AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:		APCBSSE/0052
Drug name and formulations:		Symbicort® pMDI
Criteria	***Example***	**Committee Consensus**
Patient Safety	*Potential for abuse, toxicity, significant drug interactions*	No additional concerns beyond existing products.
Clinical effectiveness	*Established licensed product*	Equivalent to other LABA/ICS products.
Strength of evidence		Moderate
Cost effectiveness or resource impact	*£*	Cost saving compared to Turbohaler® device, but similar cost to alternative LABA/ICS pMDI.
Place of therapy relative to available treatments	*1/2nd tier*	In line with other LABA/ICS options, treatment pathway outlined in COPD guidelines.
National guidance and priorities	*NICE, MTRAC*	Consistent with the Global Initiative for Obstructive Lung Disease (GOLD) guidelines updated in 2017, and the NICE COPD Clinical Guideline.
Local health priorities	*CCG views*	CCGs NOT supportive.
Equity of access	*Equality assessment*	N/A
Stakeholder views	*Define wider groups to be engaged*	N/A
Implementation requirements	*Requires, RICAD ESCA etc.*	N/A

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	Symbicort® pMDI is not approved on the formulary. Rationale: Other cost-effective options available; moving away from use of Symbicort® as a whole.
Formulary status (RAG) and rationale	
Implementation requirements:	
Implementation monitoring:	