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.

### ELLIPTA Pathway

- **INCRUSE® ELLIPTA (LAMA)**
  - Umeclidinium
  - One actuation daily

- **OXIS® TURBOHALER (LABA)**
  - Formoterol
  - Two actuations once or twice daily

- **ANORO® ELLIPTA (LABA/LAMA)**
  - Vilanterol + Umeclidinium
  - One actuation daily

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

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Exacerbations in the previous 12 months</th>
<th>mMRC‡</th>
<th>CAT‡</th>
<th>Exacerbation Risk &amp; Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0-1*</td>
<td>0-1</td>
<td>&lt; 10</td>
<td>Low risk, less symptoms</td>
</tr>
<tr>
<td>B</td>
<td>0-1*</td>
<td>≥ 2</td>
<td>≥ 10</td>
<td>Low risk, more symptoms</td>
</tr>
<tr>
<td>C</td>
<td>≥ 2 exacerbations* or ≥ 1 exacerbation leading to a hospital admission</td>
<td>0-1</td>
<td>&lt; 10</td>
<td>High risk, less symptoms</td>
</tr>
<tr>
<td>D</td>
<td>≥ 2 exacerbations* or ≥ 1 exacerbation leading to a hospital admission</td>
<td>≥ 2</td>
<td>≥ 10</td>
<td>High risk, more symptoms</td>
</tr>
</tbody>
</table>

*Either mMRC or CAT should be measured to assess the symptom burden
*Not leading to hospital admission

### 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 if the patient experiences further exacerbations.

### 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.

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**Abbreviations:**
- BD: Twice daily
- CAT: COPD assessment test
- COPD: Chronic Obstructive Pulmonary Disease
- GOLD: Global Initiative for Chronic Obstructive Lung Disease
- ICS: Inhaled corticosteroid
- LABA: Long-acting beta₂-agonist
- LAMA: Long-acting muscarinic antagonist
- mMRC: modified Medical Research Council questionnaire
- OD: Once daily

**Version 1.0  November 2018**
### 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 inhaler 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.
- Only recommended in limited circumstances in the long-term management of COPD (see **Prescribing and Cost Guidance**).
- 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.
  - 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.
  - Step down treatment **every six weeks** and follow up **after two weeks**.
  - Step down should be individualised for each patient.
  - Maintain the **dose of the LABA**; do not step down at the same time.

![Depresscribing Inhaled Corticosteroids Diagram]

**Further information can be found in the Prescribing and Cost Guidance available at [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines).**

†Medicinal product not licensed for use in COPD