

West of Scotland Formulary -Respiratory chapter –






Changes compared to NHSGGC chapter

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Drug additions compared to existing GGC formulary

Drug	Pathway(s)	Prescribing flag*	Comment
Easy Peak flow meter standard range	Peak flow meters	None	Added as a Formulary choice peak flow meter.
Aerochamber Plus Flow-VU and Volumatic	Spacer devices	None	Added as Formulary choice spacer devices
C1-esterase inhibitor - Berinert	Acute attacks of hereditary angioedema Short term prophylaxis in hereditary angioedema	SUO SUO	
Sodium chloride (nebs)	Bronchiectasis - Treatment with nebulised saline CF - Treatment with mucolytics	SI SI	Sodium chloride not specifically listed in the respiratory chapter in the GGC Formulary but is used for the indications stated.
Aminophylline inj.	Acute asthma	SUO	Included as a 3 rd line option for the management of an acute asthma attack after salbutamol nebulers and steroids.

*WoSF Prescribing flags:

	Specialist Recommendation: may be initiated in primary care on the recommendation of a consultant or specialist practitioner working with a multidisciplinary team.
	Specialist Initiation: to be initiated by a consultant or specialist practitioner working with a multidisciplinary team. Ongoing prescribing can be continued in primary care; for example, following initial prescription or once the patient has been stabilised on the medication. This may involve initial and/or ongoing monitoring and review by the specialist. Refer to individual prescribing notes and local arrangements.
	Specialist Use Only: to be prescribed by a consultant or specialist practitioner in this therapeutic area with treatment remaining under their direct supervision. Not to be prescribed in primary care.
	Unlicensed Indication: a licensed medicine being used outside the terms of its licence.
	Unlicensed Medicine: a medicine with no UK marketing authorisation.

Drug deletions compared to GGC formulary

TF = Total Formulary, PL = Preferred List in NHSGGC Adult Medicines Formulary

Drug	Current GGC formulary location/position		Comment
Formoterol	3.1.1.1.2 Long-acting bronchodilators	TF	Single use LABAs not recommended for use in asthma
Olodaterol	3.1.1.1.2 Long-acting bronchodilators	TF	Single use LABAs not recommended for use in asthma
Terbutaline	3.1.1.1.1 Short-acting bronchodilators	TF	Only SABA included is salbutamol
Aclidinium bromide (Eklira Genuair)	3.1.2 Antimuscarinic bronchodilators	TF	Tiotropium (Spiriva Respimat) is the only licensed single LAMA for asthma. Single LAMA not recommended for use in COPD.
Aclidinium bromide + Formoterol (Duaklir Genuair)	3.1.2.1 Antimuscarinic combination inhalers	TF	Formulary choice dual LAMA/LABA inhalers for COPD are Anoro Elipta (DPI) (umeclidinium + vilanterol), Spiolto Respimat (DPI) (tiotropium + olodaterol) and Bevespi Aeropshere (MDI (glycopyrronium + formoterol)

Umeclidinium bromide (Incruse Elipta)	3.1.2 Antimuscarinic bronchodilators	PL	Tiotropium (Spiriva Respimat) is the only licensed single LAMA for asthma. Single LAMA not recommended for use in COPD.
Theophylline	3.1.3 Theophylline	TF	No longer recommended in respiratory guidance.
Indacaterol + Glycopyrronium bromide (Ultibro Breezhaler)	3.1.2.1 Antimuscarinic combination inhalers	TF	Formulary choice dual LAMA/LABA inhalers for COPD are Anoro Elipta (DPI) (umeclidinium + vilanterol), Spiolto Respimat (DPI) (tiotropium + olodaterol) and Bevespi Aeropshere (MDI (glycopyrronium + formoterol)
Budesonide (Pulmicort Turbohaler)	3.2.1 Single agent inhaled devices	TF	Single ICS inhalers no longer recommended in asthma.
Beclometasone (Clenil, Beclometasone Easyhaler, Qvar,)	3.2.1 Single agent inhaled devices	PL	Single ICS inhalers no longer recommended in asthma.
Hydroxyzine	3.4.1 Antihistamines	TF	Not normally used for respiratory allergies. Will be considered as part of the skin chapter.
Promethazine hydrochloride	3.4.1 Antihistamines	TF	Not normally used for respiratory allergies. Will be considered as part of the CNS and skin chapters.

Berotrastat	3.4.3 Allergic emergencies	TF	Used for the routine prevention of recurrent attacks of hereditary angioedema. May be included as part of 'Specialist pathway'
Doxapram	3.5.1 Respiratory stimulants	TF	Considered very specialist use and not for inclusion in Formulary.
Mannitol	3.7 Mucolytics	TF	No longer used in the treatment of CF.
Ivacaftor and lumacaftor	3.12. Cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapies	TF	CF drugs will be included in a separate chapter
Ivacaftor and tezacaftor	3.12. Cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapies	TF	CF drugs will be included in a separate chapter
Ivacaftor, tezacaftor, elexacaftor	3.12. Cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapies	TF	CF drugs will be included in a separate chapter

Prescribing restriction changes compared to GGC formulary

Drug	GGC	WoS	Comment
Salbutamol nebulas	None	SUO only in the following pathway: <ul style="list-style-type: none"> Nebulisers - acute hospital use SR only in the following pathway: <ul style="list-style-type: none"> Nebulisers - long-term primary care 	
Ipratropium nebulas	None	SUO	
Beclometasone/ formoterol	None	SR (only applies to 200/6 strength in Higher strength combination inhalers for specialist recommendation pathway)	
Fluticasone/ vilanterol	None	SR Note, only the 184/22 strength is included in the formulary (in the	

		Higher strength combination inhalers for specialist recommendation pathway)	
Beclometasone/ Formoterol/ glycopyrronium	None	SR (only in the Higher strength combination inhalers for specialist recommendation pathway)	
Prednisolone	None	SI restriction only if being prescribed for the treatment of other chronic fibrosing interstitial lung disease	
Acetylcysteine	None	SR restriction only if being prescribed for bronchiectasis	
Carbocisteine	None	SR restriction only if being prescribed for bronchiectasis	