

Monthly Prescribing Recommendation August 2015 Seretide

Your CCG supported the principle of asking GP practices to focus on monthly prescribing topics to deliver further prescribing cost efficiencies. Prescribing is a major contributor to the CCG's overall QIPP plan and the realistic ambition of financial balance. Achieving the latter is essential to qualify for the quality premium payment that can bring significant financial benefits to the CCG, and allow re-investment in primary care in subsequent years. Please note that the prescribing incentive scheme for 2015/16 awards for "agreement to and active change in prescribing as a result of the circulation of monthly prescribing topics to GP practices".

During August (but to be completed by December 15), we ask that practices review their branded and generic prescribing of Seretide 125 & 250 Evohaler and switch to Sirdupla (or another low cost brand) where appropriate.

Background

The patent for Seretide Evohaler (fluticasone/salmeterol combination) has expired and the first low cost branded product is now available on the market. Sirdupla is a low cost brand that is available as a 125 and 250 microgram strength MDI; the same device type as the Evohaler. Currently there is no 50 microgram strength available. Sirdupla is therapeutically equivalent to Seretide evohaler and is indicated in the regular treatment of asthma, in patients 18 years and over, where use of a combination product (ICS & LABA) is appropriate (see link below for full prescribing information). The Sirdupla MDI costs 25% less than the Seretide Evohaler and the manufacture has guaranteed their current price until December 2018. Sirdupla is available from Alliance, AAH and Phoenix.

The current drug tariff price is the same as the branded Seretide Evohaler. While the DT price is expected to fall, there is no indication of when this will happen or the degree to which it will fall. For this reason we are also recommending that generic prescriptions for Seretide Evohaler are also switched to Sirdupla. Currently there is no generic alternative to the Seretide Accuhaler or for patients prescribed Seretide for COPD.

In the 12 months to April 15 the spend in HRW CCG on Seretide Evohaler (branded and generic prescriptions) was over £382K. The potential annual savings from a 100% switch to Sirdupla is estimated to be £95K

Recommendations

Practices are asked to review their prescribing of Seretide 125 and 250 Evohaler (branded and generic prescriptions) and switch to Sirdupla where appropriate.

N.B Sirdupla is currently only licensed for use in asthma and is not licensed in patients under 18.

Sirdupla is currently only available as 125 and 250 microgram strength so if a patient is currently prescribed the 50 microgram strength or needs to step down to a 50 then an alternative preparation (currently only Seretide) would need to be prescribed.

Spacer devices: The following is from the manufactures prescribing information, the clinical implications of this are not known but it is included for information.

The SPC for Sirdupla states: *only the AeroChamber Plus spacer device should be used with Sirdupla. Other spacing devices should not be used with Sirdupla and patients should not switch from one spacer device to another as this can result in changes in the dose delivered to the lungs. Single dose pharmacokinetic data have demonstrated that the systemic exposure to salmeterol and fluticasone propionate may be increased as much as two-fold when the AeroChamber Plus® spacer device is used with a fixed-dose combination of salmeterol and fluticasone propionate as compared with the Volumatic® spacer device. Re-titration to the lowest effective dose should always be carried out when patients who have previously used an alternative product and spacer device are then transferred to Sirdupla with or without the AeroChamber Plus® spacer device*

The prescribing support team are available to help practices implement this change and a protocol for this switch including a sample letter to patients will be available shortly. HRW versions of SystmOne and EMIS formularies will be amended to incorporate this recommendation.

Local community pharmacies have been e-mailed to inform them that practices will be undertaking this switch. As the timings of the switch will vary among practices it is advisable to notify local pharmacies in advance of the switch to enable effective management of stock.

The most up to date source of prescribing data is via www.medicines.org.uk/emc

At the time of writing, the Sirdupla SPC is not available on the eMC website but prescribing information is available via the following link: <http://sirdupla.mylan.co.uk/en/for-healthcare-professionals?userstate=phc>

Should you have any queries, recommendations or ideas about these or future initiatives then we would be pleased to hear from you.

Yours sincerely,

Dr Mark Duggleby
CCG Prescribing Lead

Ken Latta
Strategic Lead Pharmacist

Helen Wilkins
Senior Pharmacist