Supported for initiation by expert clinicians in patients where once daily administration is likely to offer a significant advantage with compliance or concordance

Application summary - 4th March 2011

- Indacaterol is a long acting inhaled beta-agonist licensed for the maintenance treatment of adult patients with COPD
- Clinical trials have demonstrated a greater improvement in FEV1 with indacaterol compared to salmeterol or formoterol. There are no data on whether this correlates with a significant decrease in symptoms, exacerbations or hospital admissions
- The application is for the use of indacaterol in place of monotherapy with salmeterol or formoterol, or in combination with tiotropium, in adults. It would not replace dual therapy with salmeterol or formoterol combined with an inhaled steroid. This is because existing treatment with a combined product (e.g. Seretide) is both more convenient and cost effective. No alternative product can be deleted from the formulary as a result of the request.
- The advantage of indacaterol over current treatment options is that it is a once daily dose. As long term outcome data is lacking for indacaterol only patients where once daily administration is likely to offer a significant advantage with compliance or concordance would be considered. The number of patients estimated to be suitable is 10 patients per year at LTHT.
- Indacaterol has been accepted for use by the SMC. Current NICE guidance pre-dates the release of indacaterol.
- Although initiation within secondary care is likely to be minimal, there may be significant use within primary care due to the differences in patient populations.
- Adverse reaction and side effect data are comparable to current inhaled LABAs and have not been shown to be significantly more likely with indacaterol compared to salmeterol or fluticasone.

Place in therapy
See NICE COPD Guideline

Drug and Therapeutics Decision Summary - 4th March 2011

- The committee supported the use of indacaterol for expert clinicians.
- There is a clearly defined place in therapy.
- The committee questioned how user friendly the device is as often the agent chosen depends on the device that is most suitable for the patient.