



Commissioning Support

Extrafine beclometasone dipropionate
87 mcg, formoterol fumarate 5 mcg,
and glycopyrronium bromide 9 mcg
(*Trimbow*[®])

For maintenance treatment of Chronic Obstructive Pulmonary Disease

Commissioning guidance:

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

- 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 a 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:

One phase III double-blind randomised controlled trial (TRINITY RCT) showed that the triple combination of beclometasone dipropionate, formoterol fumarate dihydrate and glycopyrronium bromide in a single Trimbow inhaler was non-inferior in terms of exacerbation rate and quality of life than a combination of ICS/LABA (Fostair: beclometasone dipropionate 100 mcg/formoterol fumarate 6 mcg) + LAMA (tiotropium 18 mcg) administered as two separate inhalers. Two further trials showed that Trimbow treatment resulted in fewer exacerbations (primary outcome in TRIBUTE and secondary outcome in TRILOGY), and greater improvement in quality of life than the Fostair dual combination inhaler (TRIBUTE) and the Ultibro Breezhaler (TRILOGY).

MTRAC considered Trimbow because it was a new licensed product that primary care prescribers may be asked to prescribe.

References

1. COPD Assessment Test. GlaxoSmithKline Services Unlimited 2016 <http://www.catestonline.org/>
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4. *Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2018*. Global Initiative for Chronic Obstructive Lung Disease 2018
5. *An Outcomes Strategy for COPD and Asthma: NHS Companion Document*. Department of Health 2012
6. *QOF 2016/17 results*. NHS Digital 2017
7. *Chronic obstructive pulmonary disease in over 16s: diagnosis and management (CG101)*. NICE 2016
8. Papi A et al. Extrafine inhaled triple therapy versus dual bronchodilator therapy in chronic obstructive pulmonary disease (TRIBUTE): a double-blind, parallel group, randomised controlled trial. *Lancet* 2018; 391(10125):1076-1084.
9. Singh D et al. Single inhaler triple therapy versus inhaled corticosteroid plus long-acting beta2-agonist therapy for chronic obstructive pulmonary disease (TRILOGY): a double-blind, parallel group, randomised controlled trial. *Lancet* 2016; 388(10048):963-973.
10. Vestbo J et al. Single inhaler extrafine triple therapy versus long-acting muscarinic antagonist therapy for chronic obstructive pulmonary disease (TRINITY): a double-blind, parallel group, randomised controlled trial. *Lancet* 2017; 389(10082):1919-1929.



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