eAPPENDIX. ICS De-Escalation Pharmacist Recommendation Note Template

|PATIENT NAME| is a |PATIENT AGE| yo |PATIENT SEX| with COPD and prescribed an inhaled corticosteroid (ICS).
Patient is a candidate for ICS de-escalation.

RECOMMENDATIONS:

1) Recommend DE-ESCALATION of ICS due to lack of benefit and risk of adverse effects for this patient (meets de-escalation criteria per GOLD and VA/DoD guidelines):
-STOP
-START

Note: Recommend tapering due to high dose of ICS. If tapering, the following schedule is recommended:
- Stop @@@
- Start ICS mometasone monotherapy and taper as below

-Mometasone 200 mcg HFA: One inhalation BID x 6 weeks, then one inhalation daily x 6 weeks then stop
- Start maintenance therapy at the same time as the ICS taper
  -Stiolto Respimat (olodaterol/tiotropium) 2 inhalations daily

If choosing to stop ICS abruptly, monitor closely for signs and symptoms of COPD exacerbation

2) Consider referral to PACT pharmacist for ICS de-escalation

BACKGROUND:

The 2023 GOLD Guidelines recommend de-escalation of ICS in the setting of:
-absence of exacerbations
-lack of response to ICS
-if adverse effects occur (I.e., pneumonia)
-eosinophil count <100 cells/uL

The Academic Detailing COPD Dashboard has identified this patient as a candidate for ICS de-escalation based on the following criteria:
-No COPD exacerbations resulting in ED visit, inpatient admission, or urgent-care clinic visit in the previous 2 years
-No diagnosis of asthma
-No eosinophil count >/=300 cells/uL in the last year

Per review of CPRS:
- Current COPD management medications include:
|ACTIVE OUTPATIENT MEDS|
- Last PFTs/spirometry testing:
  FEV1: @@@
-Eosinophil count: |EOSINO, ABSOLUTE|
-Dose of ICS:
- ○ High dose
- ○ Medium dose
- ○ Low dose

-Adverse events possibly attributable to ICS in the past year: @@@
- ○ oral candidiasis
- ○ pneumonia

ASSESSMENT:

Patient meets all of the following criteria for ICs de-escalation per chart review:
[x] no ED visits, inpatient admissions, or urgent-care clinic visits for COPD in previous 2 years
[x] no moderate-severe COPD exacerbations in the past year (defined as requiring systemic corticosteroids and/or antibiotics)
[x] no history of asthma
[x] last eosinophil count <300 cells/uL
[x] no treatment with roflumilast, theophylline, or chronic azithromycin
[x] no prior ICS de-escalation failure

Time spent: 15 minutes