

PHARMACOLOGICAL TREATMENT OF COPD

- Avoid combinations of two anti-muscarinic or LABA bronchodilators
- The dose of treatment should be titrated according to the individual, see individual monograph in NZF
- The appropriate spacer device should be used with inhaler devices

COPD patient group	Recommended first choice	Examples of pharmacological names (Examples of medicines)	Refs
A	WHEN REQUIRED (PRN) SA Beta2-agonist <i>or</i> SA anti-muscarinic <i>or</i> a combination	salbutamol MDI ipratropium MDI salbutamol + ipratropium MDI	GOLD, 2013
B	LABA <i>or</i> LAMA	salmeterol MDI (Serevent®) eformeterol turbohaler (Oxis®) indacaterol Breezhaler (Onbrez®) ¹ tiotropium (Spiriva® Handihaler) ^{1,2,4} <i>or</i> soln for inh (Spiriva® Respimat) ^{2,4} glycopyrronium (Seebri® Breezhaler) ^{1,3} umeclidinium pdr for inh (Incruse® Ellipta) ¹ COPD endorsement required for funding	GOLD, 2013
C	LABA and ICS <i>or</i> LAMA	fluticasone + salmeterol inhaler/accuhaler (Seretide®) budesonide + formoterol (Symbicort® turbohaler, Vannair® inhaler) fluticasone + vilanterol pdr for inh (Breo Ellipta®) ¹ As in B above	GOLD, 2013
D	ICS + LABA <i>and/or</i> LAMA <i>or</i> LAMA + LABA	fluticasone + salmeterol (Seretide® Inhaler/Accuhaler) budesonide + formoterol turbohaler (Symbicort®, Vannair®) fluticasone + vilanterol pdr for inh (Breo® Ellipta 100/25mcg) ¹ As in B above tiotropium + olodaterol soln for inh (Spiolto® Respimat) ^{1,2,4} umeclidinium + vilanterol pdr for inh (Anoro® Ellipta) ^{1,4} glycopyrronium + indacaterol pdr for inh (Ultibro® Breezhaler) ^{1,3,4}	GOLD, 2013

¹ Given as a ONCE daily dose

² Tiotropium use cautiously if eGFR <50mL/min/1.73m²

³ Glycopyrronium use only if eGFR >30mL/min/1.73m²

⁴ Special Authority approval required

SA - Short acting

soln - solution

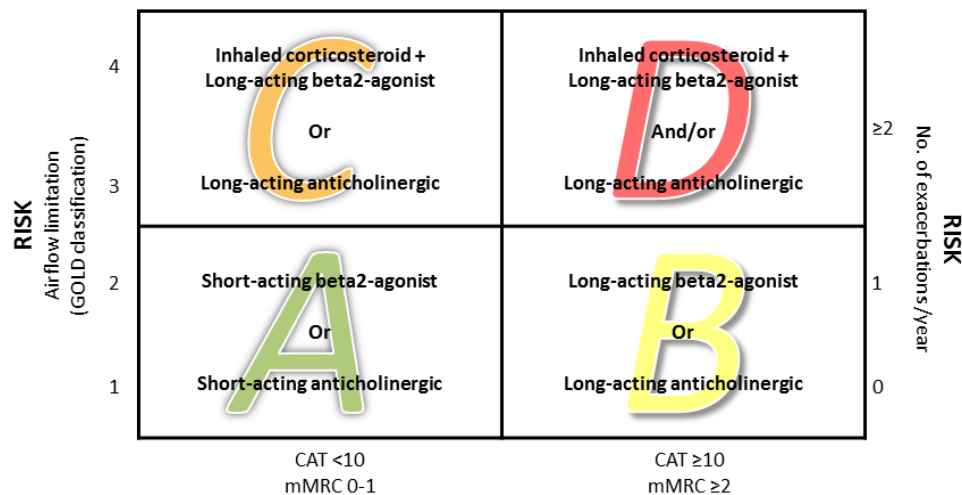
LABA - Long acting beta-agonist

LAMA - Long acting muscarinic antagonist

inh - inhalation

pdr - powder

Preventative Therapy	<ul style="list-style-type: none"> • Smoking cessation • Vaccination: Influenza (annually) / Pneumococcal vaccination • Recognition and treatment of co-morbidities e.g. IHD, Heart Failure, Osteoporosis etc. • Exercise Programme / Pulmonary Rehabilitation / Respiratory Physiotherapy
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SYMPTOMS