

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/0032	
Drug name and formulations:	Dymista® nasal spray (fluticasone propionate 50mcg, azelastine HCl 137 mcg/metered spray)	
Criteria	Example	Committee Consensus
Patient Safety	<i>Potential for abuse, toxicity, significant drug interactions</i>	No specific concerns
Clinical effectiveness	<i>Established licensed product</i>	Efficacy demonstrated
Strength of evidence		Strong evidence
Cost effectiveness or resource impact	£	Dymista® is cost-effective at the proposed position in the algorithm, but more expensive than nasal corticosteroid and oral antihistamine.
Place of therapy relative to available treatments	<i>1/2nd tier</i>	Dymista® is a cost-effective third line option for patients with moderate to severe allergic rhinitis who have failed to respond to a steroid nasal spray with the addition of an oral antihistamine. It must be noted that clinicians cannot currently prescribe topical fluticasone and topical azelastine separately as azelastine is non-formulary.
National guidance and priorities	<i>NICE, MTRAC</i>	Recommended by British Society for Allergy & Clinical Immunology (BSACI) and SMC. Not reviewed by NICE.
Local health priorities	<i>CCG views</i>	Supported. This agent would facilitate trialling all options available in primary care before referring to secondary care. Follow algorithm.
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>	Revise proposed algorithm adding trial of Dymista® (1 month) before referring to secondary care.

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	GREEN – Follow algorithm. It was agreed that the algorithm should be amended (bottom two boxes swapped round and the reference to word ‘Specialist initiation only’ removed from the Dymista® box. This will allow GPs to prescribe Dymista® in primary care for individuals 12 years and above at least for a month before considering referral to secondary care.
Implementation requirements:	
Implementation monitoring:	