

**CCG SUMMARY OF COPD PRESCRIBING GUIDELINES AND RECOMMENDED MEDICINES (A QUICK REFERENCE GUIDE)**

**For mild symptoms prescribe a bronchodilator PRN e.g. SABA (salbutamol) or SAMA (Ipratropium)**  
Stop SAMA or SABA if initiating LAMA OR SABA  
**For more advanced disease:**

**FEV<sub>1</sub> ≥50%**  
**Exacerbations per year ≤3**  
**Wheezy, breathlessness, exercise limitation?**

**FEV<sub>1</sub> ≤ 50%**  
**Exacerbations per year ≥ 3**  
**Exacerbates?**

**LABA**  
Indacaterol DPI  
**Onbrez Breezhaler ▼**  
**150mcg/300mcg**  
Olodaterol (Sol)  
**Striverdi Respimat 2.5mcg**  
Formoterol DPI  
**Oxis Turbohaler 12mcg**

**Onset of action:** Formoterol  
Indacaterol & Olodaterol is within 3-5mins. Salmeterol is within 20mins

**LAMA**  
Glycopyrronium 50mcg DPI  
**Seebri Breezhaler ▼**  
Tiotropium 5mcg  
**Spiriva Respimat**  
Umeclidinium 55mcg DPI  
**Incruse Ellipta**  
Aclidinium  
**Eklira Genuair ▼**

**Onset of action:** Glycopyrronium is within 5mins.  
Tiotropium Aclidinium & Umeclidinium is within 30mins.  
**NICE/Cochrane Review 2015:**  
Data currently available for Aclidinium is insufficient and of a low quality in comparisons of efficacy against Tiotropium.

**LABA + ICS**  
Beclometasone/Formoterol 100/6mcg  
**Fostair 100/6 mcg @MDI or DPI**  
Fluticasone /Vilanterol 92/22mcg DPI  
**Relvar Ellipta®**  
Budesonide /Formoterol  
**DuoResp Spiromax 320/9mcg (eq.400/12)**  
**Symbicort Turbohaler 400/12mcg**  
Fluticasone/Salmeterol  
**AirFlusal Forspiro 500/50mcg (branded generic)**  
**Seretide Accuhaler 500/50mcg**

**Fostair 100/6** is the only MDI licensed for COPD. It should be used via a spacer for patients with poor technique.  
Only **Relvar Ellipta** 92/22mcg is licensed for COPD whilst the higher dose is not.  
**Patients with low FEV<sub>1</sub> values may find Accuhaler & AirFlusal Forspiro difficult to use.**

**LABA + LAMA COMBINATION**  
Glycopyrronium/Indacaterol 100/50mcg  
**Ultibro Breezhaler ▼**  
Olodaterol/Tiotropium 5/5mcg  
**Spiolto Respimat**  
Vilanterol/umeclidinium 55/22mcg  
**Anoro Ellipta ▼**  
Aclidinium/Formoterol 322/12  
**DuaKlir Genuair ▼**

**TRIPLE THERAPY**  
LABA+ICS +LAMA  
**Relvar Ellipta 92/22mcg®+ Incruse Ellipta®**

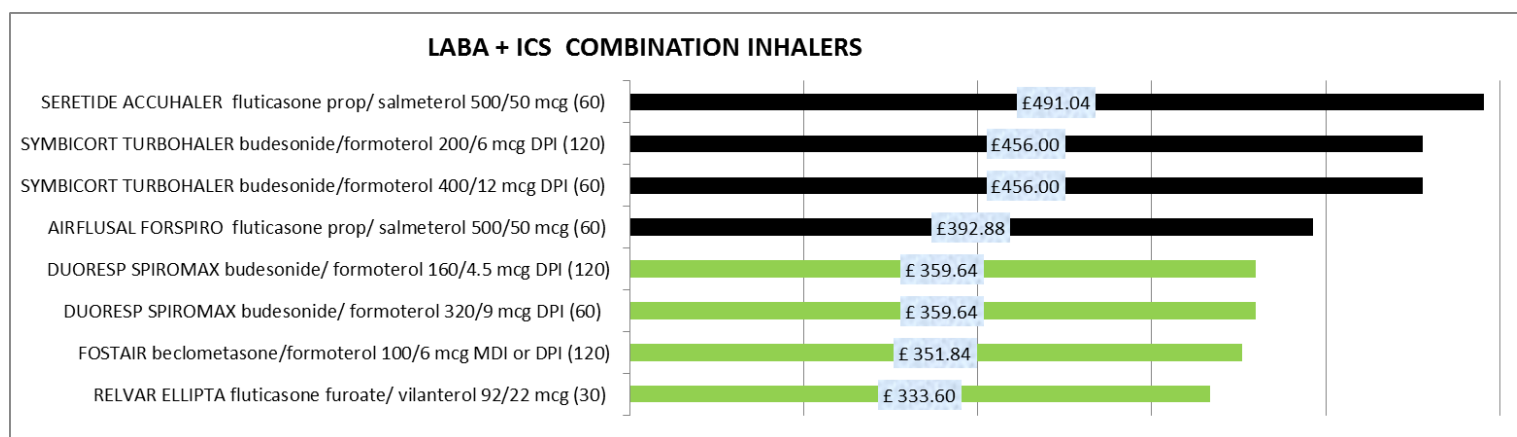
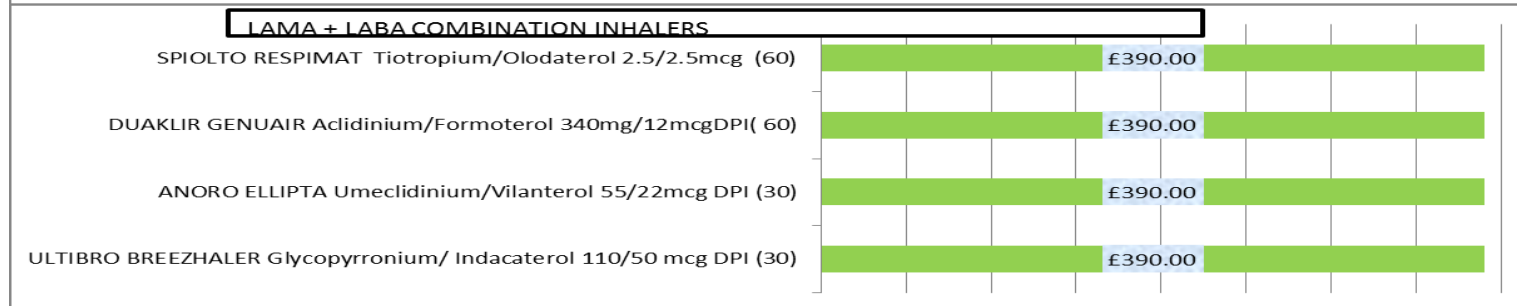
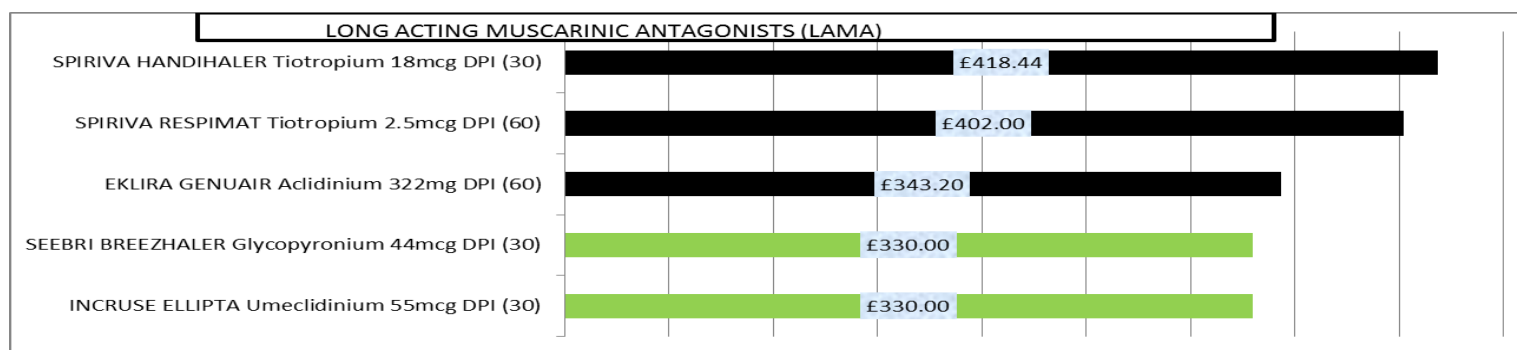
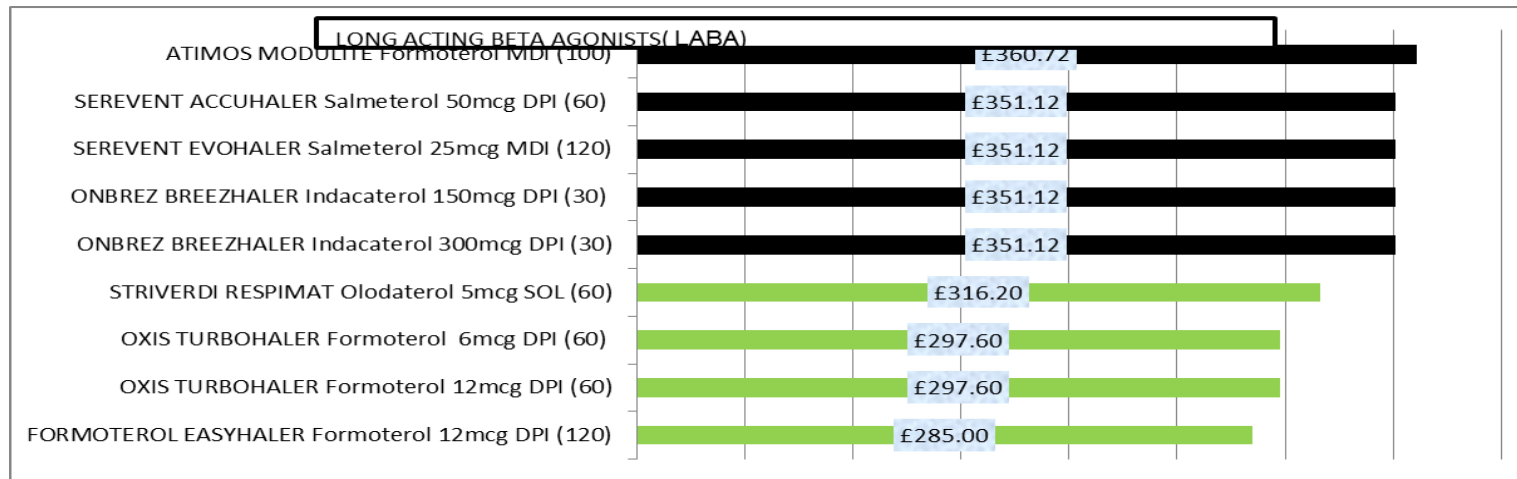
**NOTE:** All combined inhalers should be prescribed as **BRAND**, this will ensure product consistency. Where possible the same device should be used throughout this treatment algorithm as this will support device consistency and improve patients' technique. The **Respimat device** should be preloaded by the Pharmacy, as patients with poor technique may be unable to load it. Modifications have been made to the **Breezhaler** to make it more patient friendly. Some patients might need further advice from their pharmacy.  
▼These medicines are subject to additional monitoring. Please report any suspected adverse reactions to the **Yellow Card Scheme**

- Do not routinely use mucolytic drugs in patients with stable COPD.
- Only patients with FEV<sub>1</sub> ≤ 50% & frequent exacerbators should be on high dose ICS due to risk of non-fatal pneumonia.
- If switching, face to face reviews are recommended. Prescribers must be satisfied patient can use device

**SPACERS: For use in patients with poor technique**

The size of the spacer is important, the larger spacers with a one way valve (Volumatic) is the most clinically effective.  
Cost effective smaller spacers available with masks –A2A spacer \* Able Spacer \* Optichamber  
These chambers are all suitable for tidal breathing.  
**Spacer devices should be replaced every 6-12 months**

**INHALERS LICENCED FOR COPD: Cost per annum based on one pack a month. CCG Preferred choice**



The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources" (NHS Constitution 2015). Prescribers have a duty to prescribe cost effective options.