Key points on this medicine

- Trimbow pMDI:
  - is the first 3-in-1 ICS/LABA/LAMA combination inhaler for the treatment of moderate-to-severe COPD\(^3\)
  - has been formulated to deliver extrafine particles to the lungs—for beclometasone this results in a more potent effect than non-extrafine formulations\(^4\)
  - may be of benefit to patients currently receiving triple therapy by offering a simplification of their treatment and a reduction in the number of inhalers required\(^3\)
  - has a dose counter on the back of the inhaler, which shows how many actuations are remaining\(^1\)
  - can be used with the AeroChamber Plus\(^*\) spacer device\(^1\)
  - costs £44.50 for 30 days' treatment.\(^2\)

- Trimbow contains beclometasone, formoterol, and glycopyrronium in a solution formulation resulting in an aerosol with extrafine particles—for beclometasone, this results in a more potent effect than formulations with a non-extrafine particle size distribution (100 mcg of extrafine beclometasone is equivalent to 250 mcg of non-extrafine beclometasone).\(^1\)

NICE recommendations

- In people with stable COPD who remain breathless or have exacerbations despite taking LABA+ICS and using SABAs as required, NICE CG101 makes the following recommendation:\(^3\)
  - 'Offer LAMA in addition to LABA+ICS to people with COPD who remain breathless or have exacerbations despite taking LABA+ICS, irrespective of their FEV\(_1\).'

Evidence for efficacy

- In a study comparing Trimbow with Fostair\(^*\) (beclometasone/formoterol), Trimbow met two of three co-primary endpoints:\(^4\)
  - Trimbow was superior to Fostair in terms of—
    - pre-dose morning FEV\(_1\) (0.082 litre versus 0.001 litre, adjusted mean difference 0.081 litre, p<0.001)
    - post-dose FEV\(_1\) (0.261 litre versus 0.145 litre, adjusted mean difference 0.117 litre, p<0.001)
    - TDI focal score was numerically higher with Trimbow compared with Fostair, but the difference was not statistically significant (adjusted mean difference 0.21, p=0.160)
  - As a key secondary endpoint, Trimbow significantly reduced the rate of moderate-to-severe COPD exacerbations by 23% (p=0.005) compared with Fostair after 52 weeks of treatment.\(^4\)

Budgetary implications

- Trimbow costs £44.50 for 30 days' treatment, which represents a lower acquisition cost than other licensed routes to triple therapy.\(^2\)

Safety and tolerability

- Trimbow is generally well tolerated, with adverse reactions consistent with those of the individual components\(^1\)
- For full details of side-effects please refer to the SPC at www.medicines.org.uk/emc/medicine/33828

Drug name

**Trimbow\(^*\) (beclometasone/formoterol/glycopyrronium)**

87/5/9 pMDI

Indication

- Trimbow is licensed for maintenance treatment in adult patients with moderate-to-severe COPD who are not adequately treated by a combination of an ICS and a LABA (for effects on symptoms control and prevention of exacerbations see section 5.1 of the SPC at www.medicines.org.uk/emc/medicine/33828).\(^1\)

Dosage

- Recommended dose: two inhalations of Trimbow twice daily\(^1\)
- Maximum dose: two inhalations of Trimbow twice daily.\(^1\)

Clinical considerations

- Trimbow is the first 3-in-1 ICS/LABA/LAMA combination inhaler for the treatment of moderate-to-severe COPD\(^1\)
- Patients currently receiving free triple therapy may benefit from a simplification of their treatment and reduction in the number of inhalers
- Trimbow will provide a treatment option alongside currently available LABA+ICS and LAMA inhalers
- Each delivered dose (the dose leaving the mouthpiece) contains 87 mcg of beclometasone, 5 mcg of formoterol, and 9 mcg of glycopyrronium (as 11 mcg glycopyrronium bromide)\(^1\)
- Each metered dose (the dose leaving the valve) contains 100 mcg of beclometasone, 6 mcg of formoterol, and 10 mcg of glycopyrronium (as 12.5 mcg glycopyrronium bromide)\(^1\)
- Trimbow pMDI has a dose counter on the back of the inhaler, which shows how many actuations are remaining\(^1\)
- Trimbow can be used with the AeroChamber Plus\(^*\) spacer device\(^1\)

- For full details of side-effects please refer to the SPC at www.medicines.org.uk/emc/medicine/33828

References

2. Monthly Index of Medical Specialties. MIMS online. Available at: mims.co.uk [accessed 7 September 2017].

This formulary decision guide was commissioned, reviewed, and edited by Chiesi Ltd in a format developed by Guidelines in Practice. Prescribing information can be found below.
**Formulary decision guide: Trimbow®**

**COPD**

Please refer to the full Summary of Product Characteristics (SPC) before prescribing. Presentation: Each Trimbow® 28/59 PMDI delivered dose contains 80 micrograms (mcg) of beclometasone dipropionate (BDP), 1.25 mcg of formoterol fumarate (Formoterol) and 50 mcg of glycopyrronium. 0.75 mg of Trudell Medical International.

Therapeutic indications: Maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD). Trumbow® contains an inhaled corticosteroid (ICD) and a long-acting beta-agonist (LABA) for effects on symptoms control and prevention of exacerbations. Concomitant treatment with xanthine derivatives, steroids or diuretics may potentiate a possible hypokalaemic effect of beta-agonists. Hypokalaemia may increase the risk of digitalis glycoside toxicity in patients receiving digitalis glycosides. Co-administration with other anti-inflammatory-medicinal products is not recommended.

Excretions: Presence of ethanol may cause potential interaction in sensitive patients taking carbonic anhydrase inhibitors, sulfonylureas, thiazides or loop diuretics. Carbamazepine may increase the risk of thrombocytopenia. Formoterol may cause a rise in blood glucose levels. Glycopyrronium should be used with caution in patients being treated with drugs that affect cardiac repolarisation such as quinidine, disopyramide, procainamide, antihistamines, and other anticholinergic-containing medicinal products. Coadministration with other anticholinergic-containing medicinal products is not recommended. AEC should be taken to discontinue therapy in the mother or discontinue breastfeeding. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from therapy. Effects on driving and operating machinery: None or negligible.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Chiesi Limited on 0800 0092329 (GB), 1800 817459 (IE).