WHEN TO INITIATE BIOLOGIC THERAPY IN COPD

Key Clinical Flow (COPD Advanced Management Pathway)
Identify → Optimize → Confirm risk → Phenotype → Initiate → Monitor

1. Confirm the right COPD patient

☐ COPD diagnosis confirmed (spirometry on file where available).
☐ Symptoms and disease burden documented (baseline for follow-up).

2. Optimize inhaled therapy

☐ On triple therapy (LABA/LAMA/ICS): Single inhaler when feasible.
☐ Adherence confirmed and device technique appropriate (rule out: PRN use, incorrect device, dexterity issues).

3. Confirm exacerbation risk (despite optimized therapy)

Exacerbation definitions:

- Moderate exacerbations require systemic corticosteroids with or without antibiotics.
- Severe exacerbations involve an emergency room visit and/or hospitalization.

☐ **Document:** Number, dates, severity, treatments in the past 12 months - Extend to 24 months if needed.
High-risk (GOLD-aligned, for biologics): ⩾2 moderate OR ⩾1 severe exacerbation in past 12 months.

4. Phenotype Type 2 inflammation (eosinophils)

□ **Blood eosinophils (BEC):** Capture baseline + repeat values (trends matter).
Practical thresholds:

- **⩾300 cells/µL:** Strong Type 2 signal.
- **⩾150 cells/µL:** Supportive signal (especially if persistent or with prior exacerbations).

At least one elevated value can support risk stratification in context.

5. Identify and address competing drivers (do not delay optimization)

☐ **Consider:** cardiac disease / heart failure, GERD, OSA, anemia, deconditioning, infection.
☐ Treat in parallel, but do not normalize recurrent exacerbations.

6. Consider other guideline add-ons

□ **For patients still exacerbating on triple therapy:** consider macrolide maintenance, roflumilast, mucolytics, and **pulmonary rehabilitation** when appropriate.

7. Confirm initiation readiness

☐ Baseline documented: Spirometry, symptoms/QoL, exacerbation history, eosinophils.
☐ Vaccination status, smoking status, comorbidities, current meds.
☐ Patient discussion: Expected benefits, risks, injections, adherence plan,
☐ Access planning: Coverage, PSP, documentation package,

8. Monitor and define response (specialist-owned)

☐ **Define "response" upfront:**
↓ exacerbations, ↑ lung function, ↑ quality of life.
☐ Set reassessment timepoint.
☐ Establish clear continuation vs stopping rules.

References: Canadian Thoracic Society. Pharmacotherapy in Stable COPD. 2023; Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2026 Report.

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