

## 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/0062  |  |
|---|---|--|
| Drug name and formulations:                       | Relvar® Ellipta® (fluticasone furoate /vilanterol trifenate inhalation powder) 92mcg/22mcg and 184mcg/22mcg |  |
| Criteria  | Example   | Committee Consensus  |
| Patient Safety                                    | <i>Potential for abuse, toxicity, significant drug interactions</i>   | No issues  |
| Clinical effectiveness                            | <i>Established licensed product</i>   | Both strengths licensed in Asthma, equivalent to established products.   |
| Strength of evidence                              |   | Moderate   |
| Cost effectiveness or resource impact             | <i>£</i>  | Currently lowest acquisition cost ICS/LABA dry powder combination.   |
| Place of therapy relative to available treatments | <i>1/2<sup>nd</sup> tier</i>  | In line with current ICS/LABA options on formulary; treatment pathway outlined in Asthma guidelines. Offers a once daily dosage regime.  |
| National guidance and priorities                  | <i>NICE, MTRAC</i>  | ICS/LABA combination inhalers are included in the BTS/SIGN guidelines last updated in 2016 and support the step-wise approach to the management of asthma. NICE guidance on management of asthma is expected at the end of October 2017. |
| Local health priorities                           | <i>CCG views</i>  | CCGs supportive.   |
| Equity of access                                  | <i>Equality assessment</i>  | N/A  |
| Stakeholder views                                 | <i>Define wider groups to be engaged</i>  | N/A  |
| Implementation requirements                       | <i>Requires, RICAD ESCA etc.</i>  | Minor amendment to the Asthma Guidelines to reflect the formulary status of Relvar® Ellipta®   |
|   |   |  |

### Decision Summary

|   |  |
|---|--|
| Resubmission is recommended to complete the information to enable a decision: |  |
| Not approved and rationale:   |  |
| Formulary status (RAG) and rationale  | Green for use in Asthma.   |
| Implementation requirements:  | Amend Asthma guidelines to reflect approved formulary status of Relvar® Ellipta® |
| Implementation monitoring:  |  |