SUMMARY

Seretide inhalers are available as meter dose inhalers (Seretide Evohaler) and breath-actuated dry powder inhalers (Seretide Accuhaler). Only the Seretide 500 Accuhaler (Salmeterol 50mcg/Fluticasone 500mcg) is licensed for the symptomatic treatment of patients with COPD. All preparations are licensed for use in patients with asthma. Seretide 500 Accuhaler 1 puff twice daily is significantly more cost-effective than the equivalent Evohaler 250 2 puff twice daily.

This audit will highlight patients currently prescribed the Evohaler for whom the Accuhaler may be appropriate.

Chronic Obstructive Pulmonary Disease (COPD)

The Summary of Product Characteristics (SPC) states:\n
Seretide Accuhaler is indicated for the symptomatic treatment of patients with COPD with a FEV1 <60% predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular bronchodilator therapy.

For the treatment of COPD the only licensed dose is:

One inhalation of 50 micrograms salmeterol and 500 micrograms fluticasone propionate twice daily.

Asthma

For the treatment of Asthma:
The dose should be titrated to control the patient’s symptoms. They should be maintained on the lowest effective dose. Seretide Accuhaler is only licensed for children age 4 or older.

**Safety Data**
Seretide Accuhaler 500 1 puff bd and Seretide Evohaler 250 2 puff bd are designed to deliver the same doses of Salmeterol and Fluticasone. GlaxoSmithKline were unable to provide any data to suggest that the systemic exposure/side effects should differ with either product (personal communication).

An optimum inspiratory flow rate of 30-90 L/min is required for the Seretide Accuhaler.

**OBJECTIVE**

To promote cost-effective prescribing across D&G where this will provide equal or better clinical care for the patient.

**PRICE COMPARISON**

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Dose</th>
<th>Cost/30 days*</th>
</tr>
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<tbody>
<tr>
<td>Seretide 500 Accuhaler</td>
<td>1 puff bd</td>
<td>£40.92</td>
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<tr>
<td>Seretide 250 Evohaler</td>
<td>2 puffs bd</td>
<td>£62.29</td>
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<tr>
<td>Seretide 250 AccuhalerΔ</td>
<td>2 puff bd</td>
<td>£73.30</td>
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</tbody>
</table>

*Prices at November 2007 (MIM’s)*
Δ Note this is NOT a licensed dose (salmeterol dose over recommended limits).

**METHOD**

A computer search to identify patients currently receiving repeat prescriptions for Seretide 250 Evohalers and Accuhalers.

The auditor will record on the data collection form, the following information regarding each patient identified by the search;
- the indication (COPD or Asthma)
- the dosing instructions
- the apparent compliance
- whether an Accuhaler has been used before
- current inhaler technique (where known)

Where information is not available in the patient’s electronic records, the notes will be checked by the Prescribing Support Technician and missing information recorded on the data collection form. This information will be verified by the GP and added to the electronic notes by administrative staff where appropriate.

The Prescribing Support Technician will present the data collected to the Doctor or Practice Nurse responsible for respiratory conditions. The practice
may then choose to switch the patient (informing them by letter), invite the patient in for review (including inhaler technique assessment) or exclude them from the switch. Steroid warning cards should be given to all patients using Seretide 500. A decision should be taken to distribute them through the practice or through the local pharmacy.

Local community pharmacists will be informed and may be able to contribute to inhaler technique assessment where agreed in advance.

If an unlicensed dose is being used or the patient has poor compliance this will be flagged to the practice staff.

A note will be made in the patient’s computer record detailing any action taken by the Prescribing Support team.

**EXCLUSION CRITERIA**
Any specified by the practice.
Patients who cannot operate breath-actuated devices.
Patients who do not have the manual dexterity to work an Accuhaler (but can use an Evohaler/spacer)

**LIMITATIONS**
This audit will not identify asthmatic patients who may require a dose reduction or increase.

**SUGGESTED CRITERIA FOR REFERRAL TO PRACTICE**

All patients will be referred to the practice for a decision on whether the Accuhaler is appropriate to their needs.

**REFERENCES**


**CHANGES TO REPEAT PRESCRIBING**
1. The audit must be checked and agreed with a GP in the practice prior to work being undertaken by the Prescribing Support Technician.

2. Agreement is made between the Practice and the Prescribing Support Technician on a suitable date for implementation.

3. It is recommended that the prescribing support technician/LHP Pharmacist notify local community pharmacies of the impending change in prescribing.

4. The Prescribing Support Technician conducts a search of the Practice Clinical System to identify patients currently prescribed a Seretide inhaler as authorised on the Prescribing Review form.

5. The patient list is checked to ensure that all patients are still undergoing treatment and are compliant.

6. Patients are assessed, with respect to potential referral to GP or who require documentation of clinical information held on paper notes only.

7. No patient may be changed beyond the scope of the SPC unless authorised by the prescriber.

8. All changes to prescribing must be recorded within the prescribing field and, wherever possible, an indication recorded for the medication added.

9. Each patient should be informed of any changes made in accordance with the Practice’s preferred mode of communication. The Prescribing Support Team recommends personalised written communication sent from the Practice. Additional information e.g. patient leaflets may be included wherever possible.

10. If the patient is in residential care or has their medication otherwise supervised, e.g. Dosette dispensing, information regarding any changes should also be communicated to the relevant service providers.

11. The Prescribing Support technician will communicate information about the review to relevant personnel within the practice e.g. receptionists, nurses and will, if appropriate, create on-screen reminders on the Clinical System.

12. A project file is retained by the Practice containing a list of patients involved, patient letter templates and any individual information sent, a copy of the protocol and prescribing review form and contact details for the Prescribing Support Team.

13. The Prescribing Support Technician may record statistics of the review for report purposes and analysis of the review. No information regarding individual patients leaves the practice.
<table>
<thead>
<tr>
<th>Patient</th>
<th>DOB/ Age</th>
<th>Inhaler/Dose</th>
<th>Asthma COPD?</th>
<th>Condition stable… COPD – no. of exacerbations in last year/use of ABx/oral steroids/hospital admission etc. Asthma – no. of B₂-agonist inhalers used/oral steroid courses/exacerbations/hospital admission etc.</th>
<th>Previous Accuhaler?</th>
<th>Current inhaler technique?</th>
<th>Recommended action (for completion by practice staff)</th>
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Seretide Data Collection