

Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Fixed dose combination (FDC) products
Indication under review	Various
Policy No:	APC 115
Date of Issue:	July 2015
Review Date:	July 2018
Policy Statement: Fixed dose combinations are not generally recommended for use. See key points below	
Traffic Light Status	Brown
Key Points considered:	
<ul style="list-style-type: none"> • When an individual drug has not been recommended by Berkshire West APC then any FDC containing this product is automatically not recommended. • FDCs may be used where it is clinically imperative to treatment resistance e.g. HIV, TB • FDCs may be used when there is pharmacological synergy. • Other FDCs may only be used when the benefits to the patient are clear and there will not be a significant cost burden to the CCG. The patient must be clinically stable on the individual component products and should be made aware that the drug may be changed when patents expire on a single component of the FDC. The drug may also be changed if flexibility is required in terms of titrating a dose of one component. • This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. 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. 	
<p>References</p> <p>Osterberg L & Blaschke T. Adherence to medication NEJM 2005;353:487-97. (R) 2 Burnier M. Medication adherence and persistence as the cornerstone of effective antihypertensive therapy. Am J Hyperten 2006;19:1190-6. (R)</p> <p>Horwitz RJ et al. Treatment adherence and risk of death after a myocardial infarction. Lancet 1990; 336:542-5. (RCT)</p> <p>Gehi AK et al. Self-reported medication adherence and cardiovascular events in patients with stable coronary heart disease. The Heart and Soul Study. Arch Intern Med 2007; 167: 1798-1803. (CT)</p> <p>Ho PM et al. Effect of medication nonadherence on hospitalization and mortality among patients with diabetes mellitus. Arch Intern Med 2006; 166: 1836-41. (O)</p> <p>Rasmussen JN et al. Relationship between adherence to evidence-based pharmacotherapy and long-term mortality after acute myocardial infarction. JAMA 2007;297:177-86. (O)</p> <p>Simpson SH et al. A meta-analysis of the association between adherence to drug therapy and mortality. doi:10.1136/bmj.38875.675486.55 (published 21 June 2006) (MA)</p> <p>Granger BB et al. Adherence to candesartan and placebo and outcomes in chronic failure in the CHARM programme: double-blind, randomised, controlled clinical trial. Lancet 2005; 366: 2005-11. (RCT)</p> <p>Nuesch R et al. Relation between insufficient response to antihypertensive treatment and poor compliance with treatment: a prospective case-control study. BMJ 2001;323:142-6. (O)</p> <p>Connor J et al. Do fixed dose combination pills or unit-of-use packaging improve adherence? A systematic review. Bull World Health Org 2004; 82:935-9. (R)</p> <p>Eron JJ et al. Efficacy, safety, and adherence with a twice-daily combination lamivudine/zidovudine tablet formulation, plus a protease inhibitor, in HIV infection. AIDS 2000; 14: 671-81.</p> <p>Bangalore S et al. Fixed-dose combinations improve medication compliance: a meta-analysis. Am J Med 2007;120:713-9. (MA)</p> <p>Melikian C et al. Adherence to oral antidiabetic therapy in a managed care organization: a comparison of monotherapy, combination therapy, and fixed-dose combination therapy. Clin Therapeutics 2002; 24: 460-67. (O)</p> <p>Hong Kong Chest Service/British Medical Research Council. Acceptability, compliance, and adverse reactions when isoniazid, rifampin, and pyrazinamide are given as a combined formulation or separately during threemonth-weekly antituberculosis chemotherapy. Am Rev Respir Dis 1989; 140: 1618-22. (O)</p> <p>Regional Drug and Therapeutics Centre. Fixed Dose Combinations (2) Drug Update No.62 October 08 (R) 16. Gupta AK, Arshad S, Poulter NR Compliance, safety, and effectiveness of fixed-dose combinations of antihypertensive agents: a meta-analysis</p> <p>Glycemic effectiveness and medication adherence with fixed-dose combination or coadministered dual therapy of antihyperglycemic regimens: a meta-analysis Han S, Iglay K, Davies MJ, Zhang Q, Radican L</p> <p>Bangalore S, Kamalakkannan G, Parkar S, Messerli F H Fixed-dose combinations improve medication compliance: a meta-analysis</p>	
Date taken to APC:	1 st July 2015
Date Ratified by MMC on Behalf of the Board:	19 th August 2015

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.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only