Commissioning Support

Fluticasone furoate 92mcg, vilanterol trifenatate 22mcg, umeclidinium bromide 65mcg

(Trelegy Ellipta®▼)

For maintenance treatment of chronic obstructive pulmonary disease (COPD)

Commissioning guidance:

Commissioners may wish to bear the following in mind when considering the commissioning of Trelegy Ellipta:

- The need for accurate diagnosis and identification of the disease severity as moderate to severe.
- The need for accurate recording of the patient's diagnosis and exacerbation history through use of a standard form, such as the COPD Assessment Test.[1]
- Local guidance advises consideration of the patient's eligibility for pulmonary rehabilitation, as well as other measures, such as smoking cessation and flu vaccination as part of the management of COPD.[2]
- In patients who need the triple combination of ICS/LABA/LAMA (inhaled corticosteroid/long-acting beta agonist/long acting muscarinic antagonist), there may be benefit in terms of increased patient convenience and compliance with the use of a single inhaler instead of two.
- There is a lower 30-day acquisition cost associated with the use of the triple inhaler compared with the use of two inhalers to deliver ICS/LABA + LAMA.

Strength of the evidence for efficacy

A large phase III double blind randomised controlled trial (RCT: IMPACT) found that triple ICS/LABA/LAMA treatment via the Trelegy Ellipta inhaler was more effective than dual ICS/LABA (Relvar) or LAMA/LABA (Anoro) in lowering the annual rate of exacerbations in people with COPD who had experienced at least one exacerbation. There were also significantly greater improvements in lung function (trough forced expiratory volume in one second; FEV_1) and quality of life (St George's Respiratory Questionnaire; SGRQ) with the triple therapy *vs*. dual therapies. A second double-blind, double-dummy RCT showed that Trelegy Ellipta showed greater improvements in lung function and quality of life compared with twice daily ICS/LABA therapy with 400 mcg budesonide/12 mcg formoterol (Symbicort Turbohaler). Finally, a phase III, double-blind RCT found that that triple therapy via the Trelegy Ellipta inhaler was non-inferior to the same active ingredients delivered via two separate inhalers for the outcome of improvement in lung function over 24 weeks. Improvement in quality of life (SGRQ) was also demonstrated.

MTRAC considered Trelegy Ellipta because it was a newly licensed product that primary care prescribers may be asked to prescribe.

References

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4. Global Initiative for Chronic Obstructive Lung Disease 2018
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9. Bremner PR et al. *Respir Res* 2018; 19(1):19.
10. Lipson DA et al. *Am J Respir Crit Care Med* 2017; 196(4):438-446.
11. Lipson DA N et al. Once-Daily Single-Inhaler Triple versus Dual Therapy in Patients with COPD. *NEJM* 2018; 378 (18);1671-80