Healthcare Improvement Scotland | SMC Advice on new medicines

Advice document
SMC2652

glycopyrronium/formoterol fumarate pressurised inhalation, suspension (Bevespi Aerosphere®)

AstraZeneca Ltd

08 March 2024

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

glycopyrronium/formoterol fumarate (Bevespi Aerosphere®) is accepted for use within NHSScotland.

Indication under review: as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

Glycopyrronium/formoterol fumarate (Bevespi Aerosphere®) offers an additional treatment choice in the therapeutic class of a long-acting muscarinic antagonist (LAMA) in combination with a long-acting beta$_2$-adrenergic agonist (LABA).

Chair
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1. Clinical Context

1.1. Medicine background

Glycopyrronium/formoterol fumarate is a fixed-dose combination of glycopyrronium (as glycopyrronium bromide), a long-acting muscarinic antagonist (LAMA) and formoterol fumarate, a long-acting beta$_2$- adrenergic agonist (LABA).[1, 2] Both medicines are bronchodilators with different mechanisms of action. Glycopyrronium/formoterol fumarate is administered by inhalation via a pressurised metered dose inhaler (pMDI). The recommended dose is two inhalations twice daily (two inhalations in the morning and two inhalations in the evening).

1.2. Relevant comparator(s)

Glycopyrronium/formoterol fumarate is a fixed-dose combination of a LAMA/LABA. Other fixed-dose LAMA/LABA combinations that have been accepted for use by SMC for the maintenance treatment of COPD include: indacaterol/glycopyrronium inhalation powder (Ultibro® Breezhaler®) SMC 922/13; umeclidinium/vilanterol (Anoro®) SMC 978/14; aclidinium/formoterol fumarate (Duaklir Genuair®) SMC 1034/15; and, tiotropium/olodaterol (Spiolto® Respimat®) SMC 1099/15.

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

Direct evidence versus an alternative LAMA/LABA inhaler is derived from a randomised, double-blind, double-dummy, multicentre, 24-week phase IIIb study comparing glycopyrronium/formoterol fumarate MDI 14.4 mcg/10 mcg twice daily versus umeclidinium/vilanterol dry powder inhaler (DPI) 62.5 mcg/25mcg once daily (AERISTO).[3] Glycopyrronium/formoterol fumarate was non-inferior to umeclidinium/vilanterol for peak Forced Expiratory Volume in 1 second (FEV1) but not for morning pre-dose trough FEV1, and had a faster onset of action. There were no clinically meaningful differences between treatments in symptom endpoints and both treatments were well tolerated with similar safety profiles.

The results of a published network meta-analysis (NMA) concluded that glycopyrronium/formoterol fumarate demonstrated comparable efficacy and safety outcomes compared with other LAMA/LABA fixed-dose combinations (indacaterol/glycopyrronium, umeclidinium/vilanterol, aclidinium/formoterol fumarate and tiotropium/olodaterol).[4]

These findings are supported by a published review of direct and indirect treatment comparisons of LAMA/LABA fixed-dose combinations for the treatment of moderate-to-very severe COPD.[5] Although there were some inconsistencies between the outcomes of the studies and NMAs, the overall results suggested that available LAMA/LABA fixed-dose combinations (umeclidinium/vilanterol, tiotropium/olodaterol, indacaterol/glycopyrronium

and glycopyrronium/formoterol fumarate) have comparable efficacy and safety in patients with COPD and moderate-to-very severe airflow limitation.

3. Company Estimate of Eligible Population, Uptake and Budget Impact

3.1. Company's number of patients assumed to be eligible for treatment

SMC is unable to publish the estimated patient numbers as the company considered that these were commercial in confidence.

3.2. Budget Impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. Bevespi Aerosphere Summary of Product Characteristics.
2. Bevespi Aerosphere. Assessment report. Committee for Medicinal Products for Human Use (CHMP). 18 October 2018.
3. Maltais, F., et al., A randomized, double-blind, double-dummy study of glycopyrrolate/formoterol fumarate metered dose inhaler relative to umeclidinium/vilanterol dry powder inhaler in COPD. 2019. **36**: p. 2434-2449.
4. Siddiqui, M.K., et al. Systematic review and network meta-analysis of the efficacy and safety of glycopyrrolate/formoterol fumarate metered dose inhaler in comparison with other long-acting muscarinic antagonist/long-acting β2-agonist fixed-dose combinations in COPD. 2019. **13**: p. 1753466619894502.
5. Hurst, J.R., et al., Efficacy and safety of LAMA/LABA fixed-dose combination therapies in chronic obstructive pulmonary disease: a systematic review of direct and indirect treatment comparisons. 2020: p. 1529-1543.

This assessment is based on data submitted by the applicant company up to and including 01 March 2024.

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC is aware that for some hospital-only products national or local contracts may be in place for comparator products that can significantly reduce the acquisition cost to Health Boards. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document. Area Drug and Therapeutics Committees and NHS Boards are therefore asked to consider contract pricing when reviewing advice on medicines accepted by SMC.

Advice context:

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

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

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.