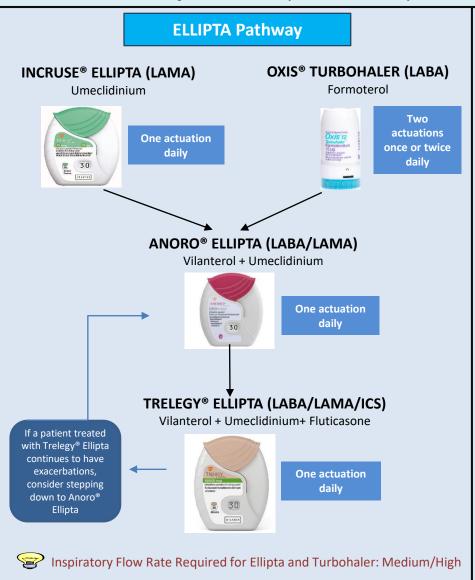
Inhaled Medicines for Chronic Obstructive Pulmonary Disease (COPD)



The MMP recommends the ELLIPTA pathway as the preferred option for patients with COPD.

- > This recommendation is based on a number of factors including cost, prescribing frequency, patient factors and available inhaler devices.
- > The MMP Prescribing and Cost Guidance for Inhaled Medicines for COPD outlines four treatment pathways; available at www.hse.ie/yourmedicines.



Global Initiative for Chronic Obstructive Lung Disease (GOLD) classification according to risk of future exacerbations & symptom burden¹

-				
Patient Group	Exacerbations in the previous 12 months	mMRC‡	CAT‡	Exacerbation Risk & Symptoms
Α	0-1*	0-1	< 10	Low risk, less symptoms
В	0-1*	≥ 2	≥ 10	Low risk, more symptoms
С	≥ 2 exacerbations* or ≥ 1 exacerbation leading to a hospital admission	0-1	< 10	High risk, less symptoms
D	≥ 2 exacerbations* or ≥ 1 exacerbation leading to a hospital admission	≥ 2	≥ 10	High risk, more symptoms

‡Either mMRC or CAT should be measured to assess the symptom burden

Group A Patients

Incruse® Ellipta or Oxis® Turbohaler is recommended.

Group B Patients

Incruse® Ellipta or **Oxis® Turbohaler** is recommended as initial therapy. **Anoro® Ellipta** is recommended in patients with persistent breathlessness on monotherapy or severe breathlessness at initiation.

Group C Patients

Incruse® Ellipta is recommended as initial therapy.

Anoro® Ellipta is recommended if the patient experiences further exacerbations.

Group D Patients

Anoro® Ellipta is recommended as initial therapy. **Trelegy® Ellipta** is recommended if the patient experiences further exacerbations.

^{*}Not leading to hospital admission

Inhaled Medicines for Chronic Obstructive Pulmonary Disease (COPD)



deprescribing



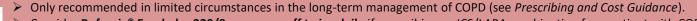
Practice Points

- ✓ Prescribe all inhaler medicines by BRAND to ensure the correct device is dispensed.
- ✓ If patient compliance/technique is good with a particular inhaler device, prescribe the same type of device (if possible) for any additional inhaler therapy.
- ✓ Assess the response to any new inhaled therapy within three months.
- Discontinue any new inhaler therapy which has not shown benefit after three months despite appropriate adherence and inhaler technique.
- ✓ Consider the **ELLIPTA pathway** if reviewing patients with COPD for a potential medication change (see overleaf).



Inhaled Corticosteroids

- Monotherapy is not recommended in COPD.
- No longer first-line treatment in GOLD Group C + D patients in combination with LABA see deprescribing section below.



> Consider Bufomix® Easyhaler 320/9 mcg one puff twice daily if prescribing an ICS/LABA combination for a patient with COPD.

Deprescribing Inhaled Corticosteroids

- Identify patients prescribed an ICS for the treatment of stable COPD.
 - o Where appropriate consider a stepwise reduction of the ICS dose whilst maintaining treatment with a long-acting bronchodilator, or a combination of long-acting bronchodilators i.e. LABA + LAMA.
- Do not stop a high-dose ICS suddenly as there is a risk of adrenal suppression; suitable step-down regimens are outlined below.
 - o Step down treatment every six weeks and follow up after two weeks.
 - Step down should be individualised for each patient.
 - o Maintain the **dose of the LABA**; do not step down at the same time.

