



## STAR PLUS GENERAL PRINCIPLES FOR THE DIAGNOSIS AND MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

The following guideline recommends general principles and clinical activities for the diagnosis and management of COPD	
<b>Eligible Population</b>	People 65 years or older, people with disabilities and people with End Stage Renal Disease with the following: <ul style="list-style-type: none"><li>• Dyspnea</li><li>• Chest tightness</li><li>• Cough</li><li>• Wheezing</li></ul>
<b>Key Components</b>	<b>Recommendations</b>
<b>Assessment and Diagnosis</b>	<ul style="list-style-type: none"><li>• Obtain history including tobacco use, activity level, exercise tolerance, symptom burden, mental well-being, and history of acute exacerbations.</li><li>• Upon exam, wheezing, use of accessory muscles and labored breathing, BMI, and pulse oximetry if available.</li><li>• Evaluate for contributing diagnoses and co-occurring conditions.</li><li>• Spirometry is essential for confirming persistent airflow limitation. Variable airflow obstruction can be detected with serial peak flow measurements and/or measurements before and after bronchodilator.</li></ul>
<b>Treatment</b>	<ul style="list-style-type: none"><li>• Initial treatment with LAMA and /or LABA with as-needed SABA</li><li>• Add ICS for patients with hospitalizations, <math>\geq</math> exacerbations/year requiring OCS, or blood eosinophils <math>\geq 300/\mu\text{L}</math>.</li><li>• Avoid high dose ICS, avoid maintenance OCS.</li><li>• Reliever containing ICS is not recommended.</li></ul>
<b>Medications</b>	<ul style="list-style-type: none"><li>• Glucocorticoids: Cortisone-acetate, Dexamethasone, Prednisolone, Prednisone</li><li>• Anticholinergic agents: Acclidinium bromide, Ipratropium, Tiotropium, Umeclidinium</li><li>• Beta 2-agonists: Albuterol, Aeformoterol, Indacaterol, Salmeterol, Levalbuterol.</li><li>• Bronchodilator combinations: Albuterol-ipratropium, Budesonide-formoterol, Cluticasone-salmeterol, Formoterol-glycopyrrolate, Olodaterol hydrochloride</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>• Patients should be provided with structured education specially focusing on inhaler technique and adherence as well as being assessed for, and receive appropriate treatment for other clinical problems, including:<ul style="list-style-type: none"><li>• Smoking cessation</li><li>• Physical activity</li><li>• Immunizations</li><li>• Management of comorbidities</li></ul></li></ul>
<b>Specialist referral for additional investigation is encouraged.</b>	
ICS: inhaled corticosteroid; LABA: long-acting $\beta$ 2-agonist; LAMA: long-acting muscarinic antagonist; OCS Oral corticosteroids	

This guideline is based on the Global Strategy for Asthma Management and Prevention, 2020 Update (ginasthma.org), HEDIS 2021 Specifications. Rev Date:07/30/2024