

# **Protocol for the review of two single inhaler devices for a LABA and a LAMA in COPD**

To increase the prescribing of combination LABA and LAMA inhalers and reduce the prescribing of concurrent single LABA and LAMA devices in COPD

### Protocol approval details

	Name	Position	Date
Written by:	Fiona Lee	Pharmaceutical advisor	September 2020
Checked by:	Rebecca Johns	Prescribing support technician	September 2020
Tested in practice by:	Rebecca Johns	Prescribing support technician	September 2020
Authorised by:	MOPB September 2020		
Review by:	September 2023		

### Contributors to protocol

Name	Position
Fiona Lee	Pharmaceutical advisor and lead author
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### Document version control

Version	Changes	New version	Actioned by
1.1	Minor amends	1.2	
1.2	Minor amends	1.3	Fiona Lee
1.3	Formatting	1.4	
1.4	Minor amends	1.5	
1.5	Minor amends	1.6	Fiona Lee
1.6	Approved	2	

## Link to QoF/FRP

This protocol will reduce spend on LABA and LAMA inhalers by firstly deprescribing two single inhalers and switching people to the more cost-effective combination device where appropriate. This feeds into the financial recovery plan.

This protocol also links to QoF indicator COPD010 by identifying patients needing a COPD review.

## IIF indicators and thresholds

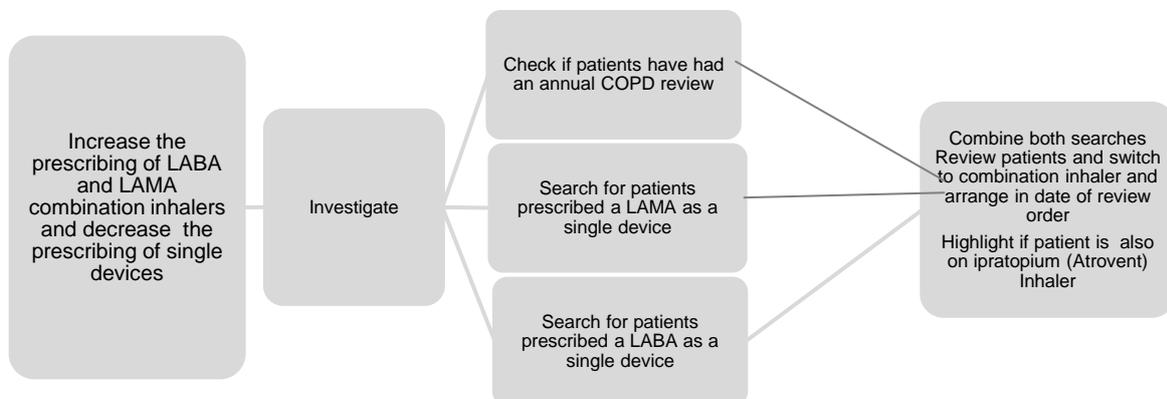
The NHS has [committed to reducing its carbon footprint by 51% by 2025](#) to meet the target in the Climate Change Act, including a shift to dry powdered inhalers (DPI) to deliver a reduction of 4%. DPIs and other newer types of inhalers like soft mist inhalers are less harmful to the environment than traditional metered dose inhalers (MDIs) and the NHS long term plan supports the use of these inhalers where it is clinically appropriate

This review supports the NHS Long Term plan by reducing metered dose inhaler prescriptions as a percentage of all inhaler prescriptions. The measure was originally listed as an IIF indicator in March 2020. However this measure is no longer listed as an IIF indicator.

## Aims

The aim of this protocol is increase the prescribing of combination LABA and LAMA inhaler devices where appropriate as well as:

- To reduce prescribing of two different devices
- To encourage the use of the simplest to use combination inhaler which matches the patients inspiratory flow rate
- To reduce prescribing costs
- To reduce the carbon footprint of inhalers by prescribing less MDI inhalers
- To stop additional prescribing of ipratropium (Atrovent) inhaler



## Background

The Cornwall Health and Care Partnership COPD guideline has been updated which supports the use of the simplest to use LABA and LAMA combination inhalers in line with the NICE guidelines. [See link](#) to the guideline on the Cornwall Joint Formulary.

Different inhalers require different techniques. Videos demonstrating inhaler technique are available see appendix 6.

NICE encourages the use of greener inhalers ([see link](#)). Where several inhalers could be viable options, patients can opt for the more environmentally friendly option a dry powder inhaler (DPI) or a soft mist inhaler (SMI) which may help to cut the health service's carbon footprint.

Different inhalers have significantly different carbon footprints. [See link](#) to the guideline on the Cornwall Joint Formulary.

## Method

### Technician to complete

1. Run a search identifying patients both a LAMA and LABA as a single device but not as a combination device. See appendix 5. (Patients who have refills may come out on the searches twice due to having the device and refills on their screen.)
2. Using the records of the identified patients complete the data collection sheet.
3. Arrange the results in order of the date of the annual review.
4. The data collection form should be passed to the practice manager, GP prescribing lead or respiratory nurse with details of which patients need to be reviewed.

### GP/practice nurse/pharmacist to complete

5. Review patients and add appropriate comments.
6. Decide if letter should be sent to patients inviting them to attend for a review.
7. Patients' inhaler technique should be checked at review. Inhaler technique can be reviewed via a video consultation.
8. Patients' should be asked how often they use the devices and advised that the medication is available via a combination inhaler device and offered the choice of having to use one inhaler.
9. Demonstrate the new technique inhaler technique. Advise the patient to log on to the website (See Appendix 6) and demonstrate the technique using an appropriate placebo inhaler. Community pharmacies can also demonstrate inhaler technique to patients via the New Medicine Service.
10. The GP prescribing lead, practice pharmacist or respiratory nurse should complete the overall evaluation form (appendix 3).

## Appendix one: Agreement to protocol

Please detail any amendments to the protocol

<b>Signed on behalf of practice:</b>	
<b>Practice name:</b>	
<b>Date:</b>	
<b>Signed on behalf of MOT:</b>	
<b>Preferred contact details of the surgery:</b>	

## Appendix two: NHS Kernow data collection sheet

Patient identified	LABA	LAMA	Date of last COPD review	COPD management plan	Highlight if also prescribed atrovent (stop atrovent)	Practice nurse, pharmacist or GP comments	Send letter (appendix 4)	Practice nurse, pharmacist or GP signature
1234	Formoterol MDI (Atimos)	Tiotropium (Braltus)	01/04/2018	No	Yes	Invite for review/stop Atrovent. Check inhaler technique (DPI and MDI). Switch to combination inhaler.	Y	

## Appendix three: Completion of protocol

<b>GP practice:</b>	
<b>Date of review:</b>	
<b>Review conducted by:</b>	
<b>Number of patients reviewed:</b>	
<b>Number of patients changed to combination inhaler:</b>	
<b>Feedback:</b>	
<b>Difficulties encountered:</b>	
<b>Completed by:</b>	

## Appendix four: Draft letter

Note: letter to be addressed to patient or parent/guardian of patient.

**Addressee**

**Your department**

Your location

Your street

Your town

Your postcode

Tel: xxxxx xxxxxx

Fax: xxxxx xxxxxx

Email: xxxxx@nhs.net

[insert date]

Dear [title/initial/surname]

### **COPD (chronic obstructive pulmonary disease) review**

We would like to invite you to contact the practice for your annual COPD review.

These annual reviews ensure your treatment is tailored to your individual needs, which reduces the risk of your experiencing exacerbations requiring emergency treatment.

To enable us to offer the correct type of appointment for your review please telephone or attend reception asking specifically for a:

#### **30 minute COPD (virtual) review appointment with practice nurse**

It is important to point out that this complements, and is additional to the usual care that you receive from your doctor. At the appointment, one of our practice nurses will review your condition, check your smoking status, and assess your inhaler technique via video/ via a face to face review and answer any queries you have, and discuss switching to a single combination inhaler as we have identified that you are currently prescribed two different inhaler devices.

For many patients, effective and more environmentally-friendly alternatives are available such as dry-powder inhalers or soft mist inhalers and we can discuss whether you can be prescribed an environmentally-friendly combination inhaler.

Please be aware that if you request your repeat COPD medication without attending your annual review you may be required to attend a medication review appointment so that your GP will be satisfied to reauthorise your medication for another year.

Yours sincerely,

[Usual prescriber/registered prescriber/GP prescribing lead/other]

P.S. Please bring or have all your inhalers and existing management plans with you to your check-up if attending for a face to face review or a video consultation

## Appendix five: LABA and LAMA inhalers

### LAMA

Drug	Brand name	MDI	DPI	SMI
Acclidinium bromide 375micrograms/dose	Eklira Genuair 322 micrograms /dose		Yes	
Glycopyrronium bromide 55microgram	Seebri Breezhaler 44 micrograms /dose		Yes	
Tiotropium bromide 10microgram inhalation	Braltus Zonda 10 micrograms /dose		Yes	
Tiotropium bromide 18microgram inhalation (with and without device)	Spiriva HandiHaler 18 micrograms /dose		Yes	
Umeclidinium bromide 65micrograms/dose	Incruse Ellipta 55 micrograms /dose		Yes	
Tiotropium bromide 2.5micrograms/dose (with and without device)	Spiriva Respimat 2.5 micrograms /dose			Yes

### LABA

Drug	Brand name	MDI	DPI	SMI
Formoterol 12microgram inhalation powder capsules	Foradil 12microgram		Yes	
Formoterol 12micrograms/dose	Formoterol Easyhaler 12micrograms/dose		Yes	
Formoterol 6 or 12micrograms/dose	Oxis Turbohaler 6 or 12micrograms/dose		Yes	
Formoterol 12micrograms/dose	Atimos Modulite 12micrograms/dose	Yes		
Indacaterol 150 or 300 microgram inhalation powder capsules	Onbrez Breezhaler 150 or 300 microgram inhalation powder capsules		Yes	
Olodaterol 2.5micrograms/dose (with and without device)	Striverdi Respimat 2.5micrograms/dose (with and without device)			Yes
Salmeterol 25micrograms/dose	Serevent evohaler 25micrograms/dose	Yes		
Salmeterol 25micrograms/dose	Neuvent Inhaler 25micrograms/dose	Yes		
Salmeterol 25micrograms/dose	Soltel inhaler 25micrograms/dose	Yes		
Salmeterol 50micrograms/dose	Servent Accuhaler 25micrograms/dose		Yes	

## LABA + LAMA combination (NHS Kernow formulary choices)

Drug	Brand name	MDI	DPI	SMI	Dosage
Acclidinium bromide 396micrograms/dose + Formoterol 11.8micrograms/dose	Duaklir Genuair 396 micrograms + 11.8micrograms/dose		Yes		1 puff twice daily
Tiotropium bromide 2.5micrograms/dose + Olodaterol 2.5micrograms/dose	Spiolto Respimat 2.5micrograms + 2.5micrograms/dose			Yes	2 puffs once daily
Umeclidinium bromide 65micrograms/dose + Vilanterol 22micrograms/dose	Anoro Ellipta 65micrograms + 22micrograms/dose		Yes		1 puff once daily

## Appendix six: Inhaler training videos

Asthma UK

<https://www.asthma.org.uk/advice/inhaler-videos/>

RightBreathe

<https://www.rightbreathe.com/>

NICE Patient Inhalers for asthma Decision

[NICE patient decision AID](#)

If you require any help with obtaining placebo devices, please contact the medicines optimisation team [kccg.prescribing@nhs.net](mailto:kccg.prescribing@nhs.net)