

# Pharmacy Pearls

## Pharmacist Contacts:

Jineane\_Venci@urmc.rochester.edu;  
Jennifer\_Radcliffe@urmc.rochester.edu;  
Erica\_Dobson@urmc.rochester.edu

## Generic Maintenance Inhaler Comes to Market for Asthma

### How to order the generic fluticasone/salmeterol inhaler

How to make sure your patient gets the less expensive inhaler at the pharmacy:

- write for the chemical name: “fluticasone/salmeterol” RespiClick®
- alternative: write for “AirDuo” and leave “dispense as written” box **unchecked**
- indicate desired dose:
  - 55/14 mcg
  - 113/14 mcg
  - 232/14 mcg
- 1 inhaler = 60 inhalations = 30 day supply

Patients can pay as little as \$10 for each prescription of fluticasone/salmeterol (for 12 months)\*

Patient must sign up for the coupon card, online form can be found [here](#)

Coupon can't be used for patients who have prescriptions paid for (in part or in full) by state or federally funded programs (Medicare, Medicaid, Tricare, etc.)

*\*Amount paid varies based on patient's copay or cash price (for uninsured patients); coupon reimburses up to \$25 toward each prescription*

Chronic inhaler therapy is often cost prohibitive given the dearth of generic options. **In 2017, the FDA approved the first generic maintenance inhaler, fluticasone/salmeterol RespiClick®,** which:

- is an authorized generic of AirDuo
- contains the same active drugs as Advair HFA® and Diskus® in a different device
- is available in 3 strengths that differ from Advair: 55/14 mcg, 113/14 mcg, and 232/14 mcg
- Lower ICS/LABA doses are supported by the manufacturer's dose-range finding studies, phase 3 clinical efficacy trials, and a post-hoc analysis of Phase 3 trials in patients with persistent asthma of varying severity who were previously on Flovent or Advair
- has an FDA labeled indication for the treatment of asthma in patients ≥12 years
- cannot be substituted by retail pharmacists for prescriptions written for Advair HFA® or Diskus®
- is a dry powder inhaler that does not require priming or the use of a spacer
- has a lower estimated cash price for patients with high deductible plans or no insurance coverage
- **is a preferred Tier 1 product for MVP, whereas Excellus Commercial has it at Tier 2 and will mandate a switch for Medicaid Managed Care from Advair Diskus/HFA to this product (or other formulary ICS/LABAs) effective 4/1/18**

Generic products for Advair Diskus® are anticipated but the status of FDA approval are [unknown](#).

**Generic fluticasone/salmeterol RespiClick® may offer an opportunity to reduce your patient's medication costs and be an option for patients with hand-breath coordination difficulties**

### Switching Asthma Inhalers:

- ICS/LABA inhaler doses vary in intensity (low, medium, or high) – initial dose selection is based on asthma severity and disease control
- When switching to fluticasone/salmeterol RespiClick®, the manufacturer recommends selecting low, medium or high dose strength based on the previous product/strength/disease severity
- The Global Initiative for Asthma (GINA) and the National Asthma Education and Prevention Program endorse approximate comparative ICS doses which are used to guide switches between inhalers
- There is no data to suggest one combination inhaler is superior to another. Product selection should be determined by patient's out of pocket cost, device preference, and other patient-specific factors.
- **The table on page 2 shows differences in dosing and cost for commonly prescribed ICS/LABA therapies**

### Managing a Switch:

- 1) Provide device education for RespiClick ([Video](#))
- 2) Update the patient's [asthma action plan](#)
- 3) Make a plan to closely monitor asthma control after switch
- 4) If not well-controlled at follow-up, re-evaluate inhaler technique, adherence, and environmental control and assess the need for a step-up in therapy or need for referral to asthma specialist.



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## Differences in dosing and cost for commonly prescribed ICS/LABA Inhalers

ICS/LABA Inhaler	Usual Dose and Frequency	Low-Dose (per inhalation)	Medium-Dose (per inhalation)	High-Dose (per inhalation)	Estimated cash price**
<b>fluticasone/salmeterol</b> RespiClick®	1 inhalation BID	55/14 mcg	113/14 mcg	232/14 mcg	\$112-129
<b>Advair HFA®</b> (fluticasone/salmeterol)	2 inhalations BID	45/21 mcg	115/21 mcg	230/21 mcg	\$379-684
<b>Advair Diskus®</b> (fluticasone/salmeterol)	1 inhalation BID	100/50 mcg	250/50 mcg	500/50 mcg	\$354-639
<b>Symbicort®</b> (budesonide/formoterol)	2 inhalations BID	80/4.5 mcg	80/4.5 mcg or 160/4.5 mcg	160/4.5 mcg	\$305-431
<b>Dulera®</b> (mometasone/formoterol)	2 inhalations BID	--	100/5 mcg	200/5 mcg	\$344-411
<b>Breo Ellipta®</b> (fluticasone/vilanterol)	1 inhalation once daily	100/25 mcg	--	200/25 mcg	\$381-450

\*Cash prices from local pharmacies as of February 2018 listed on [www.goodrx.com](http://www.goodrx.com)

## Bronchodilators and Cardiac Risk

Content contributed by : Hannah Mierzwa, PGY-1 Pharmacy Resident at Highland Hospital

Previous literature suggests inhaled bronchodilators may be associated with an increased risk of cardiovascular disease (CVD), however, the evidence has been controversial. Recently, an observational study was published and shared in lay media, which adds to this conflicting body of evidence. This study, using a large Taiwanese claims database, evaluated risk of cardiac events among patients with a claim for a long-acting bronchodilator.

- **Relative to never-users, new LABA users had a 50% increased risk (NNH = 167) and new LAMA users had a 52% increased risk (NNH = 500) of cardiac events.**
- Risk was highest within 30 days of initiation and tended to decline with time, though there was a trend towards increasing risk after 180 days.
- Relative to never users, established users had a 9-12% reduction in cardiac risk.
- No difference in cardiac risk was observed between new LABA versus new LAMA use, and the risk persisted across subgroups without CVD history or prior COPD exacerbations

When considering these findings, it is important to note that even with multiple adjustments, it is impossible to determine how much of a role that confounding factors played.

This study adds to the already conflicting body of evidence – **if a CV risk does exist in this class of medications, the NNH is high and should be balanced with the established benefits of treatment in COPD.**

### **Association of Cardiovascular Risk with the Initiation of Long-Acting Bronchodilators in COPD**

JAMA Internal Med Jan 2018: <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2666790?redirect=true>

