NHS South Yorkshire ICB MOT Action sheet/SOP

Fostair® pMDI and Generic Beclometasone/Formoterol pMDI to Proxor pMDI

Bottom line: Proxor pMDI is a generic extra fine particle beclometasone/formoterol combination inhaler launched in the UK as an alternative to Fostair® pMDI.
Proxor pMDI offers the same range of inhaler strengths as Fostair® pMDI in an equivalent inhaler.

Launch Date: Feb 2026

Practices: All

Pharmacists and pharmacy technicians undertaking this action sheet should work within their clinical competence. Where appropriate please read in conjunction with appropriate referenced documents, the BNF and the relevant summary of product characteristics. If you are unsure, please speak to your line manager or one of the clinical leads from the MOT / PCDN team

Background / Evidence base

Beclometasone/formoterol combination pMDIs are used to treat asthma and to a lesser extent COPD in patients 18+. They contain extra fine particle beclometasone as the inhaled corticosteroid component and formoterol as the beta 2 agonist bronchodilator.

The originator product is Fostair pMDI which is available as 2 strengths 100/6 and 200/6. For asthma both strengths are licensed for fixed daily dosing, and the lower 100/6 strength is licensed as MART (maintenance and reliever therapy). Only the lower 100/6 strength is licensed for COPD.

In recent years branded generics have become available which offer cost effective options when prescribing beclometasone/formoterol combination pMDIs. Not all branded generic devices are identical in composition, and some have different excipients and dose counters.

A thorough review has been conducted of all the available branded generic products to ensure that the device chosen matches the originator product as closely as possible. In November 2025 South Yorkshire IMOC agreed a position statement recommending Proxor pMDI be used as formulary choice first line beclometasone/formoterol combination pMDI across South Yorkshire and this has since been adopted by all 4 place-based formularies.

The Position Statement

New patients.
NHS South Yorkshire ICB Integrated Medicines Optimisation Committee recommends **Proxor pMDI** as the beclometasone/formoterol *product of choice for all new patients where there is clinical need to prescribe this combination inhaler.

Existing patients on parent brand (Fostair pMDI)

In order to make the best use of NHS resources, practices and MO teams may consider switching patients who are being prescribed Fostair pMDI to Proxor pMDI if done in collaboration with the patient. Key factors to consider in undertaking this change:

- Agreement to switch should be made jointly with the patient. Several studies show that patients often develop a preference for a familiar inhaler device. Forced unconsented switching can worsen technique and reduced adherence. Switching without proper retraining increases the risk of errors, poor drug delivery and therefore poorer disease control. (Thomas et al., 2009; Lavorini et al.,2019). A Dutch cohort study found increased risk of exacerbations and rescue medication use in patients who had an involuntary switch. (Schulz et al.,2018).
- Proxor pMDI is available as 100/6 and 200/6 strengths and has the same licensed indications as Fostair pMDI.
- Proxor has the same dose counter as Fostair, which counts down in single doses.
- Proxor has the same excipients as Fostair pMDI reducing risk of adverse reactions to changes in excipients.
- Proxor is manufactured in Europe, unlike other branded generics, which improves supply security.
- The manufacturer has offered supply assurances to the ICB.

Proxor is the cheapest branded generic available at a cost of £9.90 per inhaler. For reference the list price of Fostair pMDI is £29.32 and other branded generics are £13.98.

*To note, secondary care contracts may continue to be with Fostair however where a patient is discharged from secondary care on Fostair pMDI it is acceptable for primary care to prescribe Proxor pMDI in its place where appropriate and in line with point 1. Secondary care will endeavour to keep patients on their current inhaler wherever possible.

Please note this does not impact on the position of Fostair NEXThaler within formularies. Patients on Fostair NEXThaler should not be changed to Proxor pMDI.

Cost Savings

Proxor is the most cost-effective option with the added advantages already discussed.

Budget reports suggest a potential annual saving of £1.8 million against basic list price if a realistic 50% of patients were switched from Fostair to Proxor.

Some of the optimisation which could eventually be carried out as part of this work could potentially increase spend i.e. ICS/LABA to triple therapy in COPD however this is offset by optimising patients currently on multiple inhaler triple therapy with Fostair plus LAMA (or Luforbec plus LAMA). However initially the focus of this work is on asthma patients only.

Exclusions

- **Age under 18** – Both Fostair® and Proxor are licensed from 18. Any patients under 18 should be excluded from this piece of work and highlighted to the practice since this may be inadvertent off label prescribing in children. The searches provided will only capture patients 18+

- **Patients with COPD -**these patients will be excluded from the searches. However, check patient record in case COPD has not been coded.

- **Patients with asthma using Fostair® 200/6 as MART –** this strength is not licensed for MART and risks very high doses of inhaled corticosteroid. These patients should be referred back to the practice urgently for a full review which may require discussion with respiratory specialist/waking salivary cortisol to check for adrenal suppression.

- **Patients using mixed strengths as part of a MART regimen –** for example a patient using Fostair 200/6 as daily maintenance and Fostair® 100/6 as a reliever. This is not a licensed regimen and risks the patient using excessively high inhaled corticosteroid doses. Refer these patients back to the practice highlighting local guidance on the prescribing of MART.

- **Any patient requiring fixed high dose ICS and not currently under a specialist –** high dose is considered to be anyone using 500mcg + per day of extra fine particle beclometasone. These patients should be highlighted to the practice for referral into specialist care.

- **Patients on Fostair NEXThaler**

- **All ages if previously tried Proxor and switched back to Fostair®.**

- **Patients in care homes if the switch can't be done with the patient.**

There is no expectation to change any patients who were previously changed to Luforbec pMDI if they are happy with their inhaler although this still is a small cost saving of approximately £4. Patients using Luforbec are not therefore captured in the searches provided.

Caution

Patients using Fostair® 100/6 pMDI as a MART regimen who are using beyond the maximum recommended daily doses regularly -See separate document 'Fostair pMDI to Proxor pMDI Medicines Optimisation Additional Information and Flow Charts' for further information.

Differences in Device

The Proxor pMDI inhaler range looks like this:	The Fostair® inhaler range looks like this:
	

As you can see there is a difference in the colour of the main body of the inhalers. The cap colours are the same for the equivalent strengths. **Please ensure this is communicated to patients to prevent unnecessary confusion.**

Please ensure all patients using a pMDI have an appropriate spacer device. See South Yorkshire Spacer Devices for pMDI Inhalers guidance here.

New BTS/NICE/SIGN Asthma Guidance Nov 2024

The new BTS/NICE/SIGN Asthma Guideline published in 2024 made 2 bold statements. Firstly, that no patient with asthma should be managed with SABA (short acting beta agonist) monotherapy and secondly, that for adults and adolescents 12+ the only recommended treatment regime is a pathway using ICS/formoterol combination inhaler as AIR (anti-inflammatory reliever therapy) or MART (maintenance and reliever therapy). The guidance recommends that patients well controlled on alternative treatment regimes should be allowed to continue, however if they are not well controlled, we should consider changing them to an appropriate MART regime. (Anyone on SABA monotherapy should be offered AIR (budesonide/formoterol). Uncontrolled asthma is defined as any exacerbation requiring OCS (oral corticosteroids), frequent symptoms such as needing a reliever inhaler 3+ times a week or waking up at night one or more times a week due to asthma symptoms. This should be considered when carrying out this piece of work. See https://www.nice.org.uk/guidance/ng245/resources/algorithm-c-pharmacological-management-of-asthma-in-people-aged-12-years-and-over-bts-nice-sign-pdf-13556516367 for further information.

See separate document 'Fostair pMDI to Proxor pMDI Medicines Optimisation Additional Information and Flow Charts' for further information.

Communication with patients

Due to patient and community pharmacy feedback, it is recommended that the patient receives a written communication in addition to their review, which may be either face to face or by telephone depending on the nature of the potential change. The written communication should inform them of the change of inhaler and specifically the change of colour of inhaler. An AccuRx message to patients may be the most appropriate method of communication and **some additional leaflets have been produced to support.**

Actions

Action required	**By**
1. Use the searches provided to identify suitable patients from review and switch (see resources) **Please note you should only undertake this work if you are competent in the management of asthma.**	Pharmacist/Technician
2. Discuss and gain agreement with the prescribing lead G.P. Please inform line manager if any major barriers to carrying out the work.	Pharmacist/Technician
3. Liaise with the community pharmacy where appropriate.	Pharmacist/Technician
4. Carry out agreed review/switches/actions and communicate to the patient in the agreed manner (follow flow charts provided – see Fostair pMDI to Proxor pMDI Medicines Optimisation Additional Information and Flow Charts (separate document))	Pharmacist/Technician
5. Provide patient level information to the practice of patients excluded on the basis of off label prescribing, see exclusions and Fostair pMDI to Proxor pMDI Medicines Optimisation Additional	Pharmacist/Technician

Information and Flow Charts (separate document)	
6. Record switches on database and results in completed action sheets section.	Pharmacist/Technician

Resources

- **Fostair 100/6 and 200/6 fixed daily dosing**- see Fostair 100/6 SPC information here and Fostair 200/6 SPC information here.

- **Fostair 100/6 MART dosing regimen**- see Fostair 100/6 SPC information here.

- **Fostair pMDI to Proxor pMDI Medicines Optimisation Additional Information and Flow Charts**-see separate document

- **Searches**

  These have been developed to assist in prioritisation of patients which may be easier to switch. The parameters included in searches 1.1 and 2.1 suggest the patient is well controlled and may be an easier cohort to start with. However, it's important to note that the searches can only capture what has been recorded. The searches cannot identify ACT scores or exacerbation information that has been added as free text. They are also not set up to identify any courses of oral steroids that have been prescribed for an asthma exacerbation. Therefore, you are still required to interrogate the patient record and assess whether the patients is suitable for the switch in line with the flow charts.

  The searches can be accessed as follows:

  SystmOne: SYICB shared resources>Medicines Optimisation Team 2025 2026> Proxor

  EMIS Web: SY ICB Enterprise Searches and Reports>SYICB| ICB Reporting>Medicines Optimisation>BNF 03 Respiratory>2026>Proxor. (**To be able to run the searches in a practice they must be copied and pasted into an EMIS reporting folder of choice**).

- **ICB Leaflets (see separate documents) to be used to support a conversation WITH the patient:**

  - Change of inhaler Fostair 100 6 MART to Proxor 100 6 MART
  - Change of inhaler Fostair 100/6 to Proxor 100/6 FIXED DOSE
  - Change of inhaler Fostair 200/6 to Proxor 200/6 FIXED DOSE

- **Letter to patient** – see appendix 1 – to be used to support a conversation WITH the patient

- Proxor tear off pad (available from manufacturer)

Appendix 1 Letter to patient **(to be used to support a conversation WITH the patient**)

Title/Initial/Surname
Address 1
Address 2
Town / City
Postcode

Dear [Title] [Surname],

A change to your Fostair® prescription

The practice has been asked to review the inhalers we prescribe to treat asthma). As a result, patients currently prescribed Fostair® [100/6 or 200/6] pMDI are being changed over to a similar inhaler called Proxor® [100/6 or 200/6] pMDI.

- Proxor® contains beclometasone with formoterol which are exactly the same active ingredients in the same dose as Fostair®
- Proxor® has been shown to be therapeutically equivalent to Fostair®
- There should be no changes to the benefits or the side effects when using Proxor®
- The technique for using Proxor® is very similar to that of Fostair®
- Proxor® is compatible with the AeroChamber Plus spacer
- Proxor has a dose counter

To avoid wastage, please continue to use Fostair® until you have used up all your existing inhalers. You will receive Proxor® with your next repeat prescription.

As with all inhalers, it is important that you are able to use your new inhaler correctly to ensure you receive the correct dose of treatment. Please read the Patient Information Leaflet that comes with Proxor®.

If you experience any problems, please speak to your GP, Nurse or Pharmacist.

If you have any further questions, please contact [insert name / job role] on [phone number], or by e-mail at: XXXXX@XXXXXX

Yours sincerely,

[Name] on behalf of [Dr XXX and partners]
[Job role]
[Address]