Inhaled corticosteroid (ICS) in COPD step-down inhaler guide

This guide should be used by GPs/nurses to review patients diagnosed with COPD with a percentage of predicted FEV1 of >50%, with less than two exacerbations per year. Step down should occur no more frequently than every six weeks after a face to face review and assessment of symptoms. Patients who have been stepped down need to be followed up two weeks after step down, or sooner if symptoms necessitate, and periodically thereafter as clinically needed. This step down guidance is NOT suitable for a patient with asthma - please consult PrescQIPP asthma bulletin: https://www.prescqipp.info/respiratory#pathway-documents

### Patients on HIGH dose ICS need a steroid card, i.e.

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Definition</th>
<th>ICS Card Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>High dose</td>
<td>&gt; 1000 micrograms (BDP equivalent)/day</td>
<td>ICS Card is required</td>
</tr>
<tr>
<td>Intermediate dose</td>
<td>800-1000 micrograms (BDP equivalent)/day</td>
<td>Consider an ICS card</td>
</tr>
<tr>
<td>Low dose</td>
<td>&lt; 800 micrograms (BDP equivalent)/day</td>
<td>No ICS card is required</td>
</tr>
</tbody>
</table>

Please note that monotherapy in COPD is not indicated. If ICS monotherapy is prescribed, step down by 50% and withdraw. Prescribe a LABA as initial treatment unless already on existing LAMA.

### Step down treatment every six weeks and follow up after two weeks

1. **Seretide 250 Evohaler®**
   - 2 puffs bd (£59.48)
   - (2000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer
   - **Unlicensed**

2. **Seretide 125 Evohaler®**
   - 2 puffs bd (£35)
   - (1000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer
   - **Unlicensed**

3. **Seretide 50 Evohaler®**
   - 2 puffs bd (£18)(400mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer
   - **Unlicensed**

4. **Seretide 500 Accuhaler®**
   - 1 puff bd (£40.92)
   - (2000mcg BDP* equivalent/day + 100mcg salmeterol/day)
   - **Unlicensed**

5. **Seretide 250 Accuhaler®**
   - 1 puff bd (£35)
   - (1000mcg BDP* equivalent/day + 100mcg salmeterol/day)
   - **Unlicensed**

6. **Relvar 92/22 Ellipta®**
   - 1 puff bd (£28.80)
   - (2000mcg BDP* equivalent/day + 100mcg salmeterol/day)
   - **Unlicensed**

7. **Seretide 250 Accuhaler®**
   - 1 puff bd (£35)
   - (1000mcg BDP* equivalent/day + 100mcg salmeterol/day)
   - **Unlicensed**

8. **Seretide 100 Accuhaler®**
   - 1 puff bd (£18)
   - (400mcg BDP* equivalent/day + 100mcg salmeterol/day)
   - **Unlicensed**

9. **Fostair 100/6 MDI®**
   - 2 puffs bd (£29.32)
   - (800mcg BDP* equivalent/day + 24mcg formoterol/day via spacer)
   - **Unlicensed**

10. **Fostair 100/6 MDI®**
    - 1 puff bd (£14.66)
    - (400mcg BDP* equivalent/day + 12mcg formoterol/day via spacer. Consider additional formoterol to make total daily dose 24 micrograms)
    - **Unlicensed dose**

### Prescribe LABA as below (unless already on EXISTING LAMA)

Note: Consider LAMA + LABA as appropriate, i.e. if stepping down from ICS + LABA + LAMA

- **Formoterol Easyhaler®**
  - 12 micrograms inhalation powder. 1 puff bd (£11.88)
  - **Unlicensed**

**Alternative options:**
- Formoterol MDI 12 micrograms.
  - 1 puff bd (£18.04)
- Salmeterol Accuhaler®
  - 50mcg 1 puff bd (£29.26) or
  - Salmeterol MDI 25mcg
  - 2 puffs bd (£29.26)

Adapted with permission from Kings Healthcare Partners and the Lambeth and Southwark CCGs Responsible Respiratory Prescribing Group
This step down document should be used as a guide and step down individualised for each patient. It is important to ensure the dose of long acting bronchodilator is maintained and not stepped down at the same time.

Costs are listed as 30 day cost (Drug Tariff, Dec 2015). *Total daily dose inhaled corticosteroid in terms of beclometasone dipropionate (BDP CFC) equivalent (standard particle size).