

Post-Market Review of COPD Medicines – Asthma SA Submission

Asthma Foundation SA is a non-government, not-for-profit, registered charitable organisation. We are independently incorporated and a proud member of Asthma Australia. Established in 1963, Asthma Foundation SA works to support all South Australians with asthma and linked conditions.

Asthma Foundation SA has Asthma Health Professionals who are available on an 1800 Help Line and also for face to face consultations during weekdays. They provide information and support to people with asthma and linked conditions. As a result of these interactions a number of re-occurring themes occur regarding COPD and medications.

- The most common issue we have found is poly pharmacy which is inconsistent with clinical guidelines. E.g. Current examples include - COPD patient on both Incruse and Anoro, COPD/Cardiac patient on beta blockers, Seretide (high dose), Spiriva, Atrovent and Incruse, To counteract this we would suggest Home Medicine Reviews become part of the procedure for pharmacists when dispensing COPD medications.
- We frequently speak with patients with asthma who are being prescribed Spiriva, with no current COPD diagnosis.
- Reliever prescriptions are being omitted without clear indications why. These are the first step in pharmacological interventions but appear to be dropped when other long acting medications are added but no other rescue medication is prescribed. Clear recommendations/guidelines: re rescue packs
- COPD Prednisolone – inconsistencies of dosages and tapering requirements
- We would prefer to see a clearer pathway for prescribing under PBS – spirometry etc. – follow COPD X Guidelines – NPS/LungFoundation referral mechanisms
- Spiriva handihalers /breezehalers - drugs frequently prescribed without the device being dispensed
- Price inconsistency between pharmacies supplying medications
- Recall pathways for scripts should be formalised to ensure compliance and reduced over-prescription
- CMI's need to be in larger font and simple language – possibly pictorial as they are usually for the older patient/low literacy/language other than English
- Too many devices with difficult names. This increases confusion about what medications they are/should be taking as well as decreases understanding about the role of each medication
- Breo- blue colouring – confusion re role in management as blue has traditionally been the reliever colouring
- Flags for patients on high dose ICS – risk warning for pharmacies/prescription to fit a criteria