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.		
High dose	> 1000 micrograms (BDP equivalent)/day	ICS card is required
Intermediate dose	800-1000 micrograms (BDP equivalent)/day	Consider an ICS card
Low dose	< 800 micrograms (BDP equivalent)/day	No ICS card is required

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

Seretide Evohaler® Unlicensed	Seretide 250 Evohaler® 2 puffs bd (£59.48) (2000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer **Unlicensed**	Seretide 125 Evohaler® 2 puffs bd (£35) (1000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer **Unlicensed**	Seretide 50 Evohaler® 2 puffs bd (£18)(400mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer **Unlicensed**
Seretide Accuhaler®	Seretide 500 Accuhaler® 1 puff bd (£40.92) (2000mcg BDP* equivalent/day + 100mcg salmeterol/day)	Seretide 250 Accuhaler® 1 puff bd (£35) (1000mcg BDP* equivalent/day + 100mcg salmeterol/day) **Unlicensed**	Seretide 100 Accuhaler® 1 puff bd (£18) (400mcg BDP* equivalent/day + 100mcg salmeterol/day) **Unlicensed**
Relvar 92/22 Ellipta®	Relvar 92/22 Ellipta® 1 puff daily (£27.80) is approximately equivalent to fluticasone propionate 250mcg bd. Caution is advised as direct comparator studies have not been published.	Seretide 250 Accuhaler® 1 puff bd (£35) (1000mcg BDP* equivalent/day + 100mcg salmeterol/day) **Unlicensed**	Seretide 100 Accuhaler® 1 puff bd (£18) (400mcg BDP* equivalent/day + 100mcg salmeterol/day) **Unlicensed**
Fostair 100/6® MDI	Fostair 100/6 Inhaler 2 puffs bd (£29.32) (800mcg BDP* equivalent/day + 24mcg formoterol/day via spacer)		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)

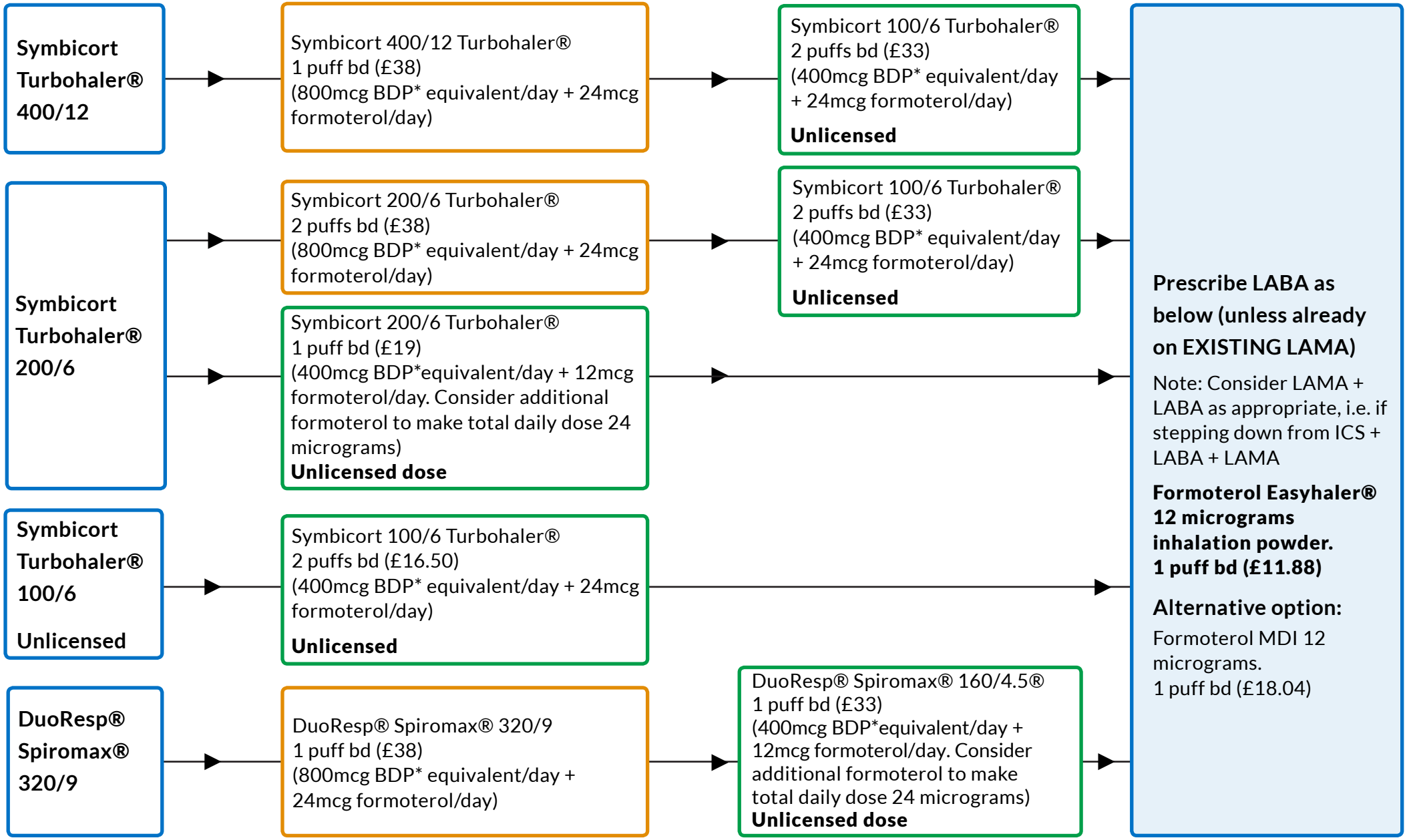
Alternative options:

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).