Freedom of Information (Scotland) Act 2002
I refer to your e-mail dated 15th September 2014, requesting:

“I wish to find out some information about the prescribing of drugs for asthma and COPD patients at your hospital.
1. How many of your existing patients have been prescribed the following in i. 2013 and ii. 2014?
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide
2. How many of your new patients since April 2014 have been prescribed the following (please also provide total number of new asthma and COPD patients since that time):
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide
3. Have you begun prescribing Relvar and/or Anoro for your patients? If so, what were the reasons for adding it to your formulary? If not, why not?
4. Please can you provide your prescribing guidelines for COPD and asthma including cost comparator information for inhaler device options.
5. Please can you provide any feedback on the following drugs from your specialist respiratory consultants.
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide”

I can now respond as follows:
1. How many of your existing patients have been prescribed the following in i. 2013 and ii. 2014?
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide

   We can advise that it is not possible to provide data on patient numbers prescribed and treated with medicines within hospitals in NHS Grampian. It is also not possible to distinguish between existing and new patients. This specific information is not recorded in an easily accessible form or collated in a database and could only be obtained by examining every patient record which would cost in excess of the prescribed limit; s12 of the Act refers – Excessive cost.

2. How many of your new patients since April 2014 have been prescribed the following (please also provide total number of new asthma and COPD patients since that time):
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide

   We can advise that it is not possible to provide data on patient numbers prescribed and treated with medicines within hospitals in NHS Grampian. It is also not possible to distinguish between existing and new patients. This specific information is not recorded in an easily accessible form or collated in a database and could only be obtained by examining every patient record which would cost in excess of the prescribed limit; s12 of the Act refers – Excessive cost.

   In relation to both above questions we are only able to provide hospital prescribing costs for all hospitals in NHS Grampian as follows;

   **Total cost of specified inhalers in NHS Grampian Hospitals, 2013 and Jan to July 2014**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>Jan to July 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost - all strengths of Symbicort®</td>
<td>23552.36</td>
<td>17736.47</td>
</tr>
<tr>
<td>Total cost - all strengths of Seretide®</td>
<td>117106.5</td>
<td>65366.31</td>
</tr>
</tbody>
</table>

   We are also able to provide some primary care prescribing data in relation to patient numbers from prescriptions dispensed by community pharmacists, but are also not able to distinguish existing from new patients. Anoro and Relvar are new devices so do not appear in the data below

   **Number of patients dispensed drugs for period Jan 2014 to Jun 2014 in primary care**

   Budesonide with formoterol fumarate (Symbicort®) = 5,619 patients
   Salmeterol with fluticasone propionate (Seretide®) = 12,182 patients
Number of patients dispensed drugs for period Jan 2013 to Dec 2013 in primary care
Budesonide with formoterol fumarate (Symbicort®) = 6,430 patients
Salmeterol with fluticasone propionate (Seretide®) = 14,188 patients

3. Have you begun prescribing Relvar and/or Anoro for your patients? If so, what were the reasons for adding it to your formulary? If not, why not?
The only product that is included in the Grampian Joint Formulary (GJF) is the lower strength Relvar® Ellipta® (92/22) and it is only included on the GJF for COPD.

See below for Grampian Formulary Group decisions.

Anoro® Ellipta® 55micrograms/22micrograms inhalation powder (umeclidinium 55micrograms/vilanterol 22micrograms) - SMC 978/14
Anoro® Ellipta® (umeclidinium/vilanterol) is not recommended for use within NHS Scotland.
Indication under review: as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease. Three randomised controlled studies demonstrated that after 24 weeks of treatment, umeclidinium/vilanterol significantly improved lung function compared with an inhaled long-acting antimuscarinic in patients with moderate to very severe COPD. However there was no difference between treatments in dyspnoea or health status. The submitting company did not present a sufficiently robust clinical and economic analysis to gain acceptance by SMC. The licence holder has indicated their intention to resubmit.
Not recommended by SMC for use within NHS Scotland - Not included on the Grampian Joint Formulary for the indication in question.

Formulary Group Decisions 17th June 2014 - Relvar® Ellipta® (Fluticasone furoate/vilanterol 92/22, 184/22micrograms inhalation powder) - SMC 966/14
Relvar® Ellipta® (Fluticasone furoate/vilanterol) is not included on the Grampian Joint Formulary because clinicians do not support formulary inclusion for this medicine for the indication in question.
Indication under review: the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta2-agonist and inhaled corticosteroid) is appropriate in patients not adequately controlled with inhaled corticosteroids and ‘as needed’ inhaled short acting beta2-agonists. There was no statistically significant difference between fluticasone furoate/vilanterol 92/22micrograms daily and another inhaled corticosteroid/long acting beta2-agonist combination (ICS/LABA) inhaler for 0 to 24 hour serial weighted mean forced expiratory volume in one second, at 24 weeks. Some alternative ICS/LABA combination inhalers are available at a lower daily cost.
Not included on the Grampian Joint Formulary because clinicians do not support formulary inclusion for this medicine for the indication in question

Formulary Group Decisions 15th July 2014 - Relvar® Ellipta® 92micrograms/22micrograms inhalation powder (fluticasone furoate 92micrograms/vilanterol 22micrograms inhalation powder) is included on the Grampian Joint Formulary for the indication in question; restricted use.
Indication under review: symptomatic
treatment of adults with chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) <70% predicted normal (post-bronchodilator) with an exacerbation history despite regular bronchodilator therapy.
Restriction: in patients with severe COPD (FEV1 <50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators. In a comparative, 12-week study there was no statistically significant difference between fluticasone furoate/vilanterol 92micrograms/22micrograms and another inhaled corticosteroid/long acting beta agonist combination inhaler for change from baseline trough in 24-hour weighted-mean FEV1. Available for general use (as per restriction to licence) and treatment may be initiated in either hospital or community.

4. Please can you provide your prescribing guidelines for COPD and asthma including cost comparator information for inhaler device options. See attached letter.

5. Please can you provide any feedback on the following drugs from your specialist respiratory consultants.
   a. Anoro
   b. Relvar
   c. Symbicort
   d. Seretide
See attached letter and above, otherwise no specific comments on these medicines from specialist respiratory consultants.

Under section 20 (1) of the Act, if you are dissatisfied with the way NHS Grampian has dealt with your request, you have a right to request a review of our actions and decisions in relation to your request, and you have a right to appeal to the Scottish Information Commissioner.

A request for review must be made within 40 working days and should, in the first instance, be in writing to: Directorate of Corporate Communications, Ashgrove House, Foresterhill, Aberdeen, AB25 2ZN or by email to grampian@nhs.net

Requests for appeal should be made in writing to: Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife, KY16 9DS
Telephone: 01334 464610, Fax: 01334 464611
E-mail: enquiries@itspublicknowledge.info

Yours sincerely

Chris Morrice
Information Governance Manager
NHS Grampian