

COPD PRESCRIBING GUIDELINES & RECOMMENDED INHALERS

NOTE: To ensure product consistency, prescribers should prescribe by **brand name**. Where possible the same device should be used throughout this treatment algorithm to support consistency.

“Healthcare professionals should prescribe an inhaler/combination appropriate for the patient”

C. EXCLUDE ASTHMA

Few symptoms, but high risk of exacerbation.

Further exacerbations

LAMA +LABA OPTIONS

ANORO (DPI) Once daily

SPIOLTO RESPIMAT SOLUTION

(Technique similar to MDI but cannot be used with spacer)

LABA +ICS OPTIONS

RELVAR LOW DOSE (DPI) Once Daily

FOSTAIR 100/6 MDI Twice Daily

D. CONSIDER EOSINOPHIL, CRP or LACTIC ACID levels .Persistent symptoms and high risk of exacerbations.

Further exacerbations may lead to additional pharmacotherapy e.g. Roflumilast initiated in secondary care as per NICE guidance.

TRIPLE THERAPY= LAMA+LABA+ ICS

TRELEGY DPI: Once Daily

TRIMBOW MDI: Twice Daily

A. CONSIDER PULMONARY RE-HAB

Few symptoms, low risk of exacerbation

SABA: VENTOLIN MDI

SAMA: ATROVENT MDI

Spacers should only be changed when the valve no longer works.

NICE Dec 2018 update

LABA/LAMA, or LABA/ICS where patient has asthmatic features/features suggesting steroid responsiveness, now recommended 1st-line for regular maintenance therapy

B. CONSIDER DUAL BRONCHODILATORS FOR PERSISTENT SYMPTOMS.

More significant symptoms with low risk of exacerbations

LAMA
Braltus Zonda DPI

Spiriva Respimat Solution
(technique similar to MDI)

LABA update
NICE 2018 no longer recommends LABA monotherapy.

Dual bronchodilators: Spiolto Respimat solution

See overleaf for other cost effective options

Key messages:

- Short Acting Beta agonist as required may continue at all stages.
- Do not routinely prescribe mucolytics in patients with stable COPD.(NICE)
- Only patients with $FEV_1 \leq 50\%$ & frequent exacerbations should be on high dose ICS, to avoid risk of non-fatal pneumonia.
- Prescribers must be satisfied patient can use device and **offer a spacer where appropriate**
- Consider nebulisers for distressing or disabling breathlessness despite maximal inhaled therapy
- See overleaf for other options.
- Switching inhalers may be suitable for many patients but it is important to discuss this with the patient beforehand and to ensure they know how to use their new device.

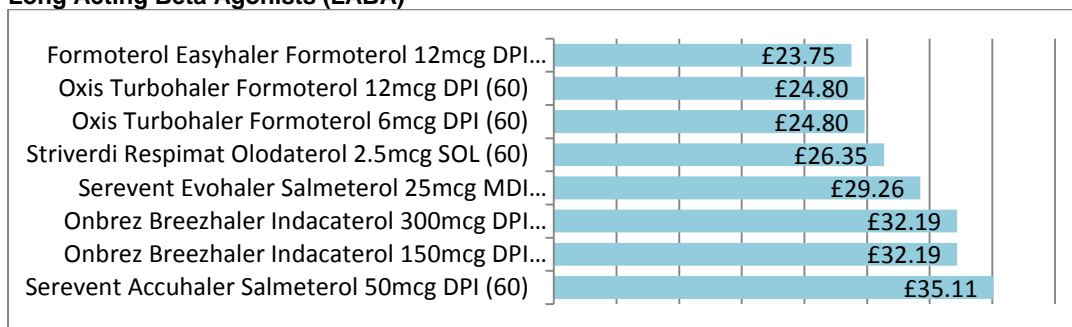
SPACERS	Adult	Children with mask
Volumatic	£3.88	£6.83
A2A	£4.15	£6.68
SpacePlus	£4.26	£6.98
Aerochamber Plus	£4.90	£8.17

References: GOLD COPD Guidelines

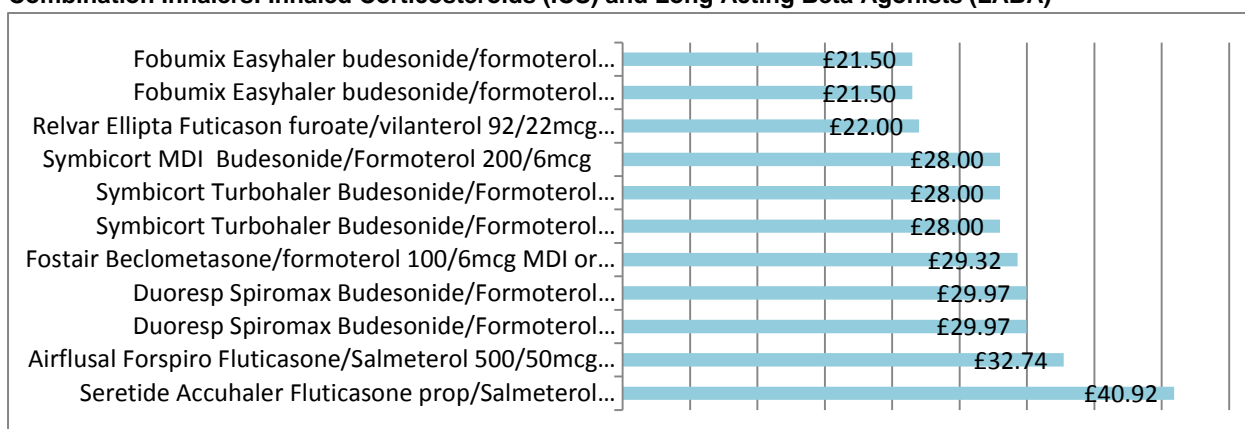
INHALERS LICENCED FOR COPD : COST PER MONTH:

The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources (NHS 2018)

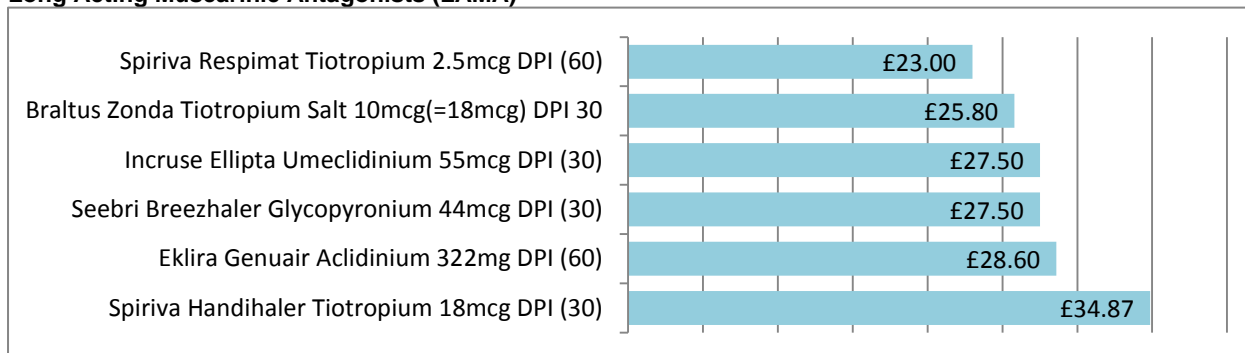
Long Acting Beta Agonists (LABA)



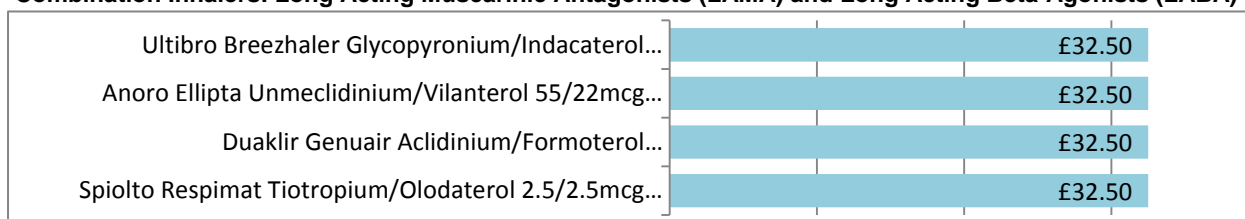
Combination Inhalers: Inhaled Corticosteroids (ICS) and Long Acting Beta Agonists (LABA)



Long Acting Muscarinic Antagonists (LAMA)



Combination Inhalers: Long Acting Muscarinic Antagonists (LAMA) and Long Acting Beta Agonists (LABA)



Triple Therapy Combination Inhalers (LABA+LAMA+ICS)

