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## LAMAs/LABAs

During 2013, two new long-acting muscarinic antagonists (LAMA) and one new long-acting  $\beta_2$  agonist (LABA) have been added to the NHSGGC *Formulary* for the maintenance treatment of Chronic Obstructive Pulmonary Disease (COPD). The prescribing support teams in partnership with the Respiratory Managed Clinical Network have produced two prescribing summaries in response to a number of queries relating to the evidence for LABAs and LAMAs in patients diagnosed with COPD. The prescribing summaries aim to provide clarity around the evidence for each of the agents and their place in therapy for the management of COPD, particularly the new agents, across NHSGGC primary care.

Indacaterol (Onbrez Breezhaler<sup>®</sup>) is the new LABA for the maintenance treatment of COPD and there have been anecdotal reports across NHSGGC of indacaterol (Onbrez Breezhaler<sup>®</sup>) being prescribed together with combination inhaled corticosteroid (ICS)/LABA inhalers (ie Symbicort<sup>®</sup>, Seretide<sup>®</sup>). This has resulted in patients receiving two LABAs and increases the risks of side effects for the patients. Below is a summary of the advice on prescribing LABAs and LAMAs for the maintenance treatment of COPD. The full prescribing summaries can be accessed at <http://www.ggcprescribing.org.uk/prescribing-resources/>

NHSGGC COPD guidelines recommend LABA and/or LAMA for the management of breathlessness in patients with COPD.

### NHSGGC advice for prescribing LABAs in primary care for maintenance treatment of COPD

- LABA of choice is Formoterol Easyhaler<sup>®</sup> (DPI) or Atimos Modulite<sup>®</sup> (formoterol MDI)\*
- Alternative LABA devices on the GGC Formulary Preferred List are salmeterol

(Neuvent<sup>®</sup> MDI, Serevent Evohaler<sup>®</sup>, Serevent Accuhaler<sup>®</sup>) and formoterol (Oxis Turbohaler<sup>®</sup>, Foradil<sup>®</sup> DPI)

- Formoterol Easyhaler<sup>®</sup> is the most cost effective LABA
- The place in therapy for indacaterol (Onbrez Breezhaler<sup>®</sup>) is as an option for patients with COPD who cannot tolerate or use the formoterol and salmeterol devices of choice or report no benefit from trials of treatment with formoterol and salmeterol
- LABA should only be continued if patient perceives benefit after taking regularly for 4 weeks (consider compliance and inhaler technique)

### NHSGGC advice for prescribing LAMAs in primary care for maintenance treatment of COPD

- LAMA of choice is tiotropium 18microgram capsules via Handihaler<sup>®</sup> device (Spiriva<sup>®</sup>)\*
- Tiotropium 18microgram capsules via Spiriva Handihaler<sup>®</sup> is the only LAMA currently on the *Formulary Preferred List*
- The place in therapy for aclidinium (Eklira Genuair<sup>®</sup>) and glycopyrronium (Seebri Breezhaler<sup>®</sup>): an option for patients with COPD (without any cardiovascular risk factors) who have tried LABAs or LAMA of choice without benefit and/or patients who cannot use the Spiriva<sup>®</sup> Handihaler device
- LAMA should only be continued if patient perceives benefit after taking regularly for 4 weeks (consider compliance and inhaler technique)

\* Refer to the [COPD inhaler device guidance](#) (September 2013) for inhaler devices of choice and also to individual Summary of Product Characteristics (SPCs) for further information.

## Smoking Cessation Services

The Smokefree service has now produced a referral form for patients to take to their pharmacy. Feedback from GPs indicated that following smoking cessation discussions within consultations, patients often expected a prescription. Since nicotine replacement therapy (NRT) should not be prescribed using a GP10, a surrogate form has been produced for patients to take to a community pharmacy of their choice. This form is similar in size and colour to a prescription. These forms can be obtained from Annette Robb, 0141 201 4959 [annette.robb@ggc.scot.nhs.uk](mailto:annette.robb@ggc.scot.nhs.uk)

The form encourages the patient to attend an NHSGGC Smokefree Pharmacy, where the patient will receive the information and support required to help them to stop smoking. All community pharmacies in NHSGGC offer this service. The form also provides information on NRT and the contact number for Smokefree groups, should patients prefer to receive support through a group setting.

The products that are available through the Smokefree Service include all the NiQuitin® range. The NiQuitin Clear Patch® is the first line product of choice and only products within the NiQuitin® range should be used for the Smokefree programme unless there is a valid reason for another product to be prescribed.

When the patient presents the form in the pharmacy the steps of the service are:

- The pharmacy should explain the support offered under the Smokefree pharmacy service.
- Suitable patients will be enrolled in the same way as patients presenting without a Smokefree referral form.
- The pharmacy will explain week zero protocol and arrange a return date for first supply of NRT.
- If the client prefers, or would be more suited to group support, the pharmacy staff will return the referral form to the

patient and point out the contact number on the back of the form

### Pregnancy

These forms do not apply in pregnancy when the Smokefree Pregnancy Service referral form should be used. If a pregnant patient presents then please ask them to call 0141 201 2335 where a Smokefree Pregnancy Service Administrator will make contact with the appropriate midwife.

### Housebound patients

These patients can be supplied NRT on a weekly basis. Although a carbon monoxide reading will not be able to be recorded. It is good practice for a member of staff to be the key contact person for that patient and where possible to telephone them on a weekly basis and offer support for their quit attempt.

### Varenicline

Although a history of depression, or current depression treated with an antidepressant, is not a contra-indication for varenicline use; varenicline should be used with caution. Smoking cessation with or without pharmacotherapy has been associated with exacerbations of underlying psychiatric illness (eg depression, anxiety). As per MHRA advice the BNF advises: patients should discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood or suicidal thoughts and those with a history of psychiatric illness should be monitored while taking varenicline.

### Larvae Protocol

The updated protocol for prescribing larvae is available on [staffnet](#).

### Synonyms

The issue with the EMIS prescribing system which prevented the use of synonyms has now been resolved. Prescribers can resume use of the synonym functionality on EMIS.

*Seasons Greetings to all of our readers!*