

COPD (patients with no asthmatic features) – first line inhaler options

Use SABAs (Salbutamol MDI or DPI) as required as the initial treatment to relieve breathlessness & exercise limitation.

SABAs can continue at all stages. If appropriate **STOP** SAMA when starting LAMA.

	Mild Symptoms	Moderate Symptoms	Severe/Very Severe Symptoms
Inhaler options	<p>LAMA (Treatment options if still breathless despite SABA treatment)</p>	<p>LAMA + LABA (Combination) (Treatment options if persistent dyspnoea &/or exacerbations)</p>	<p>LABA + ICS + LAMA (Triple therapy combo) (Persistent symptoms/further exacerbation(s))</p>
<p>MDI <i>(preferred Choice)</i></p>	<p>Spiriva <u>Respimat</u> (Tiotropium) (<i>Aerosol</i>) 2.5mcg</p> 	<p>Spiolto <u>Respimat</u> (Tiotropium & Olodaterol) 2.5mcg/2.5mcg</p> 	<p>If exacerbations / breathlessness continues, consider referral to <u>AIRS / PCOC</u> service for specialist review to explore further options including initiation of triple therapy if appropriate.</p>
<p>DPI <i>(preferred Choice)</i></p>	<p>Braltus <u>Zonda inhaler</u> (Tiotropium) capsules 10mcg</p> 	<p>Duaklir <u>Genuair</u> (Aclidinium & Formoterol) 340mcg/12mcg</p> 	
<p>DPI</p>	<p>Eklira <u>Genuair</u> (Aclidinium) 322mcg</p> 	<p>Duaklir <u>Genuair</u> (Aclidinium & Formoterol) 340mcg/12mcg</p> 	
<p>DPI</p>	<p>Incruse <u>Ellipta</u> (Umeclidinium) 55mcg</p> 	<p>Anoro <u>Ellipta</u> (Vilanterol & Umeclidinium) 55mcg/22mcg</p> 	<p>Trimbow <u>MDI</u> (Formoterol / Beclometasone / Glycopyrronium) 5mcg/87mcg/9mcg</p> 
<p>DPI</p>	<p>Seebri <u>Breezhaler</u> (Glycopyrronium) 44mcg</p> 	<p>Ultibro <u>Breezhaler</u> (Indacaterol & Glycopyrronium) 85mcg/43mcg</p> 	<p>Trelegy <u>Ellipta</u> (Vilanterol/Fluticasone furoate /Umeclidinium) 22mcg/92mcg/55mcg</p> 

COPD (ACO) (patients with asthmatic features) - first line inhaler options

Consider LABA+ICS for people who: have spirometrically confirmed COPD AND have asthmatic features/features suggesting steroid responsiveness. Be aware of, and be prepared to discuss with the person, the risk of side effects (including pneumonia) in people who use inhaled corticosteroids.

Inhaler options	<u>LABA + ICS</u> (Treatment options if still breathless despite SABA treatment)	<u>LABA + ICS + LAMA</u> (Triple therapy combo) (Remains breathless or has exacerbations despite taking LABA+ICS)
MDI (preferred Choice)	Fostair MDI (Formoterol / Beclometasone) 6mcg/ 100mcg 	Trimbow MDI (Formoterol / Beclometasone / Glycopyrronium) 5mcg/87mcg/9mcg 
DPI (preferred Choice)	Fostair NEXThaler (Formoterol / Beclometasone) 6mcg/ 100mcg 	Trelegy Ellipta (Vilanterol/Fluticasone furoate/Umeclidinium) 22mcg/92mcg/55mcg 
DPI	Relvar Ellipta (Vilanterol/ Fluticasone furoate) 22mcg / 92mcg 	Trelegy Ellipta (Vilanterol/Fluticasone furoate/Umeclidinium) 22mcg/92mcg/55mcg 
DPI	Symbicort Turbohaler (Formoterol / Budesonide) 6mcg/ 200mcg 	Trelegy Ellipta (Vilanterol/Fluticasone furoate/Umeclidinium) 22mcg/92mcg/55mcg 
DPI	Fobumix Easyhaler (Formoterol fumarate / budesonide) 9mcg/ 320mcg 	Trelegy Ellipta (Vilanterol/Fluticasone furoate/Umeclidinium) 22mcg/92mcg/55mcg 

For ALL inhaled therapies: Review is essential before changing inhalers. In mild COPD evidence is poor for triple therapy. Teach people in correct inhaler technique, and review medication and assess inhaler technique and adherence regularly (Top tip:- ask them to show you how they use their inhalers / use In-Check device to teach correct inspiratory flow for the device)
REMEMBER: Tell them to rinse, gargle and spit after using inhalers to reduce side effects e.g. oral thrush (do not just have a drink!)
CAUTION: Avoid duplication e.g. LAMA and LABAs in combination products (know the ingredients in the branded products)
 LAMAs - Caution with cardiac disease / renal impairment – see SPCs