

ADDITIONAL PRESCRIBING INFORMATION (AND KEY):

Unless either component is contraindicated - if so use the component that is not contraindicated as monotherapy.

Patients with <u>few symptoms</u> and low risk of exacerbations, consider <u>salbutamol MDI</u> on a <u>PRN</u> basis. Evaluate control and escalate to LABA + LAMA <u>where control is</u> suboptimal.

- ⁺Unless previously only monotherapy was used in which case, add steroid to the component that was not contraindicated.
- +The use of blood eosinophil counts to inform decisions regarding the use of ICS in the management of COPD remains a matter of debate.

Whilst it appears that patients with high blood eosinophils respond better to ICS/LABA versus LABA alone in the management of exacerbations, further prospective studies are required to determine the role of eosinophil counts in relation to the exacerbation risk and response to inhaled corticosteroids. It appears that blood eosinophil counts may a) be a marker of exacerbation risk in patients with previous exacerbations and b) predict the effects of ICS on prevention of exacerbations. It would, therefore, be pragmatic to consider the role of eosinophils in individual patients by appropriately experienced practitioners familiar with the evidence base in relation to this when considering the introduction or discontinuation of ICS in patients with COPD.

(Ref: adapted from http://goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd/).

Formulary choices are included on the next page but where inhaler technique is suboptimal, assess technique for other licensed devices in the same class and prescribe the most suitable.

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Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Doncaster
Clinical Commissioning Group

Bassetlaw Clinical Commissioning Group

Formulary inhalers for COPD

COPD

COPD				
	MDI		DPI/BA	
SABA	Salbutamol MDI 100mcg generic		Easyhaler salbutamol 100mcg	Transition of the state of the
SAMA	Ipratropium MDI 20mcg generic	Miloti witholer	Not Available	
LAMA	Spiriva Respimat (Tiotropium 2.5 mcg)		Incruse Ellipta (Umeclidinium)	<u>₽</u> 30
LABA	Atimos Modulite (Formoterol)	kinn	Easyhaler Formoterol	
ICS/LABA	Fostair 100/6 (BDP/ Formoterol)		Relvar 92/22 Ellipta (Fluticasone furoate/ Vilanterol)	33 33 35
LAMA/LABA	Spiolto Respimat (Tiotropium 2.5mcg / Olodaterol 2.5mcg)		Anoro Ellipta (Umeclidinium/Vilanterol)	
ICS/LAMA/LABA	Trimbow BDP/ Formoterol/ Glycopyrronium		Trelegy Ellipta Fluticasone furoate/ Umeclidinium bromide/ Vilanterol	8
MDI = Metered Dose Inhaler	DPI/BA = Dry Powder Inhaler/Breath Actuated	BDP = be	eclometasone dipropionate	