1 Reason for the review

The stepwise approach to the treatment of asthma in adults as outlined in the ‘SIGN 101 Guideline for the Management of Asthma’ recommends the use of an inhaled beta agonist (step 1) followed by the addition of an inhaled corticosteroid (ICS, step 2) and a long acting beta agonist (LABA, step 3). The addition of a LABA i.e. salmeterol/formoterol suggests that these patients will have already been prescribed an ICS as per the SIGN guidelines. CHM advice is that LABAs should only be added only if regular ICS have failed to control asthma adequately and should only be used in asthma where patients are regularly using an ICS. The cost of using two individual inhalers (LABA and ICS) versus a combined inhaler is outlined in the table below. PRISMS data for the latest financial year (April ’09 till April ’10) suggests that a saving of >40% of the current spend on LABA plus ICS inhalers individually (which equates to over £100,000* in NHS Dumfries and Galloway) could be achieved if a 100% switch was made to a combination inhaler.

In addition to cost savings, the patient will benefit from having two inhalers reduced to one (assuming that a twice daily dosage is being used) which may further help if compliance is an issue. The same inhaler type may also be used so that there is minimum disruption to the patient.

*Based on the quantity of Serevent®/salmeterol inhalers prescribed (as MDIs) and the assumption that these patients are also prescribed an ICS (assumed to be Clenil® 100/Qvar®50 MDI inhalers) versus the cost of switching to Seretide® 50 MDI.

<table>
<thead>
<tr>
<th>Inhaler</th>
<th>Dose</th>
<th>Price per 28 days</th>
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<tbody>
<tr>
<td>Serevent® 25mcg Evohaler</td>
<td>2 puffs bd</td>
<td>£27.31</td>
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<tr>
<td>Qvar®* 50/Clenil® 100 MDIs</td>
<td>2 puffs bd</td>
<td>£4.41/£4.15</td>
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<tr>
<td>Flixotide 50 Evohaler</td>
<td>2 puffs bd</td>
<td>£5.07</td>
</tr>
<tr>
<td>Seretide® 50 Evohaler (salmeterol 25mcg, fluticasone 50mcg)</td>
<td>2 puffs bd</td>
<td>£16.80 combination product (compare to £31.46 for separate inhalers using cheapest ICS)</td>
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<tr>
<td>Flixotide 125 Evohaler</td>
<td>2 puffs bd</td>
<td>£19.84</td>
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<tr>
<td>Seretide 125 Evohaler (salmeterol 25mcg, fluticasone 125mcg)</td>
<td>2 puffs bd</td>
<td>£32.67 combination product (compare to £47.15 for separate Serevent/Flixotide MDIs)</td>
</tr>
<tr>
<td>Fostair®* MDI (formoterol 6mcg, beclometasone 100mcg)</td>
<td>1 puff bd</td>
<td>£13.68 combination product (compare to £27.70 for separate inhalers)**</td>
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</tbody>
</table>

* Both Qvar® and Fostair® contain extra-fine particles of beclometasone and are not dose equivalent to other CFC-free MDIs. Qvar® is approximately twice as potent as Clenil®. Fostair® 100/6 can be prescribed for those patients who have used beclometasone 250mcg in another CFC-free inhaler.

** Calculated using Oxis 6 Turbohaler® and Clenil Modulite® 250

2 Inclusion Criteria

Search for all asthma patients prescribed:
- Salmeterol/Serevent® 25mcg inhalers (Evohaler, Accuhaler or Diskhaler)
3 Exclusion Criteria

- Compliance issues – refer to GP
- Patients with terminal cancer
- Previous switch to an alternative product which caused distress
- Any individual patient exclusions deemed necessary by the GP. (e.g. patients who are deemed to be not open to change, as judged by the GP)

4 Preparation and planning

Implementation of audit in selected GP practices Prescribing Support Team is as follows:

- Protocol to be discussed with all GPs in the practice to ensure that agreement to proceed is reached
- Computer search of all patients according to the inclusion criteria
- Review of patients medical notes and repeat prescribing records
- Two lists compiled;
  1. Those who are prescribed Salmeterol/Serevent MDI, Accuhaler, Diskhaler along with an ICS (beclometasone, fluticasone, or budesonide). Recommendations made for combination inhaler to switch to, based on table above.
  2. Those who are prescribed Salmeterol/Serevent alone. These patients will be assessed by the GP/nurse for appropriateness of a LABA and the possibility of adding inhaled corticosteroid therapy (in place of or in addition to a LABA as per SIGN 101 guidelines).
  3. Those patients who are prescribed four or more inhalers to be reviewed by GP/nurse/pharmacist.

- List of eligible patients to be checked by GP/GPs
- Letters to be sent to eligible patients and switch or stop to be undertaken on the computer system (Appendix 1 and 2)

5 Action

Letters written to all patients outlining the reasons for the switch to ensure they are fully informed and given an opportunity to discuss the switch with either their GP or practice pharmacist. (Appendix 1 and 2)

Admin. staff in practices to be made aware of changes of repeat medication.

Local pharmacies to be informed of need to reduce stock and of counselling for patients (copy of patient letters supplied)

Report for practices will include number of switches made by the pharmacist/technician and projected cost savings as a result of the recommendations.
Appendix 2: Patient letter if switching to combination inhaler

Dear Mr/Mrs __________

As part of a review of prescribing, NHS Dumfries and Galloway are currently reviewing all patients prescribed a Salmeterol/Serevent inhaler as well as a steroid inhaler.

The next time you request your inhalers you will notice we have changed your prescription to a **combination inhaler**.

You are currently using two inhalers to treat your asthma. Your new inhaler is a combination of these two inhalers and therefore you will only need to use one from now on. There is no change to your dosage (twice daily) or inhaler type so you should carry on as before.

This change has been made to help doctors to continue to use high quality treatments whilst making the most effective use of available resources.

We propose to introduce the change with your next prescription. Please finish your current inhalers before starting your new one. Remember to rinse out your mouth with water after using your inhaler (as with all steroid inhalers).

Should you have any queries, please contact the Surgery on the number above or alternatively, you can contact a member of the Prescribing Support Team on xxxxx

Yours sincerely

Name

Prescribing Support Technician
On behalf of the Doctors
<table>
<thead>
<tr>
<th>SURGERY:</th>
<th>DATE:</th>
<th>UNDERTAKEN BY:</th>
</tr>
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<tbody>
<tr>
<td>Patients name/DOB</td>
<td>Prescribed medication and dosage</td>
<td>Indication: asthma (A)/COPD (C)</td>
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