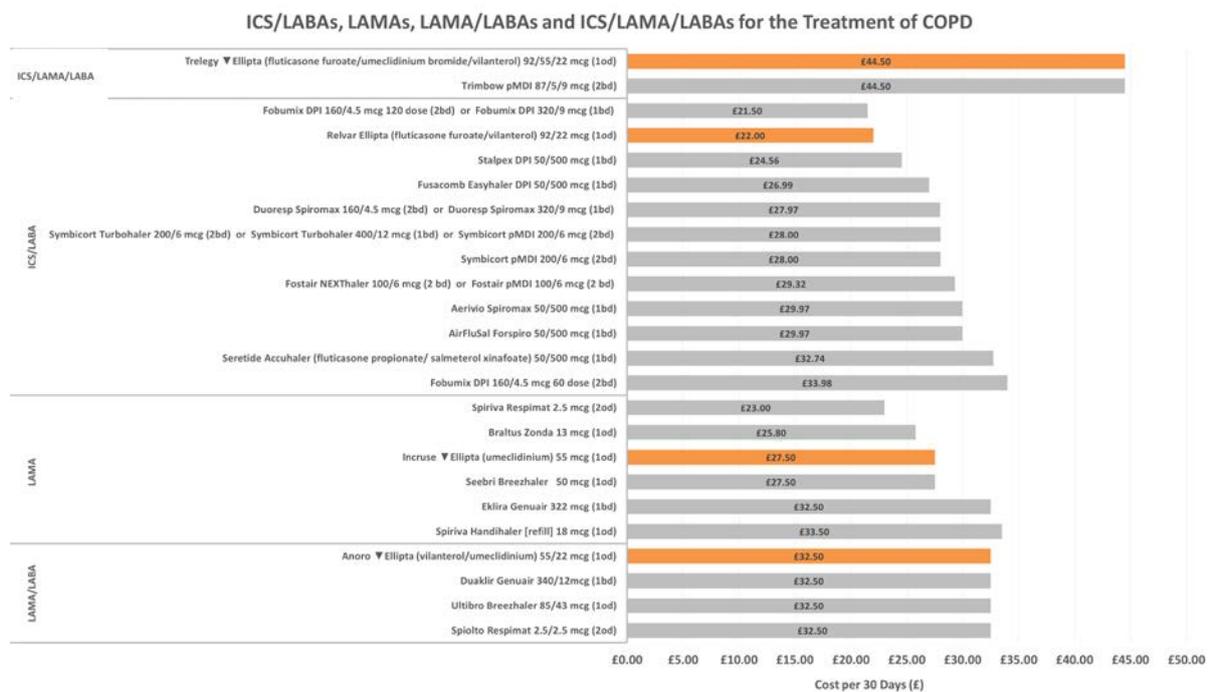


What is the current cost of COPD (Chronic Obstructive Pulmonary Disease) therapies?

Medicines in the COPD Ellipta portfolio are highlighted in orange on the graph below:

- Incruse ▼ Ellipta (umeclidinium) is a LAMA indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD.¹
- Anoro ▼ Ellipta (umeclidinium/vilanterol) is a LAMA/LABA indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD.²
- Relvar Ellipta (fluticasone furoate/vilanterol) is an ICS/LABA indicated for the symptomatic treatment of adults with COPD with a FEV1<70% predicted normal (post-bronchodilator) with an exacerbation history despite regular bronchodilator therapy.³
- Trelegy ▼ Ellipta (fluticasone furoate/umeclidinium/vilanterol) is an ICS/LAMA/LABA indicated as a maintenance treatment for adult patients with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA or a LAMA and a LABA.⁴

30-day acquisition cost based on List Price: Maintenance Therapies for the Treatment of COPD^{5,6}



**Reference: Dictionary of Medicines and Devices (<https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do>). All other prices obtained from eMIMS (<http://www.mims.co.uk>).

Please note: All formoterol preparations are assumed to be dosed at 12mcg twice a day. This information is sensitive to price changes. The drug costs here are based on list prices and information for currently available COPD therapies were last updated on 14/03/2019. Drug costs and information for currently available COPD therapies is reviewed monthly.

Prescribing decisions should not be based on cost alone. You should refer to the SPC of each medicine for further information such as indications, contraindications, precautions and adverse events.

What potential cost savings could the Ellipta range of medicines offer in your locality?

A GSK Health Outcomes Consultant can demonstrate potential cost savings that the Ellipta range of medicines can offer your local health economy or health care system. To arrange an appointment with a Health Outcomes Consultant to discuss in person, via telephone or video call please either:

Email: uk.hoc-on-demand@gsk.com

Live Chat: hcp.gsk.co.uk

References

LAMA = long-acting muscarinic antagonist; LABA = long-acting β_2 -agonist; ICS = Inhaled corticosteroid

Incruse, Anoro, Relvar, Seretide, Trelegy and Ellipta are registered trademarks of the GlaxoSmithKline Group of companies. Trelegy Ellipta, Anoro Ellipta & Relvar Ellipta were developed in collaboration with INNOVIVA 06/19 PM-GB-UCV-WCNT-190007

1. Incruse Ellipta Summary of Product Characteristics. GlaxoSmithKline
2. Anoro Ellipta Summary of Product Characteristics. GlaxoSmithKline
3. Relvar Ellipta Summary of Product Characteristics. GlaxoSmithKline
4. Trelegy Ellipta Summary of Product Characteristics. GlaxoSmithKline
5. Monthly Index of Medical Specialties Online. [Accessed March 2019]
6. Dictionary of Medicines & Devices Online. [Accessed March 2019]

Incruse ▼ Ellipta (umeclidinium) Prescribing Information

(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Incruse Ellipta 55mcg (umeclidinium) inhalation powder. Each single inhalation provides a delivered dose (the dose leaving the mouthpiece of the inhaler) of 55 micrograms umeclidinium (equivalent to 65 micrograms of umeclidinium bromide). **Indications:** Incruse is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dosage and administration:** Inhalation only. One inhalation once daily of Incruse Ellipta at the same time of the day each day. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate and magnesium stearate). **Precautions:** Incruse Ellipta should not be used in patients with asthma. Treatment with Incruse Ellipta should be discontinued in the event of paradoxical bronchospasm and alternative therapy initiated if necessary. Cardiovascular effects may be seen after the administration of muscarinic receptor antagonists, therefore Incruse Ellipta should be used with caution in patients with severe cardiovascular disorders, particularly cardiac arrhythmias. Incruse Ellipta should be used with caution in patients with urinary retention or narrow angle glaucoma. No dosage adjustment is required in renal or mild to moderate hepatic impairment. **Acute symptoms:** Incruse Ellipta is not indicated for acute episodes of bronchospasm. Warn patients to seek medical advice

if short-acting inhaled bronchodilator use increases, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. **Interactions with other medicinal products:** Co-administration with other long-acting muscarinic antagonists or medicinal products containing this active substance has not been studied and therefore, is not recommended. **Fertility, pregnancy, and breast-feeding:** No available human *in vivo* data. Balance risks against benefits. **Side effects:** *Common* ($\geq 1/100$ to $< 1/10$): Nasopharyngitis, upper respiratory tract infection, urinary tract infection, sinusitis, headache, tachycardia, cough. *Other Important side effects include.* *Uncommon* ($\geq 1/1,000$ to $< 1/100$): Atrial fibrillation, rhythm idioventricular, supraventricular tachycardia, supraventricular extrasystoles. Hypersensitivity reactions including rash, urticaria, pruritus. *Not Known* (cannot be estimated from available data): Glaucoma and vision blurred. **Legal category:** POM. **Presentation and Basic NHS cost:** Incruse Ellipta. 1 inhaler x 30 doses. Incruse Ellipta 55mcg - £27.50. **Marketing authorisation (MA) nos. 55mcg 1x30 doses [EU/1/14/922/002]; MA holder:** Glaxo Group Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK. **Last date of revision:** July 2018. UK/INC/0001/17(1)a. Incruse and Ellipta are registered trademarks of the GlaxoSmithKline group of companies. All rights reserved.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellowcard in the Google Play or Apple App store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441

Anoro ▼ Ellipta (umeclidinium/vilanterol) Prescribing Information

(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Anoro Ellipta 55/22mcg (umeclidinium bromide /vilanterol [as trifenate]) inhalation powder. Each single inhalation provides a delivered dose (the dose leaving the mouthpiece) of 55 micrograms umeclidinium (equivalent to 65 micrograms of umeclidinium bromide) and 22 micrograms of vilanterol (as trifenate).

Indications: Anoro is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dosage and administration:** Inhalation only. One inhalation once daily of Anoro. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate and magnesium stearate).

Precautions: Anoro should not be used in patients with asthma. Treatment with Anoro should be discontinued in the event of paradoxical bronchospasm and alternative therapy initiated if necessary. Cardiovascular effects may be seen after the administration of muscarinic receptor antagonists and sympathomimetics therefore Anoro should be used with caution in patients with severe cardiovascular disease. Anoro should be used with caution in patients with urinary retention, narrow angle glaucoma, convulsive disorders, thyrotoxicosis, hypokalaemia, hyperglycaemia and severe hepatic impairment. No dosage adjustment is required in renal or mild to moderate hepatic impairment. **Acute symptoms:** Anoro is not indicated for acute episodes of bronchospasm. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. **Interactions with other medicinal products:** Avoid β -blockers. Caution is advised when co-administering with strong

CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin, itraconazole, ritonavir, telithromycin). Anoro should not be used in conjunction with other long-acting β_2 -adrenergic agonists or medicinal products containing long-acting muscarinic antagonists. Caution is advised with concomitant use with methylxanthine derivatives, steroids or non-potassium-sparing diuretics as it may potentiate possible hypokalaemic effect of β_2 -adrenergic agonists. **Fertility, pregnancy, and breast-feeding:** No available data. Balance risks against benefits. **Side effects:** *Common ($\geq 1/100$ to $< 1/10$):* urinary tract infection, sinusitis, nasopharyngitis, pharyngitis, upper respiratory tract infection, headache, cough, oropharyngeal pain, constipation and dry mouth. *Other important side effects include: Uncommon ($\geq 1/1,000$ to $< 1/100$)* atrial fibrillation, supraventricular tachycardia, rhythm idioventricular, tachycardia, supraventricular extrasystoles, palpitations, and hypersensitivity reactions including rash. *Rare ($\geq 1/10,000$ to $< 1/1,000$)* anaphylaxis, angioedema, and urticaria. Glaucoma, vision blurred, intraocular pressure increased and paradoxical bronchospasm. See SmPC for other adverse reactions. **Legal category:** POM. **Presentation and Basic NHS cost:** Anoro Ellipta. 1 inhaler x 30 doses. Anoro Ellipta 55/22mcg - £32.50. **Marketing authorisation (MA) no. 55/22mcg 1x30 doses [EU/1/14/898/002]; MA holder:** Glaxo Group Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK. **Last date of revision:** July 2018. UK/UCV/0095/15(2)b. Anoro and Ellipta are registered trademarks of the GlaxoSmithKline group of companies. All rights reserved. Anoro was developed in collaboration with Innoviva Inc.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellowcard in the Google Play or Apple App store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441

Relvar Ellipta (fluticasone furoate/vilanterol)

Prescribing Information

(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Relvar Ellipta (fluticasone furoate/vilanterol [as trifenate]) inhalation powder. Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg) and vilanterol (VI) 25 mcg provides a delivered dose of 92 mcg FF and 22 mcg VI. Each single inhalation of FF 200 mcg and VI 25 mcg provides a delivered dose of 184 mcg of FF and 22 mcg of VI. **Indications:** *Asthma:* Regular treatment of asthma in patients ≥ 12 years where a long-acting β_2 -agonist (LABA) and inhaled corticosteroid (ICS) combination is appropriate; i.e. patients not adequately controlled on ICS and "as needed" short-acting inhaled β_2 -agonists or patients already adequately controlled on both ICS and LABA. *COPD:* Symptomatic treatment of adults with COPD with a FEV₁ < 70% predicted normal (post-bronchodilator) and an exacerbation history despite regular bronchodilator therapy. **Dosage and administration:** Inhalation only. *Asthma:* Adults and adolescents ≥ 12 years: one inhalation once daily of Relvar 92/22 mcg for patients who require a low to mid dose of ICS in combination with a LABA. If patients are inadequately controlled then the dose can be increased to one inhalation once daily Relvar 184/22 mcg. Relvar 184/22 mcg can also be considered for patients who require a higher dose of ICS in combination with a LABA. Regularly review patients and reduce dose to lowest that maintains effective symptom control. *COPD:* one inhalation once daily of Relvar 92/22 mcg. Relvar 184/22 mcg is not indicated for patients with COPD. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Pulmonary tuberculosis, severe cardiovascular disorders or heart rhythm abnormalities, thyrotoxicosis, uncorrected hypokalaemia, patients predisposed to low levels of serum potassium, chronic or untreated infections, diabetes mellitus, paradoxical bronchospasm. In patients with moderate to severe hepatic impairment 92/22 mcg dose should be used. *Acute symptoms:* Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. Asthma-related adverse events and exacerbations may occur during treatment. Patients should continue treatment but seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of Relvar. *Systemic effects:* Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. *Possible Systemic effects include:* Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents. Eye

symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. More rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. *Risk factors for pneumonia include:* current smokers, old age, patients with a history of prior pneumonia, patients with a body mass index < 25 kg/m² and patients with a FEV₁ < 50% predicted. If pneumonia occurs with Relvar treatment should be re-evaluated. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Relvar. **Interactions with other medicinal products:** Interaction studies have only been performed in adults. Avoid β -blockers. Caution is advised when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobicistat-containing products). Concomitant administration of other sympathomimetic medicinal products may potentiate the adverse reactions of FF/VI. Relvar should not be used in conjunction with other long-acting β_2 -adrenergic agonists or medicinal products containing long-acting β_2 -adrenergic agonists. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** *Very Common ($\geq 1/10$):* headache, nasopharyngitis. *Common ($\geq 1/100$ to < 1/10):* candidiasis of the mouth and throat, dysphonia, pneumonia, bronchitis, upper respiratory tract infection, influenza, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, abdominal pain, arthralgia, back pain, fractures, pyrexia, muscle spasms. Other important side effects include: *Uncommon ($\geq 1/1,000$ to < 1/100):* blurred vision, hyperglycaemia. *Rare ($\geq 1/10,000$ to < 1/1,000)* paradoxical bronchospasm and hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria. See SmPC for other adverse reactions. **Legal category:** POM. **Presentation and Basic NHS cost:** Relvar Ellipta. 1 inhaler x 30 doses. *Relvar Ellipta 92/22* - £22.00. *Relvar Ellipta 184/22* - £29.50. **Marketing authorisation (MA) nos. 92/22 mcg 1x30 doses [EU/1/13/886/002]; 184/22 mcg 1x30 doses [EU/1/13/886/005]. MA holder:** Glaxo Group Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK. **Last date of revision:** September 2018. UK/FFT/0227/15(6). Trademarks are owned by or licensed to the GSK group of companies. © 2018 GSK group of companies or its licensor. Relvar Ellipta was developed in collaboration with Innoviva Inc.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellowcard in the Google Play or Apple App store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441

Trelegy ▼ Ellipta (fluticasone furoate/umeclidinium/vilanterol) Prescribing Information

(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenate]) inhalation powder. Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium (UMEC) 62.5 micrograms and vilanterol (VI) 25 mcg provides a delivered dose of 92 mcg FF, 55 mcg UMEC and 22 mcg VI. **Indications:** Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting β_2 -agonist (LABA) or a combination of a long-acting β_2 -agonist and a long-acting muscarinic antagonist. **Dosage and administration:** One inhalation once daily. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Paradoxical bronchospasm, unstable or life-threatening cardiovascular disease or heart rhythm abnormalities, convulsive disorders or thyrotoxicosis, pulmonary tuberculosis or patients with chronic or untreated infections, narrow-angle glaucoma, urinary retention, hypokalaemia, patients predisposed to low levels of serum potassium, diabetes mellitus. In patients with moderate to severe hepatic impairment patients should be monitored for systemic corticosteroid-related adverse reactions. Eye symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. *Risk factors for pneumonia include:* current smokers, older age, patients with a low body mass index and severe COPD. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Trelegy. **Acute symptoms:** Not for acute symptoms, use short-acting inhaled

bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. **Systemic effects:** Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. **Interactions with other medicinal products:** Caution should be exercised during concurrent use of non-selective and selective beta-blockers and when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobicistat-containing products), hypokalaemic treatments or non-potassium-sparing diuretics. Co-administration with other long-acting muscarinic antagonists or long acting β_2 -adrenergic agonists has not been studied and is not recommended. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** *Common ($\geq 1/100$ to $< 1/10$):* pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, constipation, arthralgia, back pain. Other important side effects include: *Uncommon ($\geq 1/1,000$ to $< 1/100$)* supraventricular tachyarrhythmia, tachycardia, atrial fibrillation; *Not known (cannot be estimated from the available data)* vision blurred; See SmPC for other adverse reactions. **Legal category:** POM. **Presentation and Basic NHS cost:** Trelegy Ellipta 92/55/22 mcg - £44.50. 1 inhaler x 30 doses. **Marketing authorisation (MA) nos. 92/55/22 mcg 1x30 doses [EU/1/17/1236/02]; MA holder:** GSK Trading Services Ltd., Carrabinny, Co. Cork Ireland. **Last date of revision:** November 2018. UK/TLY/0031/17(1). Trademarks are owned by or licensed to the GSK group of companies. 2018 GSK group of companies or its licensor Trelegy Ellipta was developed in collaboration with Innoviva Inc.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellowcard in the Google Play or Apple App Store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

Seretide (salmeterol xinafoate/fluticasone propionate) Prescribing Information

(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Seretide® 50/500 Accuhaler® (salmeterol xinafoate and fluticasone propionate) Uses

COPD: Symptomatic treatment of patients with COPD with a FEV1 <60% predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular bronchodilator therapy. **Dosage and administration:** Inhalation only. Adults: one inhalation twice daily **Contraindications:** Hypersensitivity to active substances or excipient (lactose monohydrate). **Special warnings and precautions:** Advise patients to seek medical attention if symptoms deteriorate. Caution in patients with: pulmonary infections e.g. TB, fungal, viral; severe cardiovascular disorders, heart rhythm abnormalities, diabetes mellitus, hypokalaemia and thyrotoxicosis. May cause cardiac arrhythmias, paradoxical bronchospasm post-dose, hyperglycaemia, β_2 agonist effects and pneumonia. Risk factors for pneumonia include current smoking, older age, low BMI and severe COPD. Systemic effects of inhaled corticosteroids may occur, particularly at high doses for prolonged periods, but much less likely than with oral steroids. Eye symptoms may be due to serious conditions- consider referral to ophthalmologist. Cessation of and dose changes to steroids, transfer from oral steroids and stressful situations require special consideration **Drug interactions:** Avoid beta-blockers. Avoid concomitant administration of ketoconazole or other potent CYP3A4 inhibitors unless benefits

outweigh potential risk. **Pregnancy and lactation:** Experience limited. Balance risks against benefits. **Side effects:** *Very Common:* headache, nasopharyngitis. *Common:* oropharyngeal candidiasis, pneumonia, bronchitis, hypokalaemia, throat irritation, hoarseness/dysphonia, sinusitis, contusions, muscle cramps traumatic fractures, arthralgia, myalgia. *Serious other- Uncommon:* hyperglycaemia, cataract, cardiac arrhythmia, angina pectoris. *Rare:* oesophageal candidiasis angioedema, respiratory symptoms (bronchospasm), anaphylaxis, Cushing's syndrome, cushingoid features, adrenal suppression, decreased bone mineral density, behavioural changes, glaucoma, cardiac arrhythmias and paradoxical bronchospasm. *Not known:* depression or aggression. **Legal category:** POM. **Presentation and Basic NHS cost:** Accuhaler 60 inhalations. *Seretide 500* - £32.74. **Product Licence (PL) no:** 10949/0316. **PL holder:** Glaxo Wellcome UK Limited, trading as GlaxoSmithKline UK, Stockley Park West, Uxbridge, UB11 1BT. **Last date of revision:** August 2018. **Zinc code:** UK/SFC/0025/17(1). Seretide and Accuhaler are registered trademarks of the GlaxoSmithKline Group of Companies. Further information is available from Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com; Freephone: 0800 221 441

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellowcard in the Google Play or Apple App Store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.