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# Medicines Optimisation Update

## Prescribed inhalers for people with COPD

**NHS**

Cumbria

Clinical Commissioning Group

### What this includes:

Inhaled Corticosteroids NIC/ADQ (net ingredient cost per average daily quantity); Low/moderate dose ICS/LABA inhalers as a % of all ICS/LABA inhalers: This indicator ensures that prescribers are using the most cost effective inhaled corticosteroids (ICS) and ensuring that the lowest effective dose of ICS and long-acting beta-2 agonist (LABA) combination are prescribed in chronic obstructive pulmonary disease (COPD) in order to minimise side effects.

### Identifying the problem:

- A care bundle to support this update is available on the NECS medicines optimisation website:  
<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>
- PrescQIPP audits: <https://www.prescqipp.info/respiratory#copd-audit-tools>  
<https://www.prescqipp.info/resources/send/69-inhaled-therapy-in-copd/2365-b109-copd-update>

### Suggested actions:

- The criteria for triple therapy (ICS+LABA+LAMA) in COPD guidelines is a Forced Expiratory Volume (FEV)<sub>1</sub><50% and two or more exacerbations per year. Identify patients who are using triple therapy for COPD and audit these patients using the COPD care bundle. Step down then stop treatment of ICS where necessary (if previous asthma then leave on low dose ICS).
- Check licensed ICS/LABA combinations are being used in line with the Lothian Joint Formulary: Fostair<sup>®</sup> metered dose inhaler (MDI) or Relvar<sup>®</sup> Ellipta<sup>®</sup> (second line agents include Duoresp<sup>®</sup>).
- LABA/LAMA (long-acting beta-2 agonist/ long-acting muscarinic antagonist) combinations (Anoro Ellipta<sup>®</sup> or Duaklir Genuair<sup>®</sup>), may have potential cost savings if patients currently using separate LABA and LAMA inhalers are swapped to combination.
- Tiotropium is no longer on the Lothian Joint Formulary and there are potential cost savings if patients are switched to a more cost effective device such as Aclidinium (Eklira Genuair<sup>®</sup>) or Umeclidinium (Incruse Ellipta<sup>®</sup>).
- Although Salmeterol is on the Lothian Joint Formulary, there are potential cost savings if patients are switched to a more cost effective device such as Formoterol Easyhaler.
- Symbicort<sup>®</sup> is no longer on the Lothian Joint Formulary so there are potential cost savings if patients are swapped to Fostair<sup>®</sup> MDI or Relvar Ellipta<sup>®</sup> (or Duoresp<sup>®</sup> if requiring same ingredients).
- Ensure Cumbria COPD guidelines detailing current inhaler choices and their position in treatment, are available and being used by all clinicians in practices.
- People with COPD who are prescribed an inhaler have their inhaler technique assessed when starting treatment and then regularly during treatment.
- Agree a self-management plan with the patient and liaise with local community pharmacists to carry out regular inhaler technique checks following changes to patient's inhaler devices.

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### Suggested actions:

Considerations to support choice of inhaler:

- Cost – Can vary widely between very similar inhalers that may be equally acceptable to the patient.
- Choice - Use Lothian Joint Formulary choices as a guide, bearing in mind cost when choosing first line.
- Patient preference – Take into account patient lifestyle and ability to use the inhaler before adding to repeats
- Consistency - Try and be consistent with inhaler device choices in order to minimise differences in techniques needed by the patient.

All prescribers should consider non pharmacological treatments such as:

- Smoking cessation should be offered for all COPD patients still smoking, regardless of age. Unless contraindicated, offer Nicotine Replacement Therapy (NRT), varenicline or bupropion, as appropriate, combined with an appropriate support programme to optimise smoking quit rates.
- Lifestyle advice: a healthy weight and regular appropriate exercise can improve breathlessness symptoms for patients with COPD.
- Pulmonary rehabilitation should be available to all appropriate people with moderate-severe COPD, including those who have had a recent hospitalisation for an acute exacerbation.

### Resources for undertaking COPD reviews:

- Cumbria COPD Prescribing Guidelines:  
<http://medicines.necsu.nhs.uk/download/cumbria-copd-treatment-guide/>
- COPD self-management plans available from Lothian website
- [www.lothianrespiratorymcn.scot.nhs.uk/.../Self-Management-Plan-for-COPD\\_Final.pdf](http://www.lothianrespiratorymcn.scot.nhs.uk/.../Self-Management-Plan-for-COPD_Final.pdf)
- Respiratory system, Lothian joint formulary  
<http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/3.0/Pages/default.aspx>

### References:

- GP Update Manual 2014 <http://www.gp-update.co.uk>
- NICE (2010) Chronic obstructive pulmonary disease-Management of COPD in adults in primary and secondary care (partial update) NICE Clinical Guideline 101.2010  
<https://www.nice.org.uk/guidance/cg101>
- RDTC ICS potency charts and annual costs  
[http://rdtc.nhs.uk/sites/default/files/publications/prescribingsupport/cost comparison charts - april 2016 0.pdf](http://rdtc.nhs.uk/sites/default/files/publications/prescribingsupport/cost%20comparison%20charts%20-%20april%202016%200.pdf)