



**MEDICARE 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>
Key Components	Recommendations
<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, ≥ exacerbations/year requiring OCS, or blood eosinophils ≥ 300/μl.</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: Aclidinium 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 β2-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:07/27/2021