El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

STAR+PLUS

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

The following guidelines recommends general principles and key clinical activities for the diagnosis and management of COPD	
Eligible Population	People 65 years or older, people with disabilities and people with End Stage Renal Disease with the following: Dyspnea Chest tightness Cough Wheezing
Key Components	**Recommendations**
Diagnosis and Management Goals	Obtain history including tobacco use, activity level, exercise tolerance, symptom burden, mental well-being, and history of acute exacerbations. Upon exam, wheezing, use of accessory muscles and labored breathing, BMI, and pulse oximetry if available. Evaluate for contributing diagnosis and co-occurring conditions 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.
Treatment	Initial treatment with LAMA and/or LABA with as needed SABA Add ICS for patients with hospitalizations ≥ exacerbations/year requiring OCS, or blood eosinophils ≥ 300/µL Avoid high dose ICS, avoid maintenance OCS. Reliever containing ICS is not recommended
Medications	Glucocorticoids: Cortisone-acetate, Dexamethasone, Prednisolone, Prednisone Anticholinergic agents: Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium Beta 2-agonists: Albuterol, Aeformoterol, Indacaterol, Salmeterol, Levalbuterol Bronchodilator combinations: Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Formoterol-glycopyrrolate, Olodaterol hydrochloride

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Education	Patients should be provided with structured education especially focusing on inhaler technique and adherence as well as being assessed for, and receive appropriate treatment for other clinical problems including: Smoking cessation Physical Activity Immunizations Management of comorbidities Specialist referral for additional investigation is encouraged
ICS: Inhaled corticosteroid; LABA: Long acting β2-agonist; LAMA: long-acting muscarinic antagonist; OCS: Oral corticosteroids	
This guideline is based on https://pmc.ncbi.nlm.nih.gov/articles/PMC10815941/ and HEDIS MY 2026 specifications. Individual patient considerations and advances in medical science may supersede or modify these recommendations.	