

This information is for patients who have been prescribed a **Bibecfo® (beclometasone/formoterol) Pressurised Metered-Dose Inhaler**

Patient Guide to Bibecfo® 100/6mcg



Please scan the QR code or follow the link below to access the Bibecfo® patient support website.

<https://bibecfo.net/patients/what-is-bibecfo-pmdi>

Your Bibecfo® inhaler

Your doctor will have prescribed Bibecfo® to help you with your asthma or Chronic Obstructive Pulmonary Disease (COPD). Bibecfo® is an aerosol inhaler designed to give your lungs a dose of two medicines called **beclometasone dipropionate** and **formoterol fumarate dihydrate**. Beclometasone is a **corticosteroid**. Formoterol is a long-acting **bronchodilator**. These medicines work in the lungs to make breathing easier, by providing relief from symptoms such as shortness of breath, wheezing and cough. Even if you have used similar inhalers before, it's important to **use Bibecfo® exactly as your doctor has prescribed**.

Your Bibecfo® inhaler...

- ... contains **120 doses**
- ... features a **dose counter** on the back
- ... can be prescribed in three different ways:

- 1. Asthma maintenance therapy**
 - one or two puffs twice daily, with a separate reliever inhaler
- 2. Asthma maintenance and reliever therapy**
 - as your only asthma inhaler, with one puff in the morning, one puff in the evening and a maximum of 6 reliever puffs per day to treat sudden symptoms as needed
- 3. COPD**
 - two puffs in the morning and two in the evening

Please remember

- Always **take your medicine regularly, as prescribed**, even if you have no symptoms
- Always **read the patient information leaflet** (found inside the box) before using Bibecfo® for the first time and on a regular basis for repeat prescriptions in case of changes
- Request your **repeat prescription** when you have reached your last 20 doses

Frequently asked questions

Q: What is Bibecfo®?

A: *Bibecfo® is a combination of beclometasone dipropionate/ formoterol fumarate dihydrate in a pressurised metered-dose inhaler (pMDI). It is used in the regular treatment of asthma or to treat the symptoms of severe COPD.*

Q: Is Bibecfo® like the beclometasone/formoterol inhalers I was prescribed before?

A: *If you were prescribed another brand of beclometasone dipropionate/formoterol 100/6mcg or 200/6mcg and have been moved to Bibecfo® 100/6mcg or 200/6mcg then you have been given the same dose per puff of the same two medicines in an inhaler that uses the same technique that you are used to.*

Q: How do I use my Bibecfo® inhaler?

A: *Please see the instructions in this booklet and refer to the relevant page in the Bibecfo® patient information leaflet inside your pack.*

Q: Is Bibecfo® suitable for children?

A: *Bibecfo® 100/6mcg is indicated in adults 18 years and above. Children and adolescents aged less than 18 years must NOT take this medicine. Do not share your inhaler with anyone else.*

Getting to know your Bibecfo® inhaler

On the back of your Bibecfo® inhaler there is a counter to help you keep track of the amount of medicine left in the canister

- A new inhaler contains 120 doses. As you use the inhaler, the number on the back will reduce from 120 to 0. Each time you press the canister, a puff of medicine is released, and the counter will count down by one. Take care not to drop the inhaler as this may cause the counter to count down
- If the dose counter shows "0" there are no doses left - dispose of your inhaler and get a new one as any puffs left in the device may not be enough to give you a full dose



Cipla



How to use your Bibecfo® inhaler

Please read the section in your patient information leaflet entitled "testing your inhaler".

Check the dose counter. If you are testing your inhaler for the first time, the counter should read 120. Whenever possible, stand or sit in an upright position when inhaling.

1. Remove the protective cap from the mouthpiece and check that the mouthpiece is clean and free from dust and dirt or any other foreign objects.
2. Breathe out as slowly and deeply as possible.
3. Hold the canister vertically with its body upwards and put your lips around the mouthpiece. Do not bite the mouthpiece.
4. Breathe in slowly and deeply through your mouth and, just after starting to breathe in, press down firmly on the top of the inhaler to release one puff.
5. Hold your breath for as long as possible and, finally, remove the inhaler from your mouth and breathe out slowly. Do not breathe into the inhaler.

Important - if you need to take another puff, keep the inhaler in the vertical position for about half a minute, then repeat steps 2 to 5, do not perform these steps too quickly.

Daily life and asthma

Asthma is a common long term lung condition. In the UK, 7.2 million people have asthma. This is about 8 in every 100 people. It often starts in childhood, but adults can develop it too. While there are no known cures for asthma, there are well-established methods of managing the disease. Asthma is a long-term condition so managing it well means establishing a routine that works for you, whilst still allowing you to enjoy the various activities of daily life.

- **Keep active** – You may feel like you need to avoid too much activity, to avoid feeling breathless. But not being active can make your breathlessness worse in the long term. Staying active will improve your stamina, helping your lungs work better, and has shown to help with low mood and anxiety
- **Avoid tobacco** – Smoking makes asthma symptoms worse, putting you at a higher risk of an asthma attack and means asthma medicines won't work as well. With the support of friends, family and your doctor, you are more likely to quit
- **Avoid asthma triggers** – Triggers can make your airways more inflamed and set off asthma symptoms and attacks. Common triggers include cold or dry air, pollen, pollution, pet hair, dust mites and colds/flu. It's important to know what your triggers are so that you can avoid them if possible

Daily life and COPD

COPD is a long-term lung condition where the airways become narrowed, making it harder to move air in and out the lungs when you breathe. It's common in older adults who smoke but it can also affect people who have spent a long time exposed to dust, fumes and chemicals. Whilst there is no current cure, along with medications and avoiding tobacco, there are things you can do to self-manage your condition.

- **Breathing control** – Learning how to best use your main breathing muscle, your diaphragm, will help you to breathe gently and using the least effort. To get used to breathing control, it helps to practice when you are sitting, relaxed and not out of breath. Breathing techniques can be recommended by your healthcare professional
- **Keep active** – With COPD, being active and exercising can help improve your breathing, fitness and quality of life, as well as improve symptoms of anxiety and depression. The best way to learn how to exercise at the right level for you is to take part in pulmonary rehabilitation, which your doctor can refer you for
- **Emotional wellbeing** – Living with a long-term condition that can cause coughing, breathlessness and exhaustion could mean you feel stressed, anxious or depressed. Talking to someone you trust, including your healthcare professional, can help. You might also want to get involved with local or online support groups. It's important not to bottle things up – staying sociable and learning more about COPD will help you to understand and cope better with your condition

For further information please contact:

Doctor

Nurse

Pharmacist

Reporting of side effects:

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet.

You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk> or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects, you can help provide more information on the safety of this medicine.