



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Acclidinium (Eklira Genuair®) Glycopyrronium (Seebri breezhaler®)
Indication under review	Management of symptoms of chronic obstructive pulmonary disease (COPD)
Policy No:	APC 024
Date of Issue:	November 2013
Review Date:	November 2015
Policy Statement: Acclidinium (Eklira Genuair®) and glycopyrronium (Seebri breezhaler®) are NOT routinely recommended for new initiation in patients with COPD. Tiotropium (Spiriva HandiHaler®) remains the LAMA of choice however acclidinium or glycopyrronium may be prescribed in patients not responding adequately to tiotropium, provided there are no cardiovascular contraindications.	
Traffic Light Status	Green (but only in patients not responding to tiotropium)
Key Points considered: <ul style="list-style-type: none">• Acclidinium and glycopyrronium are priced lower than tiotropium however safety was considered paramount and until more data becomes available (especially comparing both LAMAs against tiotropium), tiotropium remains the LAMA of choice.• Acclidinium and glycopyrronium trials excluded patients with cardiovascular disease. Cardiac manifestations of COPD are numerous and tiotropium was therefore considered the safest LAMA for use until more evidence becomes available.• Only 30% of patients prescribed tiotropium continue to receive benefit longterm therefore all patients commenced on tiotropium should be reviewed after a month if there is no symptomatic improvement.• This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that further information on the safety of these treatments especially in relation to patients with cardiovascular complications is required. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their CCG budget.	
References: <ol style="list-style-type: none">1. SMC submissions on acclidinium issues Nov 2012 http://www.scottishmedicines.org.uk/SMC_Advice/Advice/810_12_acclidinium_bromide_Eklira_Genuair/acclidinium_bromide_Eklira_Genuair2. SMC submission on glycopyrronium issued Jan 2013 http://www.scottishmedicines.org.uk/files/advice/glycopyrronium_Seebri_Breezhaler_FINAL_December_2012_amended_070113_for_website.pdf	
Date taken to APC:	6 th November 2013
Date Ratified by MMC on Behalf of the Board:	13 th November 2013

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.