Step down of inhaled corticosteroid (ICS) in COPD with FEV1 > 50% predicted

*Exacerbation – requiring treatment with antibiotics and/or systemic corticosteroids.
Ensure a multi-disciplinary team approach to identify exacerbation risk and review.

Identify all patients on ICS (including triple therapy) with FEV1 > 50% predicted

- History of asthma or
- Experienced more than one exacerbation* (or hospital admission) in last 12 months

Continue treatment

No history of asthma

Did patient have more than one exacerbation* in last 12 months?

Yes

Continue treatment

No

Reduce ICS to 50% of dose for 6 weeks then 25% of dose for 6 weeks then stop (see flowchart on next page)

Breathlessness or activity limitation

Continue with bronchodilator – ensure that LAMA or LABA is maintained and not stepped down at the same time.

Consider dual bronchodilation with LABA/LAMA combination if appropriate (see COPD Guideline for treatment options)

Review annual exacerbation rate

Consider holistic care assessment and management strategies

If more than one acute exacerbation in 12 months consider LAMA/LABA combination inhaler or adding ICS as per COPD guideline

Reviewed: April 2018
Next review date: March 2020
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. (Although this strategy is not in line with Derbyshire local COPD guidance, this may be a useful tool for use with historical patients treated with an ICS). 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 local asthma management guidelines and Asthma ICS stepdown guidance at [http://www.derbyshiremedicinesmanagement.nhs.uk/clinical_guidelines/chapter_3/](http://www.derbyshiremedicinesmanagement.nhs.uk/clinical_guidelines/chapter_3/)

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

<table>
<thead>
<tr>
<th>Dose Range</th>
<th>ICS Card Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1000 micrograms (BDP equivalent)/day</td>
<td>ICS card is required</td>
</tr>
<tr>
<td>800-1000 micrograms (BDP equivalent)/day</td>
<td>Consider an ICS card</td>
</tr>
<tr>
<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

**Seretide Evohaler®**
- 250 micrograms (BDP equivalent)/day via spacer
- 1 puff bd (£59.48)

**Seretide 250 Accuhaler®**
- 1 puff bd (£40.92)
- 250 micrograms (BDP equivalent)/day via spacer

**Seretide 500 Accuhaler®**
- 1 puff bd (£40.92)
- 500 micrograms (BDP equivalent)/day via spacer

**Seretide 125 Evohaler®**
- 2 puffs bd (£35)
- 100 micrograms (BDP equivalent)/day via spacer

**Seretide 50 Evohaler®**
- 2 puffs bd (£18)
- 50 micrograms (BDP equivalent)/day via spacer

**Seretide 100 Evohaler®**
- 1 puff bd (£18)
- 100 micrograms (BDP equivalent)/day via spacer

**Seretide 250 Accuhaler®**
- 1 puff bd (£35)
- 250 micrograms (BDP equivalent)/day via spacer

**Seretide 500 Accuhaler®**
- 1 puff bd (£40.92)
- 500 micrograms (BDP equivalent)/day via spacer

**Relvar 92/22**
- Ellipta® 1 puff daily (£22.00)
- BROWN traffic light classification across Derbyshire

**Fostair 100/6 Inhaler**
- 2 puffs bd (£29.32)
- 1000 micrograms (BDP equivalent)/day + 24 micrograms formoterol/day via spacer

**Fostair 100/6 MDI®**
- 1 puff bd (£14.66)
- 1000 micrograms (BDP equivalent)/day + 12 micrograms formoterol/day via spacer

### Prescribe LABA as below (unless already on EXISTING 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®**
- 50 micrograms
- 1 puff bd (£35.11)

**Salmeterol MDI 25 micrograms**
- 2 puffs bd (Solute® £19.95, Seretide® £29.26)

(Consider LAMA + LABA combination inhaler if appropriate)

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, April 2018 and BNF March 2018 (accessed online 03/04/18)). *Total daily dose inhaled corticosteroid in terms of beclometasone dipropionate (BDP) equivalent (standard particle size).