

beclometasone 100mcg, formoterol 6mcg metered dose inhaler (Fostair®)

Trinity-Chiesi Pharmaceuticals Ltd

(No: 373/07)

Product Update

6 April 2007 (*Issued December 2007*)

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and advises NHS Boards and Area Drug and Therapeutic Committees (ADTCs) on its use in NHS Scotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

beclometasone 100mcg, formoterol 6mcg metered dose inhaler (Fostair®) is accepted for use within NHS Scotland for the regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta₂-agonist) is appropriate: patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta₂-agonist; or patients already adequately controlled on both inhaled corticosteroids and long-acting beta₂-agonists.

It should be used in patients for whom beclometasone and formoterol are appropriate choices of corticosteroid and long-acting beta-agonist, respectively, and for whom a metered dose inhaler is an appropriate delivery device. It has costs similar to other combination products containing a corticosteroid and long-acting beta₂-agonist to which it was clinically non-inferior. The 100mcg dose of beclometasone in Fostair® is not bioequivalent to a 100mcg dose of beclometasone in several other inhaler formulations. The Fostair® summary of product characteristics contains information on transferring from these inhalers to Fostair®.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

This assessment is based on data submitted by the applicant company up to and including 20 November 2007.

**Chairman,
Scottish Medicines Consortium**