

Protocol for the review of Inhaled Corticosteroid (ICS) use in Adults with COPD (updated December 2019)

A prescribing decision aid for use by primary care clinicians and specialist nurses to manage people ≥ 18 years old, currently prescribed a ICS + LABA or LAMA+LABA inhaler (dual therapy) or ICS + LABA inhaler AND a LAMA inhaler (triple therapy)

Step 1: Confirm diagnosis

Does the patient have obstructive spirometry?

NO

Consider if inhaled therapy is clinically required

YES

Step 2: Optimise COPD management

Referral for smoking cessation &/or treatment required? Referral for pulmonary rehabilitation? Physical &/or mental health condition(s) impacting COPD symptoms?

YES

Step 3: Assess for ICS requirement – does the patient fall into the following criteria(s)?

History or features of asthma/ACO or steroid responsiveness and/or variability

YES

A large degree of reversibility of airflow limitation (>12% or 400 mL in post-bronchodilator FEV1)*

YES

Blood eosinophil count ≥ 100 cells/mm³ ($0.1 \times 10^9/L$) with ≥ 2 exacerbations or ≥ 1 exacerbation requiring hospitalisation per year

YES

Blood eosinophil count consistently ≥ 300 cells/mm³ ($0.3 \times 10^9/L$)

YES

CONTINUE ICS THERAPY

For patients on dual therapy inhaler: check inhaler technique and optimise. If clinically stable, remain on dual therapy and review within 12 months
For patients currently on triple therapy: a (ICS+LABA) inhaler AND a LAMA inhaler who are clinically stable, **provided the steroid dose is equivalent**, switch to a single fixed dose triple therapy inhaler (ICS+LABA+LAMA) trial as per BCCG & LCCG COPD Primary Care Guideline. For ICS dose equivalence refer to [SIGN 158](#) and [NICE inhaled corticosteroid doses](#). Follow up in 2-3 months to check compliance.

If NO to all criteria listed above

Step 4: Step down ICS - switch to a LABA + LAMA inhaler and taper or stop ICS immediately according to dose potency (consider patient preference and clinical need). Options include:

Spolto Respimat® (1st Line)
2 puffs once daily



Duaklir Genuair® (2nd line)
1 puff twice daily



Anoro Ellipta® (2nd line)
1 puff once daily



Counsel patient and follow up (at least twice a year)

Triple therapy inhaler options:

Trimbow®
2 puffs twice daily



OR
Trelegy®
Ellipta®
1 puff daily



If the patient is clinically unstable on dual therapy, a full clinical review is required.

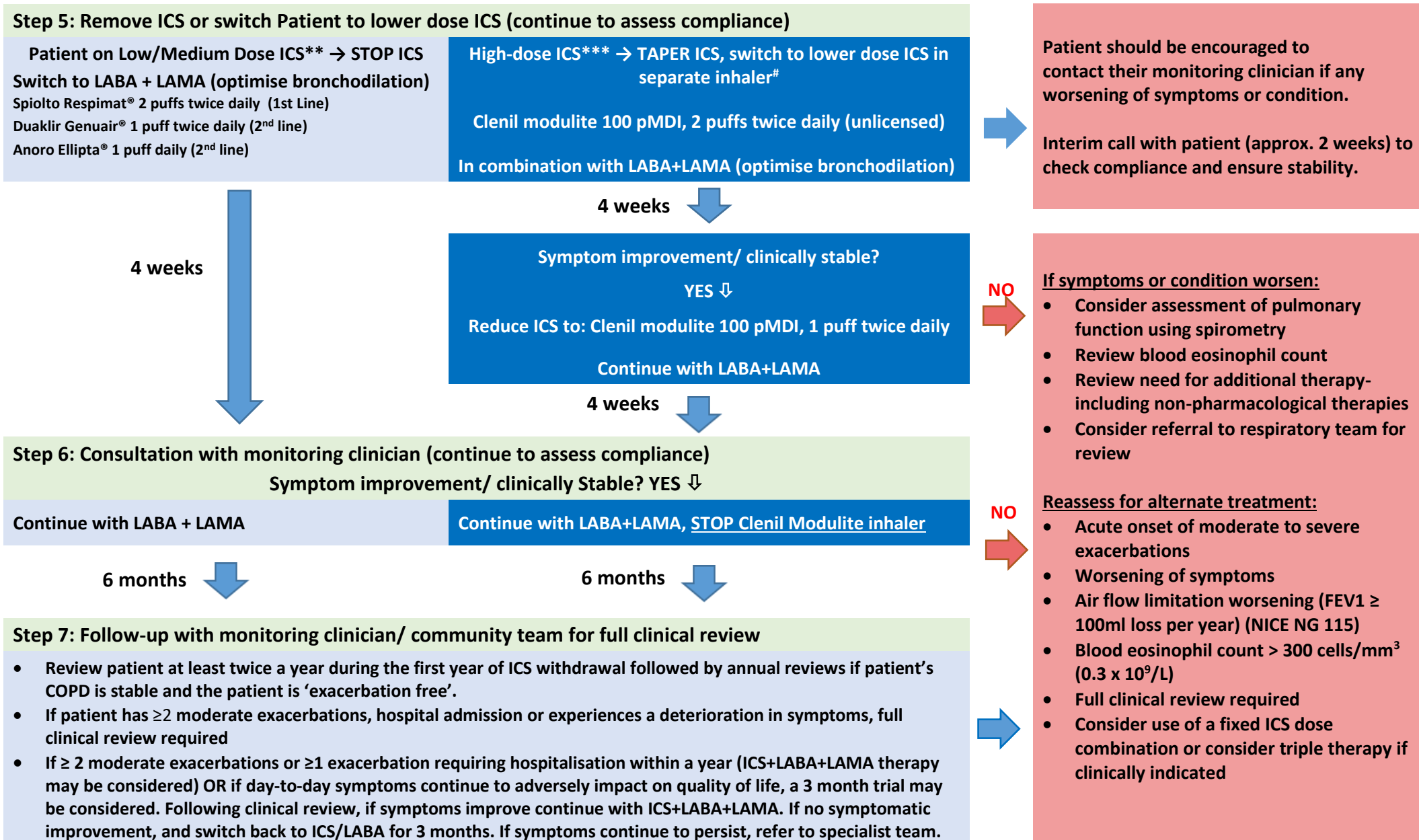
OFFER triple therapy to patients on ICS+LABA inhaler if day to day symptoms continue to adversely impact on quality of life or ≥ 2 exacerbations or ≥ 1 exacerbation requiring hospitalisation within a year, To trial effectiveness, consider dual therapy (ICS+LABA) with LAMA inhaler for 3 months prior to single triple therapy inhaler. **Consider triple therapy to patients on LAMA+LABA inhaler** if day to day symptoms continue to adversely impact on quality of life ≥ 2 exacerbations or ≥ 1 exacerbation requiring hospitalisation within a year. Stop and switch back to LAMA+LABA if no improvement after 3 months.

Patient on low/medium dose ICS + LABA**

ICS can be stopped **immediately**, see [step 5](#) for monitoring & follow up

Patients on High dose ICS + LABA***

ICS dose must be **tapered/ reduced slowly**, see [step 5](#) for protocol, monitoring & follow up



*Consider reversibility testing for confirmation of asthma features, FEV1 improves by >12% or 400mL following bronchodilator

Low/medium dose ICS: Fostair® 100/6, 2 puffs BD or 200/6 1 puff BD; DuoResp® Spiromax®160/4.5, 2 puffs BD or 320/9 1 puff BD; Symbicort® 200/6, 2 puffs BD or 400/12 1 puff bd; or Relvar® Ellipta® 92/22, one puff OD * High dose ICS: Fostair® 200/6, 2 puffs BD; DuoResp® Spiromax® 320/9 2 puffs BD; Symbicort® 400/12, 2 puffs BD

For patients whereby compliance is an issue, stepping down ICS dose using dual therapy inhaler therapy (ICS + LABA) e.g. Fostair® 200/6 for 4 weeks tapered to Fostair® 100/6 for 4 weeks then switched LABA + LAMA inhaler can be considered. Adapted from: Primary Care Respiratory Society. Evaluation of appropriateness of ICS Therapy in COPD and Guidance on ICS withdrawal. https://www.pcrs-uk.org/sites/pcrs-uk.org/files/SteppingDownICS_FINAL4.pdf