Inhaled Medicines for Chronic Obstructive Pulmonary Disease (COPD)

Medicines Management Programme
Prescribing and Cost Guidance

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.

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

TRELEGY® ELLIPTA (LABA/LAMA/ICS)
Vilanterol + Umeclidinium+ Fluticasone

One actuation daily

If a patient treated with Trelegy® Ellipta continues to have exacerbations, consider stepping down to Anoro® Ellipta

Inspiratory Flow Rate Required for Ellipta and Turbohaler: Medium/High

Global Initiative for Chronic Obstructive Lung Disease (GOLD) classification according to risk of future exacerbations & symptom burden[1]

Patient Group	Exacerbations in the previous 12 months	mMRC‡	CAT‡	Exacerbation Risk & Symptoms
A	0-1*	0-1	< 10	Low risk, less symptoms
B	0-1*	≥ 2	≥ 10	Low risk, more symptoms
C	≥ 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
**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 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.

Reference: 1. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management and Prevention of COPD (2018).

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 $beta_2$-agonist LAMA: Long-acting muscarinic antagonist mMRC: modified Medical Research Council questionnaire OD: Once daily

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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.
- 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.

Current inhaler	Step 1	Step 2	Step 3	Then
Seretide® Diskus →	**Seretide® 500 Diskus One puff BD** →	**Seretide® 250 Diskus† One puff BD** →	**Seretide® 100 Diskus† One puff BD** →	**Prescribe LABA: OXIS® Turbohaler 12 mcg One puff BD (Consider LABA + LAMA combination inhaler if appropriate)**
Symbicort® Turbohaler →	**Symbicort® 400/12 Turbohaler One puff BD** →	→	**Symbicort® 100/6 Turbohaler† Two puffs BD** →	
Bufomix® Easyhaler →	**Bufomix® 320/9 Easyhaler One puff BD** →	**Bufomix® 160/4.5 Easyhaler† One puff BD (Consider additional formoterol to make total daily dose of 24 mcg i.e. Oxis® Turbohaler 6 mcg One puff BD)**		
Relvar® Ellipta →	**Relvar® 92/22 Ellipta One puff OD** →	**Seretide® 250 Diskus† One puff BD** →	**Seretide® 100 Diskus† One puff BD** →	

Further information can be found in the *Prescribing and Cost Guidance* available at www.hse.ie/yourmedicines.

†Medicinal product not licensed for use in COPD