

# Inhaled Medications & Devices for COPD



DEVICE	HFA MDI	Respimat	Breezhaler	Handihaler	Diskus	Turbuhaler	Ellipta	Genuair	Inhub
<b>Delivery Type</b>	<b>Aerosol</b>	<b>Soft Mist</b>	<b>Dry Powder (capsules)</b>		<b>Dry Powder (pre-loaded)</b>				
					<i>Avoid tipping</i>				
<b>Loading<sup>1,2</sup></b>	X	Turn base until a click is heard.	Remove capsule from blister; Place in chamber; Close mouthpiece; Press side buttons on device to pierce capsule.		Slide lever over until a click is heard.	Turn base in one direction & back until a click is heard.	Open cover; a click can be heard.	Remove cover; Press button down to display green window.	Push yellow lever down until a click is heard.
<b>Suitable for Low Dexterity<sup>1,2</sup></b>	✓	X	X	X	✓	✓	✓	✓	✓
<b>Type of Breath<sup>1,2</sup></b>	Slow, deep, coordinated*	Slow, deep, coordinated.*	Quick & deep	Slow & deep	Quick & deep	Quick & deep	Long & deep	Strong & deep	Quick & deep
<b>Dose Counter<sup>1,2</sup></b>	X	✓	Can count remaining capsules		✓	✓	✓	✓	✓
<b>High carbon footprint<sup>3</sup></b>	✓	X	X		X	X	X	X	X
<b>Notes<sup>1,2</sup></b>	Prime x 4 sprays into air; Shake before each use; Wait 30-60 sec in between puffs before inhaling.	Prime x 3 sprays into air; Requires assembly = remove clear base & insert cartridge; May require force.	Do not swallow capsules/dispose after use; Inhale twice per capsule to ensure all medication has been delivered.		Use within 30 days once removed from foil.	Dose counter not accurate if base turned multiple times when loading (doses not lost)	Dose is lost if cover opens & closes without inhalation; Use within 6 weeks once removed from foil.	Window turns red color if entire dose is inhaled; Use within 60 days once removed from foil.	Use within 30 days once removed from foil.
<b>MEDICATION</b> (Brand® Name) <sup>4</sup> Adult Dose <sup>4</sup> Cost (~30 days) <sup>5</sup> NS Pharmacare Coverage <sup>6</sup>	<b>salbutamol (Ventolin)</b> 1-2 inh q4-6h prn \$7 generic ✓  <b>ipratropium (Atrovent)</b> 2-4 inh TID-QID \$12 generic ✓  <b>salmeterol/fluticasone (Advair)</b> 2 inh BID \$130-\$185 ES-C  <b>glycopyrrinium/formoterol/budesonide (Breztri)**</b> 2 inh BID \$138 ES-D	<b>salbutamol/ipratropium (Combivent)</b> 1 inh QID \$33 ✓  <b>tiotropium (Spiriva)</b> 2 inh daily \$60 ✓  <b>tiotropium/olodaterol (Inspiolto)</b> 2 inh daily \$70 ES-B	<b>glycopyrrinium (Seebri)</b> 1 inh daily \$58 ✓  <b>glycopyrrinium/indacaterol (Ultibro)</b> 1 inh daily \$84 ES-B	<b>tiotropium (Spiriva)</b> 1 inh daily \$28 generic ✓	<b>salbutamol (Ventolin)</b> 1 inh q4-6h prn \$13 ✓  <b>salmeterol (Serevent)</b> 1 inh BID \$82 ES-A  <b>salmeterol/fluticasone (Advair)</b> 1 inh BID \$130-\$185 ES-C	<b>terbutaline (Bricanyl)</b> 1-2 inh prn \$12 ✓  <b>formoterol/budesonide (Symbicort)</b> 2 inh BID \$108 ES-C	<b>umeclidinium (Incruse)</b> 1 inh daily \$54 ✓  <b>umeclidinium/vilanterol (Anoro)</b> 1 inh daily \$96 ES-B  <b>vilanterol/fluticasone (Breo)</b> 1 inh daily \$109 ES-C  <b>umeclidinium/vilanterol/fluticasone (Trelegy)</b> 1 inh daily \$150 ES-D	<b>Acclidinium (Tudorza)</b> 1 inh BID \$60 ✓  <b>Acclidinium/formoterol (Duaklir)</b> 1 inh BID \$70 ES-B	<b>Salmeterol/fluticasone (Wixela)</b> 1 inh BID \$57-\$72 generic ES-C

<sup>1</sup>LungSask: <https://www.lungsask.ca/education/programs-support/inhaler-resources> <sup>2</sup>Canadian Lung Association: <https://www.lung.ca/inhaler-how-to> <sup>3</sup>CTS Position Statement: <https://doi.org/10.1080/24745332.2023.2254283> <sup>4</sup>Health Canada Product Monographs; <sup>5</sup>McKesson Canada (no mark ups/fees, generic if available); <sup>6</sup>Nova Scotia Pharmacare Exception Status (ES) Criteria: For COPD treatment as defined by post-bronchodilator FEV<sub>1</sub>/FVC <0.7 (if spirometry cannot be obtained, reasons must be explained and other evidence of COPD severity provided such as mMRC & CAT scores) +  
 ES-A=Inadequate control with or intolerant to a LAMA; ES-B=Moderate to severe COPD (CAT≥10 or mMRC≥2) OR an exacerbation in previous year while on a LABA or LAMA OR diagnosis of asthma & COPD; ES-C=In combination with a LAMA meeting criteria for triple therapy (LAMA/LABA/ICS) AND unable to use fixed dose triple therapy options;  
 ES-D=Experienced ≥2 moderate or ≥1 severe exacerbation OR moderate symptom burden (CAT≥10 or mMRC≥2) despite treatment with LAMA/LABA or LABA/ICS; ✓ = Full benefit  
 CAT=COPD Assessment Test; mMRC=Modified Medical Research Council Dyspnea Scale; Moderate exacerbation=requires antibiotics and/or systemic corticosteroids; Severe exacerbation=requires hospitalization/Emergency Department visit; LABA=Long-acting beta<sub>2</sub> agonist; LAMA=Long-acting muscarinic antagonist; ICS=Inhaled corticosteroid.  
 HFA=hydrofluoroalkane; MDI=metered dose inhaler; inh=inhalation; mcg=micrograms; BID=twice daily; TID=three times daily; QID=four times daily; prn=as needed; \*MDI & Respimat are the only devices compatible with a spacer (helps with breath/device actuation coordination); \*\*Aerosphere is a type of MDI (has a dose counter)



This information is not all inclusive and intended to accompany and academic detailing visit. Detailed information and full references available at: [COPD: An Evidence Update 2026. dal.ca/academic-detailing](https://dal.ca/academic-detailing)  
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