DuoResp® budesonide & formoterol

Spiromax DPI

Fobumix Easyhaler® budesonide & formoterol DPI. 160/4.5, 320/9 licensed in asthma & COPD; 80/4.5 licensed in asthma only

Symbicort® budesonide & formoterol

MDI

Turbohaler® NB only 200/6 and 400/12 preparations are licensed in COPD

Flutiform® fluticasone propionate & formoterol fumarate – MDI: **licensed in asthma only**

AirFluSal® fluticasone propionate & salmeterol **Do not start for new COPD patients**

MDI

Forspiro® dry powder device

Seretide® fluticasone propionate & salmeterol **Do not start for new COPD patients**

MDI

Accuhaler® NB **Only** 500 Accuhaler® licensed in COPD

Relvar Ellipta 92/22® fluticasone *furoate* & vilanterol **92/22** low strength as an option in COPD in line with local interim COPD guidelines. Also in asthma at step 4 - specialist initiation only. *Note: 1 inhalation (delivered dose) of fluticasone furoate 92 micrograms once daily is approximately equivalent to fluticasone propionate 250 micrograms twice daily.*

Relvar Ellipta 184/22® fluticasone *furoate* & vilanterol **184/22** high strength as an option in asthma at step 4 - specialist initiation only. *Note: 1 inhalation (delivered dose) of fluticasone furoate 184 micrograms once daily is approximately equivalent to fluticasone propionate 500 micrograms twice daily.*

Triple combination in COPD: corticosteroid, long acting beta 2 agonist & long acting antimuscarinic preparations ICS/LABA/LAMA

Trimbow® 87/5/9* Beclometasone / formoterol / glycopyrronium MDI

**Each metered dose (the dose leaving the valve) contains 100 micrograms of beclometasone dipropionate, 6 micrograms of formoterol fumarate dihydrate and 10 micrograms of glycopyrronium (as 12.5 micrograms glycopyrronium bromide). 100mcg beclometasone extrafine particle size is equivalent to 250mcg beclometasone non-extrafine*

Trelegy® 92/55/22* Fluticasone furoate / umeclidinium / vilanterol DPI (dry powder inhaler)

**Each single inhalation provides a delivered dose (the dose leaving the mouthpiece) of 92 micrograms fluticasone furoate, 65 micrograms umeclidinium bromide equivalent to 55 micrograms umeclidinium and 22 micrograms vilanterol (as trifenate). This corresponds to a pre-dispensed dose of 100 micrograms fluticasone furoate, 74.2 micrograms umeclidinium bromide equivalent to 62.5 micrograms umeclidinium and 25 micrograms vilanterol (as trifenate)*

3.3 Cromoglicate, leukotriene antagonists and phosphodiesterase type-4 inhibitors

3.3.2 Leukotriene antagonists

Montelukast

3.4 Antihistamines, hyposensitisation, and allergic emergencies

3.4.1 Antihistamines

Non-sedating antihistamines

In chronic idiopathic urticaria or acute urticaria, non-sedating antihistamine doses up to FOUR times that used ordinarily for hayfever may be used on specialist recommendation.

Cetirizine

Loratadine

Fexofenadine third line non-sedating option, particularly for urticaria

Sedating Antihistamines

Chlorphenamine maleate

Cyprohepatadine: for use in the emergency treatment of SSRI poisoning only

Hydroxyzine link to [MHRA advice](#) on QT interval and max doses

Promethazine hydrochloride

All self-care brands remain non-formulary and within CCG [Low Priority Treatment \(LPT\)](#) list and most are available for patients to purchase.

3.4.2 Allergen Immunotherapy (Specialist use only)

Bee and Wasp allergen extracts <http://guidance.nice.org.uk/TA246>

Pharmalgen®

Grass and tree pollen extracts

Grazax® ▼ Consultant Respiratory Physician / Paediatrician initiation

3.4.3 Allergic emergencies

Adrenaline/Epinephrine

Intramuscular or subcutaneous

Prescribing note: Intramuscular site preferred because it is faster and more reliable than the subcutaneous site.

Adrenaline/Epinephrine 1 in 1000

Intramuscular or subcutaneous

Adrenaline/Epinephrine 1 in 10 000, dilute

Intravenous - use only when body circulation is compromised.

Intramuscular injection for self-administration

Epipen® Auto-injector 300 microgram, 150 microgram NB other brands to be prescribed in times of short supply – ensure adequate patient/carer information & education on device use.

3.5 Respiratory stimulants and pulmonary surfactants

3.5.1 Respiratory stimulants

Doxapram

Infusion 1g in 500ml

Injection 100mg in 5ml

3.5.2 Pulmonary surfactants

Poractant

Restricted: For use only in SCBU. Curosurf®

3.7 Mucolytics

Carbocisteine

The evidence for mucolytics is poor; use on advice from a respiratory specialist. **Review after a trial period e.g. 3 – 6 months and discontinue if no benefit.**

Acetylcysteine prescribe by brand Oronac® [licensed food supplement]

For pulmonary fibrosis, limited to historic use, specialist initiation.

<https://www.nice.org.uk/Guidance/CG163>

Nebulised Acetylcysteine is unlicensed and for consultant initiation only. Wye Valley NHS Trust use the injectable preparation via this route. Contact ext 4017 for details.

Oscillation (Flutter) Devices: Respiratory use only

In line with the BTS guidelines for non-cystic bronchiectasis oscillation devices may be prescribed for use with postural drainage and forced expiration when helping people develop effective mucus clearance techniques.

<https://www.brit-thoracic.org.uk/document-library/clinical-information/bronchiectasis/bts-guideline-for-non-cf-bronchiectasis/>

Supplied under the direction of a respiratory physiotherapist or other specialist clinician in secondary care and not issued on FP10 in primary care.

3.8 Aromatic inhalations

Benzoin tincture, Compound, BP (for patient purchase in primary care - LPT)

3.9 Cough Preparations

3.9.1 Cough suppressants

Codeine Phosphate

Codeine Linctus, BP

Codeine Linctus, Paediatric, BP

Methadone Hydrochloride

Palliative care use

3.9.2 Expectorant and demulcent cough preparations

Simple Linctus, BP

Simple Linctus, Paediatric, BP

Cough mixtures are for patient purchase only in primary care, within the “Over The Counter” (OTC) category within Herefordshire [Low Priority Treatment](#) policy

3.10 Systemic Nasal Decongestants

Deemed to fall into the “Over The Counter” (OTC) category within Herefordshire Low Priority Treatment policy

Mannitol as Osmohale® for use as a diagnostic agent by Respiratory Physiology