

Patient Safety Respiratory Prescribing Recommendations:

- **All inhalers, excluding salbutamol, should be prescribed by brand**
- **A switch in inhaled device type must only be done following consultation with the patient and checking their understanding and appropriate technique for using this new device**
- **The most cost effective product that the patient can use should be prescribed. (Please refer to Mid Essex formulary <http://midessexccg.nhs.uk/your-nhs/medicines-management/joint-mid-essex-formulary>)**

There have been a number of patient safety incidents in Mid Essex when patients have been prescribed budesonide/formoterol inhaler generically where Symbicort® was intended, yet Duoresp Spiromax® was supplied. Patients had not received counselling in the supplied inhaler device, which required different technique. This can negatively impact on patient adherence to the inhaled therapy and on the control of their disease.

Generic prescribing is not recommended for inhalers except for salbutamol; the brand is often linked to a specific device type and incorrect interpretation could lead to patient harm. Additionally, brands of corticosteroid inhalers may differ in their particle size and therefore bioavailability. Community pharmacists are not in a position to interpret the prescriber's intentions regarding type of inhaler device intended. All inhalers, except salbutamol, must be prescribed by brand to avoid confusion. This is particularly important as a growing number of combination inhalers are coming off patent.

A switch in inhaler device type (for example from a metered dose inhaler to a breath activated one), must only be done following consultation with the patient and checking their understanding and appropriate technique for using the new device.

At present there are two combination inhalers which contain the same medication but are marketed under different brand names. As stated above Symbicort® and Duoresp Spiromax® are not interchangeable due to the different inhaler device types. More recently Sirdupla®, which contains the same medication as Seretide®, has been launched and although the inhaler devices are the same patients may be concerned about the change in name and presentation and will need to be assured of the equivalence of these products.

Patients who are newly started on an inhaler or who have changed device may be referred to the community pharmacist for the New Medicines Service. This NHS England funded service is recommended as it has been shown to improve adherence to medication in chronic disease.

Device Considerations:

- Patient preference
- Does the patient have sufficient coordination to use this inhaler?
- Inspiratory Flow: Can the patient generate sufficient inspiratory flow to use this inhaler? (Use In Check Dial or equivalent for objective check)
- A feedback mechanism indicating that the drug has been delivered to the lungs
- Device dose counter
- What type of devices do they already have and if they can use it can we give them the same device?

Before stepping up to or increasing dose of ICS/LABA you should:

- Check the number of inhalers requested in a 12 month period to understand the adherence to inhaler use or identify those over/under using current inhalers
- Check inhaler technique of current inhalers
- Ensure the patient is using their current inhalers as intended and even when they are feeling well
- Promote healthy lifestyle interventions such as smoking cessation and ensure they have their flu and pneumococcal vaccinations
- Check the number of exacerbations in the last 12 months (and their % FEV1 predicted if COPD)
- Advise patients to: Rinse the mouth after use to prevent hoarseness and risk of oral thrush.

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