**Review of Chapter 3: Respiratory System**

**KEY**

|  |  |
| --- | --- |
| **Status** | **Description** |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen | Green -Medicines suitable for routine use within primary care and Secondary care Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber | Amber- Medicines suitable to be prescribed in primary care after specialist /Consultant recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust Medicines and Therapeutic Committee and approved by the Area Prescribing Committee. |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifRed | Red-Hospital initiation and continuation only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber Shared Care Protocol | AMBER SHARE CARE PROTOCOL- Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen 2 | GREEN 2- to be prescribed by primary care only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGrey | GREY- NON FORMULARY |

**3.1 Bronchodilators**

**3.1.1 Adrenoceptor Agonists**

Blue for new initiations  
Red NOT for new initiations

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove from formulary | Remain on formulary | Supporting information |
| Salbutamol 100mcg CFC Free MDI, Easi-Breathe, DPI |  | **Yes** | **1st line Green** |
| Salbutamol, Syrup, Injection, Nebules |  | Yes |  |
| Salbutamol Tablets |  | yes | Tablets- Hospital Only |
| Formoterol Turbohaler, Easyhaler, MDI |  | **Yes** | **Green** |
| Striverdi Respimat MDI (Olodaterol) \*Specialist Initiation Only |  | **Yes** | \*Specialist Initiation Only |
| Terbutaline DPI, Respirator Solution, Respules (2ml) |  | **Yes** | **2nd line if salbutamol is not appropriate** |
| Salbutamol 200mcg DPI |  |  |  |

**3.1.2 Antimuscarinic Bronchodilators**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove from Formulary | Remain on formulary | Supporting Information |
| Eklira Genuair (Aclidinium bromide) DPI |  |  | Secondary care initiation only |
| Incruse Ellipta (Umeclidinium bromide) DPI |  |  | Secondary care initiation only |
| Ipratropium MDI, Nebules |  |  | Secondary care initiation only |
| Seebri Breezhaler (Glycopyrronium bromide) DPI |  |  | Secondary care initiation only |
| Spiriva (Tiotropium) DPI, Respimat, Spiriva 18 |  |  | Braltus as 1st choice |

**3.1.3 Theophylline**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove from formulary | Remove from formulary | **Supporting Information** |
| Theophylline MR Tablets, Capsules. Prescribe by Brand |  |  | **Amber with no shared care** |
| Aminophylline MR Tablets |  |  | **Amber with no shared care** |
| Aminophylline Injection |  |  | **Prescribed by brand, hospital only** |
| Theophylline Liquid (U, SP) |  |  | **Unlicenced, hospital and specialist only** |

**3.1.4 Compound Bronchodilator Preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove from formulary | Remain on formulary | Supporting Information |
| Anoro Ellipta DPI (Umeclidinium/Vilanterol) |  |  | **As per pathway** |
| Duaklir DPI (Aclidinium/Formoterol) |  |  | **As per pathway as per pathway** |
| Ultibro DPI (Glycopyrronium/Indacaterol) |  |  | **As per pathway** |
| Spiolto Respimat MDI (Tiotropium/Olodaterol) |  |  | **As per pathway** |

**3.2 Corticosteroids**

Blue for new initiations Red NOT for new initiations

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remove from Formulary | Remain on Formulary | Supporting Information |
| Budesonide Easyhaler DPI |  |  |  |
| Clenil Modulate (Beclometasone) MDI |  |  | 1st Choice |
| DuoResp Spiromax (Budesonide / Formoterol) DPI |  |  |  |
| Fostair (Beclometasone / Formoterol) MDI & DPI (NEXThaler). 100/6 For General Use, **200/6 for Specialist Initiation Only.** |  |  | for Specialist Initiation Only.  2nd choice  100/6 should be – higher strength can be amber |
| Pulmicort Turbohaler (Budesonide) |  |  |  |
| Relvar Ellipta (Fluticasone Furoate / Vilanterol) \*184/22 specialist initiation in asthma only. |  |  | specialist initiation in asthma only. |
| Relvar Ellipta (Fluticasone Furoate / Vilanterol) Please note only 92/22 licensed for COPD. |  |  | Now licenced for copd and asthma .  2nd choice |
| Seretide 50 Evohaler \*Paediatrics only |  |  | Restricted to paediatrics |
| Symbicort Turbohaler 100/6. For paediatrics and low dose ICS+LABA therapy ix) |  |  | Price has reduced therefore does not warrant restricted use |
| Qvar (Beclometasone extra-fine) MDI, Easi-breathe (NOT Autohaler) \*Note half dose with respect to Clenil |  |  | Second choice \*half dose with respect to clenil |
| Sirdupla – Consider use as a lower cost fluticasone propionate and salmeterol MDI. Please see guidance [here](http://www.northernlincolnshireapc.nhs.uk/formulary-documents/formulary/chapter-3/biosimilar-inhalers/) |  |  |  |
| **AirFluSal (DPI with fluticasone propionate 500mcg and salmeterol 50mcg)** |  |  | Consider as an alternative for patients stabilised on Seretide Accuhaler 500. This drug combination/strength is not recommended for new initiation expect in a specialist setting. However, a switch may be made following appropriate patient counselling |
| **Budesonide: MDI, Nebules, Turbohaler** |  |  | Restricted |
| **Symbicort Turbohaler 200/6 and 400/12 \* Note 100/6 Above** | Amend to green due to price decrease |  | Experience has shown that if patients are stable on this they should continue |
| **- Seretide Evohaler and Accuhaler** |  |  | Restricted to use in asthma not to be used as new initiation for COPD |
| **Flutiform** |  |  | Restricted- |

**3.3 Cromoglicate, related therapy and leukotriene receptor antagonists**

**3.3.1 Cromoglicate and Related Therapy**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove from Formulary | Supporting Information |
| Sodium cromoglicate MDI |  |  |  |
| Nedocromil sodium |  |  |  |

**3.3.2 Leukotriene receptor antagonists**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove from Formulary | Supporting Information |
| Montelukast Tablets, Granules | Green as per paed request |  | 1st line specialist initiation |
| Zafirlukast Tablets |  |  | 2ndline |

**3.4 Antihistamines, hyposensitisation and Allergic Emergencies**

**3.4.1 Antihistamines**

|  |  |  |  |
| --- | --- | --- | --- |
| \*to be discussed with consultant immunologist\* | Remain on formulary | Remove from Formulary | Supporting Information |
| **Cetirizine Tablets, Solution** |  |  |  |
| **Loratadine Tablets, Syrup** |  |  |  |
| **Fexofenadine Tablets** |  |  |  |
| **Chlorphenamine Tablets, Syrup, Injection** |  |  |  |
| **Hydroxyzine Hydrochloride Tablets, Syrup** |  |  |  |
| **Promethazine Tablets** |  |  |  |
| **Promethazine Syrup** |  |  | **Restriction status Red** For sedation in children  **Green** as antihistamine or for nausea and vomiting |
| **Promethazine Injection** |  |  | RDASH |
| **Alimemazine (Trimeprazine) Tablets, Syrup** |  |  | Hospital only |
| **Desloratadine Tablets** |  |  |  |
| **Ketotifen Fumarate** |  |  |  |

**3.4.2 Allergen Immunotherapy**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove from Formulary | Supporting Information |
| **Omalizumab Solution for injection**[**NICE TA339**](https://www.nice.org.uk/guidance/ta339) **& NICE TA278** |  |  |  |
| **Pollinex SC Injection. Hospital, Immunologist Only** |  |  |  |

**3.4.3 Allergic Emergencies**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary |  |
| Adrenaline (Epinephrine) Injection, Auto Injector |  |  |  |
| Hydrocortisone Injection | To remain but can not find on NF |  |  |
| **Methylprednisolone Injection** | To remain but can not find on NF |  |  |
| **Icatibant Acetate 10mg/ml Injection. Hospital Initiated** | To remain but can not find on NF |  |  |
| **Primatene Mist. Hospital Only** | To remain but can not find on NF |  |  |
| **C1 Esterase Inhibitor. Hospital Only** | To remain but can not find on NF |  |  |

**3.5 Respiratory stimulants and pulmonary surfactants**

**3.5.1 Respiratory stimulants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| **Doxapram Infusion** |  |  |  |
| **Caffeine citrate Injection, Suspension. Hospital, Paediatrics Only** |  |  |  |

**3.5.2 Pulmonary surfactants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| **Poractant Alfa Suspension. Hospital, Paediatrics Only** |  |  |  |
| **Beractant Suspension. Hospital, Paediatrics Only** |  |  |  |

**3.7 Mucolytics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Carbocisteine Capsules, Liquid |  |  |  |
| Mecysteine Hydrochloride |  |  |  |
| Dornase alfa inhalation. Hospital Only |  |  |  |
| N-Acetylcysteine 600mg Tablets (U) |  |  |  |
| Mannitol Inhalation Powder. Hospital Only, [NICE](https://www.nice.org.uk/guidance/ta266) |  |  |  |
| Sodium Chloride Nebules 3%, 6% |  |  |  |

**3.8 Aromatic inhalations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Menthol & Eucalyptus Inhalation |  | remove |  |
| Benzoin Compound Tincture (Friar’s Balsam) Inhalation |  | remove |  |

**3.9 Cough preparations**

**3.9.1 Cough Suppressants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Pholcodine Linctus (Standard or Sugar Free) | RG – to keep on as it helps patients with intractable cough- especially in palliative care |  |  |
| Codeine Linctus | RG – to keep on as it helps patients with intractable cough- especially in palliative care |  | Possibly used in  paeds |

**3.9.2 Demulcent and Expectorant Cough Preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Simple Linctus | RG – to keep on as it helps patients with intractable cough- especially in palliative care | remove |  |

**3.10 Systemic nasal decongestants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Pseudoephedrine Tablets, Elixir |  | remove |  |

**Others**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remain on formulary | Remove  From formulary | Supporting information |
| Osmohale (diagnostic) |  |  |  |